

## **Feminist and Gender-Sensitive Psychotherapy: Social Construction of Mental Health**

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### **Abstract**

*The review aims to summarize the theory and practice of feminist and gender-sensitive psychotherapy in the context of possible contributions to the general conception of psychotherapy and the psychotherapeutic field. The purpose of this review is to give a comprehensive overview of the topic and to highlight significant areas of research. Feminist and gender-sensitive psychotherapy is relatively marginal, and its procedures are not a standard part of classical psychotherapeutic methods. However, the approach provides a multifaceted view of constructing and stabilizing the human psyche and mental health in a sociopolitical context. The Czech environment has not given sufficient attention to this area, even though mental health's sociopolitical aspect attracts an increasing interest due to its remarkable statements obligating wo/men to think about established societal orders and procedures. Our review aims to summarize the crucial layers of argumentative standpoints of this empowering practice and discuss essential findings of these theoretical statements based on content analysis.*

**Keywords:** *feminist psychotherapy; gender-sensitive psychotherapy; mental health; empowerment*

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## **Introduction**

A growing interest in exploring and improving quality of life includes changes in social discourses that express the approach and its significance for the contemporary wo/man (Auweraert et al., 2002). It focuses not only on the measurable state of physiological health, which is characterized as a person's fitness for a living but also on its socio-economic overlap, traditionally defined by the World Health Organization (1984) as a bio-psycho-social and spiritual dimension. The focus of research in examining relations between gender differences and quality of life was initially on the consequences of gender inequality, which was monitored, and later actively pointed out, especially by feminists, resp. Women's movements.

The rise of feminist theory and its application tendencies in various scientific research disciplines has also led the humanities and social sciences to reflect on existing paradigms of established social practices concerning status and rights of wo/men, including quality of life in the context of patriarchal structures. Feminist and gender agenda were continuously perceived as worthy of research in the current social setting. The study of the specific impact of gender on wo/men's mental health was one of the essential elements that form the research progress (Faull, 2015).

Feminist and gender theory is a marginal topic in the Czech environment. However, many studies prove that this direction is relevant and valuable to address (Kuruc & Smitková; Machovcová, 2011). In the Czech theoretical field exist primarily debates about the relevance of breaking up stereotypes of gender constructs in society or the usefulness of feminism, even though the feminist theory is a full-fledged field abroad. Specifically, the relevance of gender in psychotherapy and the concept of psychopathology regarding gender are subjects of debate in the psychological research context (Ševčíková, 2009; Lišková, 2012).

Feminist therapy focuses primarily on gender agenda connected to examining equality between the sexes and gender identities in a context of consulting and psychotherapeutic praxis. It summarizes all the philosophical and epistemological bases that suppose inequality between the sexes and gender identities in a heteronormative environment. A considerable part of the process is a profound analysis of the developmental stages of gender socialization. In this case, the main emphasis is imposed on studying the subject's inner mental structure in question, reflecting the sociopolitical dimension of the educational process that may or may not be precisely and strictly formed by gender socialization. Feminist therapy is hugely influenced by the general feminist outlook and thereby has its ideological and activist background at the same time at the core of the marginalization in academia. On the other hand, gender-sensitive therapy is one of the specific approaches that centralizes its procedure around gender analysis without prioritizing activist agenda and without the necessity to examine the subject's sociopolitical dimension or putting the political background of a psychotherapeutic process into question.

Although the basic standpoints of feminist therapy and gender-sensitive therapy are notably overlapping, each of them is unique in an everyday praxis (Machovcová, 2011; Ševčíková, 2009; Danforth & Wester, 2014; Root & Brown, 2014). We nevertheless decided to refer to these two approaches simultaneously in this review due to their specific similarities.

## Foundations and Specifics of Feminist and Gender-Sensitive Psychotherapy

Prochaska and Norcross (2013) stated that the main foundations of feminist and gender-sensitive (FGS) psychotherapy were based on the critique of a solely androcentric view of psychic reality, which did not reflect various aspects of other gender identities. Worell (2002) concludes that, according to critics, the current concept does not consider specific mental and behavioral patterns concerning the social and political environment. Acceptance of specific life experiences associated with gender socialization and the process of rebuilding them throughout life can be one of the crucial prerequisites for prosperous therapy. Although most of the classical psychotherapy concepts elaborate on the assumption about social influences, it does not focus solely on the psychological embodiment of people's experiences in a socio-political context. Many of the main principles constituting the theory and praxis of FGS psychotherapy have already been a part of other psychotherapeutic approaches. However, FGS psychotherapy builds those principles on the familiar motto: "*the personal is political*," and so it is closely connected with the discrete political dimension, unlike other approaches. The FGS psychotherapy strives for an intersectional direction that accentuates the multidimensional aspects of personality, interconnecting gender, ethnicity, sexual orientation, social status, and power (Bačová, 2000).

Corey (2012a) states that a typical characteristic of FGS psychotherapy is to avoid assigning specific diagnostic labels that intentionally reinforce the deconstruction of power. Defining a specific diagnosis is understood as an act that activates power inequalities within the therapeutic relationship. FGS psychotherapy strives to redistribute power in all relationships, locally between clients and therapists, and globally among oppressed social groups and their oppressors (Sharf, 2004). Simplified "labeling" and stigmatization by society can be humiliating and maybe intentionally misused to reproduce the status quo. A psychiatric label can accompany a person throughout life and negatively affect his/her self-confidence and educational and professional development opportunities. The schematization of mental disorders is part of a broader medicalization process of everyday life, and medicine is then tasked with setting the standard and exercising social control in this area (Řiháček, 2017).

The effort to achieve social change is crucial for implementing redistribution of power in mental health care. Therefore, the significant task of FGS psychotherapy is to support civil activism in every area of clients' lives as well (Ballou & Brown, 2002). Instead of focusing on maladaptive behavior and psychopathology, FGS psychotherapy insists on solving issues as specific forms of coping in the societal context (Draganović, 2011). An essential conceptual part of therapy is working with self-esteem to understand oneself based on self-persuasion. According to Worell (2000), the attention is also paid not only to internal conflicts of the clients but also to external circumstances that the clients live in. As a part of the process, therapeutic reflection is also paid to already experienced situations. Therapists encourage clients to accept themselves and their emotions within the oppressive system but insist on actively participating in social change.

A vital element of psychotherapy is the process of self-disclosure of a therapist. It includes revealing themselves as part of the structural status quo to enable clients to experience therapy and recognize the therapist's position. It strengthens the authentic relationship between clients and therapists and disrupts the authoritative imbalance of power (Mahalik et al., 2012; Mareček, 2001). The Feminist Therapy Institute published The Feminist Therapy Code of

Ethics in 1996 that consists of three parts and summarizes its central principles. The principles are a) therapist knowledge and accountability, b) cultural diversities and oppressions, and c) egalitarian therapist-client relationships (The Feminist Therapy Institute Code of Ethics, 1996). FGS psychotherapy goals mirror the diversity of approaches and techniques and are based on the theory of individual feminist philosophies (Garner & Enns, 2012). The primary ideological intent is building a social network that enables equal access to resources for all wo/men. As a part of therapy, deconstruction of clients' persuasion of gender stereotypes and particular consequences in everyday life helps to reorganize clients' inner setting and possibly achieve their goals in a society (Crawford & Unger, 2004).

The main interest lies in evaluating every fe/male experience regarding sex and gender and creating motivation to accept them. The cause of the problems is considered the devaluation of one of the many perspectives that make up society's order. The goal is to restore empathy for oneself and others by understanding the experiences that society did not create enough space for (Campbell & Wasco, 2000). One of the statements criticizes the so-called white wo/man movement that excluded wo/men of color from its group of interest and deals with racism, sexism, equal access to work, education, and health care. The primary therapeutic intent is to understand and identify oppressive phenomena that influenced individuals' mental health and development. The specific influences are then materialized and evaluated as individually valuable phenomena that are a part of clients' psyche and can be actively restructured as part of their identities, which leads to healing via interpersonal changes and civil activism (Philpot, 1991).

Another crucial theoretical foundation of FGS psychotherapy is the influence of patriarchal hegemony on the mental health of wo/men and its interconnection to the entire process of constructing the discourse about mental health itself, including the structural apparatus securing mental health care for all genders. It is largely connected to repressing an individual's autonomy and inadequate living conditions (Calabrese et al., 2015; Garner & Enns, 2012). Busfield (1988) reflects on the concept of stress events that are influenced by social environments and, as an example, states the situation of married homemakers in the 1960s. More mental health issues were detected in the married women, whose only accepted option was to be a homemaker, than in married men who had more chances to express themselves and be socially active (especially outside of their household or areas designated for them in advance). This social convention manifests beliefs of a given era based on male dominance and controlling of wo/men across history, form of fe/male oppression. In therapy, the primary goals are to become aware of the oppressive structures that were a part of internalizing specific ideas about the value of wo/men in society and actively participating in changing these social structures (Campbell & Wasco, 2000).

The ideological basis of this opinion is the assumption of social class inequality in society. This further deepens different kinds of oppression that are subsequently multiplied by their group effect. FGS psychotherapy focuses not only on male privileges and power distribution in society but also on political overlaps forming people living in various regimes. The therapy principles also focus on analyzing the allocation of work roles and thereby on the economic independence of wo/men (Corey, 2012a; Root & Brown, 2014).

## Specific Techniques of Feminist and Gender-Sensitive Psychotherapy

All techniques used as part of FGS psychotherapy should correspond with the principles of empowerment theory and appropriate if they complement each other (Worell & Remer, 2002). In the section below, we present an overview of the most frequently used FGS psychotherapeutic techniques:

*Cultural analysis* focuses on clients' ability to reflect on a social environment and culture they come from (the therapists are often also a part of this environment/culture) and its connections to given issues. It is crucial not only to think about how clients can better adapt to their surroundings but also how they can change the environment to live a higher quality of life. It may include questioning the current lifestyle and how clients can be more involved in running a society. (Asnaani & Hofmann, 2012).

*Gender role analysis* provides clients with an insight into how their gender roles influence them; how their identity, thinking, and behavior are influenced. It also reflects on how clients are influenced by societal expectations that are connected to gender. Clients can evaluate which of these societal values and convictions are in concord with their values and convictions and single out which values and convictions can potentially cause mental health complications or other complications. The technique is very effective as a part of group therapy since each member can stimulate and correct individual convictions and statements, thereby empowering the potential catharsis processes (Worell & Remer, 2002; Evans et al., 2010).

*Power analysis* intends to deconstruct power relations in society not only on a sociopolitical level but also on an individual level. A thorough analysis helps to realize our positional power and hierarchy of our close relationships. This subsequently strengthens awareness of the phenomena and leads to a continuous revision of clients' interpersonal and intrapersonal relationships and levels out power disbalances. (Worell & Remer, 2002). One of the main components is an analysis of what power comes from in society and how to regain power if it was lost. Another essential element is the analysis of how to deconstruct power in a therapeutic relationship (Zur, 2008).

*Consciousness-Raising Group* is a concept based on realizing that wo/men's issues are connected to socio-economic structures. Changes on a personal level can be achieved by understanding that the root of an issue shared among the group members. This concept is understood as a source of mental health that can work with clients' internal resources. Key elements focus on the equality between all members of the group and their development via discussions that can move from general topics to purely emotionally oriented topics. Such groups share a lot of social elements with self-help groups (Rosenthal-Braun, 1984).

*Bibliotherapy* is based on the therapeutic use of literature that provides, among other also processes of personal growth and understanding. This is gained, e.g., via identifying with characters in a story and later catharsis. Specific stories can be read and created, and thus not only prose but also poetry serves as imaginary spaces of encounter with oneself and one's inner experiences. As a part of FGS psychotherapy, titles that are compatible with its fundamental principles are recommended (Chrisler & Ulsh, 2001).

*Reframing and Relabeling*. These techniques include a shift from the stereotypical perspective of one's subordinate position to a more sophisticated and cultivated form of self-understanding that reflects social and cultural factors as main internalization components

participating in creating the interpersonal relations (Zábrodská, 2009). An example can be a wo/men suffering from an eating disorder which origins can be connected not only to a reality of their mental condition and official diagnostic category but the societal pressure on the ideal form of the wo/men's body. Relabeling is a similar concept in which we strive to relabel concrete behavior or mental state during the self-evaluation process as we categorized it in a particular way, objectifying our past experiences (Corey, 2012b).

*Therapy-Demystifying Strategies* are closely connected to one of the crucial demands of feminist therapy, namely the egalitarian relationship between clients and therapists. Key is trying to clearly and understandably clarify the process, content, and course of therapy so that clients can be well aware of the therapy principles and therefore anticipate what to expect from the therapy (some therapists provide the first session for free). A prerequisite is the power of information, thanks to which the wo/man can become more powerful in the sense of freedom of choice. Therapists also encourage clients to continuous evaluation of the therapeutic process and to voicing their feedback. Disagreeing with the course of the therapy is not understood as a form of resistance but as a positive aspect of clients' self-reflection since the therapy also uses, e.g., assertiveness training (Jones-Smith, 2014).

### **Critique of Feminist and Gender-Sensitive Theory in Psychotherapy**

Accordingly, the main critique is aimed at the content of feminist epistemology and its theory, as it, more than any specific technique represents an ideological issue. This raises a serious question if any ideology should be a part of the therapeutic process per se or whether it is desirable to consider the approach as a separate and peculiar discipline, which is defined mainly by a set of techniques rather than a value representation (Longino, 1993; Frew & Spiegler, 2008).

Rohrbaugh (1980) suggests that the FGS psychotherapy model of a non-power structured relationship with the client can mask the already present power dynamics. There is also a danger that the therapist's political goals may obscure the fe/male client's personal needs and goals. Also problematic is the assumption that every client automatically understands their issues' political dimension and is interested in learning more about the follow-up premises. In case a given client has potentially no overview of the state policy, whether due to lack of education or lack of interest, learning about society's functioning can be a potentially harmful burdensome rather than a healing therapeutic element (Mullings, 1984).

Bar On (1994) states that if we get any knowledge from any marginalized group (gender, ethnicity) that enriches the previous understanding of reality, the gain of knowledge is dependent on the existence of such groups and thereby upkeeping and deepening the process of their marginalization. Some authors also argue that the unified primary focus on external problems could be at odds with the actual therapeutic procedure (Collins et al., 2002). Simultaneously, practicing psychotherapists should understand the socio-cultural background from which the clients come and orient themselves in their value system and possibly adapt to it. It also includes the ideological affiliation of therapists to some value system that is presented openly (Biever et al. 1998; Wester & Lyubelsky, 2005). However, all this is in direct conflict with, e.g., the principle of neutrality and anonymity, which are the essential elements that are considered necessary in the process of psychoanalytic treatment (Ohrenstein, & Lieberman, 1994).

Hammersley (1992) and Wilkinson (1998) also add that feminist research often focuses primarily on females and neglects an inherent inclusive aspect of the theory. Focusing only on the research of one sex or gender identity can thus reduce the perception of reality in which sexes live together, and it is not possible to study the world only from that one particular perspective distorting a holistic point of view. Satel (2000) points out the tentative praxis of ignoring individual psychopathological deviations that are not connected to any political or social system and placing a wo/man's locus of control entirely upon the external environment. Paradoxically, it can then lead to the complete opposite effect, and the precious striving for personal empowerment as a healing concept could be inherently dangerous because everyone's life combines both individual responsibility and sociopolitical influence daily. There is a risk that the therapeutic effort will be utterly pointless if wo/men continuously keep omitting personal responsibility for life independently of any sociopolitical context.

## **Conclusion**

FGS psychotherapy points out a gender-sensitive approach and aims to deconstruct the process of creating a self-understanding connection that reflects a social and individual awareness of gender identity and its influence on mental health. Clients in the therapeutic process are encouraged to reflect on current inner settings and constructive inner change and engage in a way that provides a chance to trigger systematic changes improving external living conditions. The approach criticizes mainstream psychology for its androcentric bias and objective absence of other gender identity inclusiveness.

At the same time, however, this theoretical direction is criticized for its apparent elusiveness and ideological biases, which may be entirely at odds with the treatment purposes. One of the main questions remains whether any ideological basis should be part of the therapeutic process. Although political opinions and beliefs are active parts of the treatment process across therapeutic directions (Soint & Will, 2020), it remains taboo to mention and actively reflect, for example, the political background of the therapists themselves. There is a significant correlation between the therapist's political orientation, and the choice of the direction s/he represents (Norton & Tan, 2019).

Although some authors see FGS psychotherapy and counseling as a separate discipline, according to Brown (2010) and Machovcová (2011), it is a specific ideological position, and therefore, each therapist can relate to regardless of the therapeutic direction. Key, in this case, is the emphasis on the self-experiential part of the psychotherapeutic training, in which political views and positions related to treatment can be actively reflected. An enriching part of the self-experience is that one can reflect on what social position a person comes from and how this class background can affect the style of work and view of certain marginalized social groups. However, ideology should not become something that is forcibly manipulated in the name of good and social or treatment progress (Žižek, 2012). Simultaneously, some approaches problematize the notion that psychological stabilization and feminist empowerment are compatible concepts - for example, psychoanalysis should not be a norm-inducing praxis.

The theories of the fe/male role in society and the connected distorted view on the fe/male psyche are based on causes that impact wo/men's mental health. That is why it is necessary to deconstruct gender socialization as part of the healing process within (non)traditional therapy approach in the psychotherapeutic and counseling effort regardless of the psychotherapeutic

approach. Through this process, we can help wo/men create self-understanding in the context of their gender role in society, thereby exposing current mechanisms with which wo/men refer to themselves and their environment and newly set adaptive behavior. An essential part of FGS psychotherapy is also an encouragement to civic activism. The therapeutic approach based on the premise of FGS principles has not yet received sufficient attention in Czech practice and thus offers an unexplored area that can complement and potentially enrich existing psychotherapeutic and counseling practice.

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