Feminist Therapy as Political Activism: The Liberation Years

Sarah F. Pearlman

Paper presented as part of "A Revolutionary Moment: Women's Liberation in the late 60's and early 70's," a conference organized by the Women's Gender, & Sexuality Studies Program at Boston University, March 27-29, 2014.

1972. I was in graduate school in psychology—sitting in classrooms listening to an all-male faculty lecture on how mothers were responsible for a vast array of psychological ills—including homosexuality and schizophrenia. I was a student. I was also a mother.

In 1972, I was taught that any response on psychological tests that indicated discontent with the female role were signs of pathology, that the vaginal orgasm was the only real or mature orgasm, and if you weren't orgasmic by age twenty-seven, it was all over. When I proposed to write a paper on feminist therapy—I was turned down. The reason the instructor gave was that there were too few references and it was not a viable topic.

Yet, by the early 70's, there had been an outpouring of feminist analysis challenging every established patriarchal institution: law, history, religion, medical practice and psychiatry—and psychology. Betty Friedan[1] had opened the door to understanding the widespread unhappiness of women—that is, white, educated,

middle-class wives and mothers. And Phyliss Chesler,[2] in *Women and Madness*, had exposed the abuse of women patients/clients—disproportionately the recipients of mind-numbing medications, electric shock therapy, lobotomy, and frequent and extended psychiatric hospitalizations—as well as sexual abuse of women patients by male therapists (one survey estimated as many as 25% of male clinicians were perpetrators of sexual exploitation).

According to contemporary psychoanalytic theory, unrecognized as a patriarchal value system, women were defined as inferior—characterized as super-ego deficient, passive, masochistic, narcissistic, diagnosed as hysterical; later borderline— and/or labeled frigid. Moreover, any female inclination towards assertiveness or self-interest provided evidence of masculine strivings or male identity confusion—affectionately called "penis envy."[3] A projection by men, if I ever heard one.

The standards of mental health for women emphasized the qualities men wanted and needed in women. To paraphrase Alexander Lowen—founder of bioenergetics, a body therapy derived from Wilhelm Reich—however, without Reich's political insights, simultaneous orgasm was **the** orgasm. If a woman climaxed earlier than her male partner, it would distract him. If desiring to continue post ejaculation, it would interfere with the man's pleasurable and exhausted state. That was Lowen.

Informed by psychological theories, psychotherapy functioned to maintain male domination and adjustment to the traditional female role—a role that included self-sacrifice, dependency, subservience, marriage, children, and the vaginal orgasm. Lesbianism was well beyond the pale of normal womanhood. Defined as deviance or mental illness rooted in arrested development and Oedipal failure, too many lesbians endured decades-long psychoanalysis, frequent and extended psychiatric hospitalizations, and so-called corrective sex—by their male therapists. Women came into therapy—abused, locked in by poverty, racism, and lack of education—sitting in waiting rooms depressed, fearful, confused, self-doubting, blaming themselves for their own unhappiness, repressing anger, believing they were sexually dysfunctional, not feminine enough—demeaned by the disdain of others.

As agent of the gender status quo, traditional psychotherapy was most often conducted by a male member of a professional elite—convinced that he was personally anonymous and an authority on the female psych—and believing the defect was in the person. Typically married to an at-home wife—he disconnected women's struggles, that is, symptoms from the lived realities of their lives, interpreting—telling them what their dreams, thoughts, and behaviors meant—and labeling any non-positive reactions to therapy as negative transference.

It was consciousness-raising that initiated the emergence of the earliest feminist therapy and by the late 1960's and early 70's, there were a few published articles by women therapists who were attempting to integrate the concepts of women's liberation with psychotherapy.[4] Most retained a psychoanalytic framework—that is, attention to unconscious motivations, transference and the importance of childhood and family dynamics in determining development. However, the difference was that this new therapy began to focus on helping the woman client understand that many of the problems she brought to therapy were because of a repressive female socialization—as well as economic and socio-political limitations.

The objective was women assuming control of their lives. Its methods or approach included validating women's behavior as adaptive, emphasizing their strengths, supporting assertiveness and the right to express anger, and avoiding any interpretation of gender confusion—that is, that any male identifications were based on recognition of male advantage—not distorted development. Expansion of the female role, not adjustment, was now the goal of therapy.

In 1974, I was a consultant to a Rape Crisis Service. Women beaten by husbands and boyfriends were calling the Service and some were disclosing incest. It didn't take long to understand that violence against women was not only epidemic, but institutionalized—protected by laws and a legal system formulated

to guard male privilege—including sexual control and unfettered sexual entitlement and access to women.

As an increasingly profound and global understanding of women's oppression and male power systems were taking place, a more revolutionary feminism emerged—including a parallel revolutionary movement—lesbian-feminism. Feminist counseling collectives were emerging in many parts of the country, many lesbian feminist—circulating mimeographed articles on a different kind of feminist therapy—one that would be a site of political change.[5] With roots in the radical therapies of Szasz and Laing, this new therapy moved beyond equality and role change. Its intent was not to repeat the power relations between woman patient and male clinician in an exploitive therapy milieu—but to help women change their lives and politicize them in the process. Although there was ongoing debate on whether male-oriented theories could be made relevant to women—what to retain; what to reject—the more radical feminist therapy tended to be anti-theoretical, anti-male, and anti-power in reaction to traditional psychology.

Its primary informing concepts were that personal experience was political and it was the oppression of women and the destructive internalization of the female role—not the woman who was sick. Feminist psychotherapy was an orientation, a frame of reference, an explicit value system that sought to be

egalitarian—an endeavor of shared expertise that would return authority to the woman as expert on herself through respect for her thoughts and opinions. The once silenced voice of women was now to be the source of expertise—the expertise of the marginalized and the oppressed.

The role of the feminist therapist was to be an agent of both female empowerment and political change: building political consciousness; that is of women as a class, facilitating awareness and healing from a deadly enculturation, and encouraging connection with other women through engagement in collective community activism. The task was to separate women from culturally-imposed values of femininity, for women to begin to view cultural norms as an outsider, to claim their strength and end subservience, to achieve a new view of themselves—and to believe that there were possibilities beyond their current existence.

Feminist therapy was eclectic; utilizing a variety of theoretical orientations—psychoanalytic, cognitive-behavioral, humanistic, and/or social learning. Whatever was thought to work; to help? Of extreme importance was that therapy was to be accessible to all women through low or no fees—or barter. Its methods or response repertoire included reframing behaviors as adaptive, applauding the client as a survivor, emphasizing the commonality of the female experience including utilizing therapist self-disclosure of relevant experience, sharing information such as previous diagnoses, and providing information on

community events and activities. Therapy was also to be demystified through explaining the basis of one's thinking and observations. Counter-transference now meant a therapist understanding and verbally acknowledging her own behavior in therapy in terms of its effect on—and meaning— to the client. It meant therapist owning up and taking responsibility for errors and insensitivities.

Typically feminist therapists were active and visible—especially in lesbian-feminist communities—and therapists and clients often attended the same events, participated in the same activities and were frequently part of the same social and friendship networks. Consequently professional boundaries became increasingly thought to be unimportant and unnecessary.

The desired end point of feminist therapy was a women client who would ultimately join a revolutionary movement struggling to end patriarchy. Therapy was no longer a "personalist" distraction from oppression, but a beginning—the first steps in a political journey to take part in the freeing of women—one that also, for many lesbian-feminist therapists, included hopes for eventual change in sexual orientation through exposure to political lesbians. If feminism was the theory, lesbianism was the practice. To Adrienne Rich, [6] lesbians independent of men—and lesbian existence was the ultimate resistance to patriarchy. These were the liberation years!

The more radical edge of feminist therapy ultimately subsided as therapists learned that women came into therapy, not to be politicized or to change the world—but for help in order to change themselves and their personal world. Also understood was that power, always inherent in the therapist-client relationship, can be used constructively and that professional boundaries were crucial—or therapy could be compromised. Moreover, although female socialization—no question plays its excessively harmful part—many women suffer vulnerability and damage much deeper than the female role. And not every woman wants to—or can become a lesbian.

Feminist therapy led to the later emergence of feminist psychological theories—including psychoanalytic and feminist object relations theories—that shed deeper light on female personality development and means of therapeutic change.[7, 8] It led to an affirming psychology of lesbianism as a normal variation of sexuality and relationship[9]—and although never truly resolving issues of race, class, and poverty—was an important part of opening the door to the importance of a therapy attuned to class, race, and ethnic realities and differences.

I'm now retired and haven't practiced therapy for a long time—and know very little about the kind of therapy relevant to younger women—many as objectified and hoodwinked as we were—if the television series, *Girls* is to be believed.

However, my hopes are that feminist concepts continue to shape therapist awareness and remain an informing source of knowledge—and that feminist therapy is not all that obsolete—for those who wish to achieve and advance—and especially for women besieged by poverty, abuse, racism, and too many children. And most of all that it continues to be much more about culturally leaning away than leaning in.

References

1. Friedan, B. (1963). *The Feminine mystique*. NY: W.W. Norton & Co.
2. Chesler, P. (1972). *Women and madness*. Garden City: NY: Doubleday & Co., Inc.
3. Millet, K. (1970). *Sexual politics*. NY: Doubleday & Co., Inc.
4. Kronsky, B. (1971). Feminism and Psychotherapy. *J. of Contemporary Psychotherapy*, 3, 2, 89-98.
5. Pearlman, S. (1995).The Radical Edge: Feminist Therapy as Political Activism. In E. F. Williams (Ed.), *Voices of feminist therapy* (pp. 3-10). NY: Williams Harwood Academic Publishers..
6. Rich, A. Compulsory Heterosexuality and Lesbian Existence. *Signs*: *J. of women in culture and society*, 5,4, 631-660.
7. Chodorow, N. (1978). *The reproduction of mothering: Psychoanalysis and the sociology of gender*: Berkeley: Univ. of California Press.
8. Miller, J. (1976). *Towards a new psychology of women*. Boston: Beacon Press.

9. Boston Lesbian Psychologies Book Collective. (Eds.). (1987*). Lesbian psychologies: Explorations and challenges.* Urbana. IL: Univ. of Illinois Press.