
THINKING AND DOING: INSERTING GENDER AND FEMINISM INTO PSYCHOTHERAPY ¹

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Foucault (1986) reminds us that it is in the practices that power is actually exercised, not in ideas. This paper is an attempt to ask why, when feminism has had such an impact on the ideas of psychoanalysis and therapy, it has not deconstructed the practices. If power resides in the practices which aim to maintain the existing structures (and the existing dominant (male) symbolic) then analysis/therapy remains firmly patriarchal even as so many of its practitioners and clients are 'other'.

Feminist challenges to the thinking

The second debate began, without doubt, with the work of Simone De Beauvoir in *The Second Sex* (1940). In this work De Beauvoir suggests that woman is always the object, the primary other for the man. Women's lives are defined and limited by this socially constructed experience of self. While not essentially a psychoanalytic text, this book did establish the issue from a feminist perspective.

It was, however, Juliet Mitchell in *Psychoanalysis and Feminism* (1974) who looked to Freud to ask "how is a lady made, how are her active strivings and intelligence suppressed?" (Brennan, 1992). It was Mitchell who strove to explain the pervasive dominance of patriarchy (looking in part to the ideas of Lacan) within the psyche. Thus Mitchell argued that we should read Freud as an account of psychological development within a patriarchal process.

This second debate had as its source

"... the realisation that the oppression of women does not lie solely in the institutions of the society, the social and economic structure. It now recognises that something hidden fuels this structure, the unseen and often unspoken but powerful feelings of the unconscious, the entire apparatus of what is called the 'symbolic' order, that is the language, values, myths, images, stereotypes that influence and are influenced by our psychological life." *Women Analyze Women* 1988

Freud provided us with an account of ourselves which is both intra-psychic, interpersonal, social and historical. Moreover it is within the Freudian attempt

(1) Any discussion of 'practice' (or indeed theory) in New Zealand/Aotearoa must pay attention to the intersection of the specific relationship produced by the Treaty of Waitangi. In this paper my focus is the specific relationship produced by gender. Some if not many of the arguments are also relevant when addressing practice within a Treaty perspective (which we are all required to do). The issue of a 'Just Therapy' has been documented specifically (but by no means exclusively) by the Family Centre, Lower Hutt (1991, 1993).

at explanation that the 'riddle of sex' (or, as we might term it today, the riddle of gender) is given primacy. Freud was concerned with the issue of how a self was embodied, how it came into being, how it persists over time. He noted the interweaving of the embodied self with the social, fictional and real.

Freud's work confronts the need for concepts of subjectivity that can do justice to a self that is simultaneously embodied, social, desiring, autonomous and inter-relating (Flax, 1990). Freud was speaking in a language that was gendered in the feminine as much as in the masculine. However Freud failed to answer his own question, thus setting the scene for the second debate. That Freud acknowledged his limitations in understanding the gendered/sexed self of the female did not prevent either him or his followers and heirs from developing theoretical constructs about the feminine.

Brennan (1992) names four other writers who have sought to debate the Freudian notions within the frame provided by psychoanalytic thinking. Nancy Chodorow (1978) redeveloped the notions of object relations with special regard for the relationships between mothers and their children. Luce Irigaray (1974, 1977) argues for the creation of a female symbolic, of the acceptance of desire and the fluidity of female sexuality. Jane Flax (1990) whose brilliant book *Thinking Fragments* seeks to join psychoanalysis, feminism and the world of the post modern. Jessica Benjamin (1988), a working analyst, attempts to think through notions of domination using analysis and its theory as a tool.

There are many other feminist commentators such as Dorothy Dinnerstein, Carol Gilligan, Jean Baker Miller, Elizabeth Grosz, Janet Sayers and Brennan herself. Each has sought to intersect with the original ideas in such a way as to ask again, and re-ask, what place is there for women in this construction of the psyche? What can be understood of ourselves in this masculine creation? All of these writers accept without doubt the importance of the unconscious. They acknowledge the difference between biological sexuality and gender and the importance of relatedness (being in relationship) to human development.

However even though feminism has inserted gender into the analytic debate in a powerful and thought provoking way, it has yet to re-write the theory in a satisfying way.

“... it is generally true that the minute the real riddle of femininity is approached the debates digress.”

Brennan, 1992

Feminist challenges to the doing

Feminists have been much more passionate in arguing against aspects of theory than they have been in arguing about practices. It seems that practices continue as they are, even as we seek to develop a subversive discourse about the ideas. As Jessica Benjamin says (1988) while there is a feminist psychoanalytic theory, there is not a feminist psychoanalysis.

What are therapy practices? Psychotherapy is still essentially 'the talking cure'. As it is generally understood, its effects are produced within the relationship between the client and the therapist. Dynamic practitioners understand that the primary process for producing a positive change is in what is called the 'transference', (also called the therapeutic alliance). Recent research has also shown that it is to the relationship that clients attribute most positive effect gained in therapy (Duncan, 1994).

Attention is therefore given to both the actuality of the 'relationship' and to its formulation and construction. Rules are proscribed and notions are held as to exactly what the nature of this relationship should be. For example it is said that a 'fundamental rule' is that the client allows as many of their feelings to surface (come to consciousness) as possible but that at the same time the therapist does not gratify their desires. There is therefore a conflict between the need for the client to be 'real' in all their terror, fear, anguish, love and attachment and the need for the therapist to maintain what Winnicott called a 'professional attitude'.

This practice is usually discussed only from the 'theoretical', as in why the work should occur in this way, or from the personal point of view. The practice is discussed when boundary violations occur and come to notice or when therapists find themselves struggling against their own authenticity of response. Critiques of the actuality of the practice are seen as a failure of the individual practitioner to address their own pathology, defences, resistances.

Foucault gives us some ideas about why it is the practices are themselves so hidden from review. He saw power as constructive of and shaping of people's lives. Many ideas are accorded the status of truths, and norms are then constructed around them. This is called normalising practices. Practices such as these specify people's lives, their behaviours and beliefs. Foucault believed these forms of power subjugate us, forging people as docile bodies, conscripting us into activities which support the dominant narrative.

Feminism intersects with these ideas because opposition is then found in the alternative or subversive discourses, heard on the margins, deprived of the space to be acted out and made authoritative.

"The rejection, the exclusion of a female imaginary certainly puts woman in the position of experiencing herself only fragmentary, in the little structured margins of a dominant ideology, as waste, or excess, what is left of a mirror invested by the (masculine) 'subject' to reflect himself, to copy himself."

Irigaray, 1977, 30

Foucault believed that a powerful method for maintaining dominant narratives was surveillance, the idea of the 'gaze' and the use of confessional requirements. If we think of the 'practices' of psychotherapy we can see that each of these methods is used by the profession to maintain its position of privilege. Indeed

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increasingly we use these methods rather than a process of encouraging dialogue and attempting to discover meaning through a narrative or discursive process.

How might we then think about the process of therapy, the 'production' of its practitioners and the ways in which its dominant 'truths' are maintained. Certainly ideas have not been subject (in the same way) to the 'normalising' that has occurred for practice. Nowhere are the normalising notions of practice so firmly held than in analytic or dynamic practice. However the rigidity and rule bound processes once found most commonly in analysis (Winnicott, 1961) are now moving into all forms of therapy, into social work and counselling. Rules and norms (beliefs) developed in the specificity of the analytic settings are now seen as desirable processes for all forms of interactions between 'helpers' and clients seeking help. Thus the dominant practice with its attendant power maintains and develops itself.

Freud expressed considerable concern about just this development. He held that the possible medicalisation of psychoanalysis was dangerous and might destroy the creativity and unknownness of the work. He saw the power of the medical profession as counter to the work of analysis. This is interesting when we recall that it is the practices of the medical profession and its ways of controlling women's bodies that feminism has been very active in criticising.

Feminist critiques of the practices of therapy centre on a number of issues. Each provides us with a suggestion of an alternative narrative challenging the existing notions and power. Among the issues raised are authenticity, the relationship of therapy to ideas of community, the continuation of a pathologising process embedded in notions of silence, the individualising nature of therapy and the ways in which therapy changes beliefs (narratives) of relationship. Each of these issues is critical when we consider the impact of gender because each of them, thought through at the level of theory, has a special intersection with women's lives.

One of the major criticisms of therapy, especially dynamic or analytic therapy, is that the relationship that is so central actually lacks authenticity. That the exchange is lacking the expression of passionate truths between the participants. The concept that our lives are and should be described in emotionally intense ways has long been central to feminism. Feminism has an awareness that women's passion, emotionality (fluidity, jouissance) has been described in negative terms and that it is attacked by the male symbolic.

Speak pains to recall pains
The Chinese revolution.
Tell it like it is
The Black revolution
Bitch Sisters Bitch
The final revolution.

Red Stockings, 1970

Thus the normalising practice of therapy, which removes the passionate exchange between us runs counter to the feminist model.

Mary Daly has described the therapeutic process as 'plastic passions'. What concerns feminists and others is that the notions of professionalism often serve to remove connection. The idea of connection, and passion in that connection, seems critical to women. It is especially so where women seek to address the need for their emancipation from the male symbolic. However it is important to note that it is not significant to feminism alone. Many cultures feel most alienated from western thought precisely because of its notions of individuality and separation.

Theoretically we might see this removal from connection as further evidence of the work of the male symbolic, dividing rather than connecting, splitting rather than joining. Jessica Benjamin talks about the need for mutual recognition rather than maintaining this split, splitting being needed to maintain the gendered discourse.

The discussion we do not have is how to be genuinely authentic within the relationship, and still do the work. The narrative we might weave would ask questions such as, are there circumstances in which we need more distance, others in which we need less? How do we understand these differences?

Freud himself saw clearly the difficulty in the nature of this work, for example in addressing deception he commented,

“Since we demand strict truthfulness from our patients, we jeopardise our whole authority if we let ourselves be caught out by them in a departure from the truth.”
Freud, 1912

He struggled with notions of friendship, support (another word for community) and indeed love. All of his significant followers seems to have similar struggles as do practitioners today. Yet we maintain the normalising practices, the rules, and remain silenced about experience.

So we might begin to wonder if the practices of therapy serve more to provide protection and certainty for the practitioner. Perhaps we feel more contained, more able to see ourselves as powerful and professional when we enforce notions of space, silence and distance. Perhaps we fear that the authentic self we might present would not fit the professional image. Is this, as some have argued, part of the legacy of the medicalisation of this work – without white coats we have to paint a white world for the work to occur within. Here I am reminded of Robert Langs, a highly thought of analytic practitioner. He suggests apparently authentically, that therapy should be conducted in a three piece suit. The inscription of the male symbolic in the authority and power of the person of the analyst denies the voice of the other at every level of a self.

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A second and related area of criticism has been the individualising process that has occurred in therapy. The problems of being human, problems most often actually located in our community, in our social lives, are removed to a private and separate sphere whose goal is to have us separate and individualised. Perhaps this too is a legacy of the way in which Freud's original insight, that his patients had been abused within their families, became victim to a larger dominant and gendered discourse. Had he continued to work with the understanding that people's problems related to the external world, the notion of therapy might have been different. Drive theory and the position of the therapist within the work would have had to change.

It is clearly a form of gendered, cultural determinism that we, as therapists, continue to support the notion of an individuated self as healthy. A central concept in therapy is that the analysand will become their own analyst. This concept does not allow for notions of connection and community as a significant part of a healthy self. Feminists understand that a significant aspect of women's oppression is their exile to a private and individual sphere where their relationships are proscribed by the other. How in therapy we might continue to engender connection both within the therapy relationship and for the client in the outside world, is a significant issue.

“Turning the spotlight on the ‘self’ psychology plunges the world out there into darkness. We know ourselves as social selves, as members of a culture, inheritors of a history, participants in a movement. We discover who we are face to face and side by side with others in work, learning, love, friendship, groups and communities. We become who we are in the context of the institutions that structure our experience and the cultural and countercultural patterns through which we interpret it ... We construct our identities only through vital relationships with other lesbians and passionate involvement in our communities.”

Kitzinger and Perkins, 1993

Perhaps because of its emphasis on this individual, who is in a sense alone, therapy has also developed practices which pathologise and silence clients. We locate the problem in the person, not in their experience and thus reduce a need for political action or personal witness on our part as therapists. In particular, emphasis on treating the inner world as all has reduced our capacity to recognise the political/power concerns that private pain often describes. Feminism considers that it is essential not to reduce experience to the inner world of the psyche, an insight found in Freud but not applied to the practice of the work.

Women get support (in our patriarchal world) for describing themselves in psychological terms which are essentially male defined. In this way women continue to be defined, to define themselves, within a previously determined

frame. What does it mean that in therapy we seek to have handed over to us, the therapist, authorship of the clients life? When we also describe the fragmented and distressed client in pathological terms, how does it really lead to change?

An example of the effects of this process is the responses commonly seen to the experience of severe childhood abuse and neglect. Their responses have often lead to very pathologising labels and to clients believing that they have the 'problem', located within them. Many and various labels have been given to them (the common ones in the 1990s are Dissociative, PTSD, Personality Disorder, Multiple Personality). Moving this experience into the arena of therapy and mental health treatment has removed the discourse about our community, the families within it and our responses, to the private sphere.

Some clients have been silenced by therapy, exposed to their own inner world without the witness of authentic connection. Instead they are offered a person who will perhaps label them hostile, aggressive, defensive, resistant or manipulative if they struggle with the process offered to them. It is not the terms used. These people do experience themselves as fragments, as on a border of the world. What is destructive is that we often maintain distance, silence and space, continuing to locate the responses given to us as pathological and determined by the nature of the individual.

Theoretically we may know that these people are victims of abuse, of severe attachment disorders (and thus of dysfunctional families), of a failure of our community to protect and support children and their families. Perhaps we might even understand this process as an example of the working through of death drive (especially the male death drive) by locating aggression and destruction in our intimate relationships. What we do not do is think about ways that this 'knowing' can be translated into practices that will empower and transform not just the suffering individual but our community as a whole.

I am especially intrigued by the analytic notion of silence and its allied notion of the unseen analyst behind the couch, as a therapeutic tool. No other practices seems to me to speak so eloquently of the gendered nature of our work. Women's lives have traditionally been lived in silence; they themselves unseen. Women have been taught to believe that their inner world is unbounded, mad and crazy. This is the very place that analytic silence hopes to take its clients.

It wishes to do so with the client lying down, unable to see the face of the person to whom she will expose herself. This practice cannot even be called a metaphor. It is patriarchal control at work, openly and directly maintaining the male symbolic. It is a binding of the female psyche just as women's feet have been bound. Practices ensure we cannot speak, run or be passionate.

Neutrality and boundary are other areas of practice that encourage and support the removal of aspects of the therapist from the work. The self of the therapist

is placed at the margin because it is believed to be safer. For whom? Boundaries simply alert us to the possibilities of exploitation, they do not prevent it. Indeed as Tomm (1993) points out, rules often impose a pervasive restraint upon the nature and complexity of relationships, denying us the creative use of the power between us.

Indeed the discussion of boundary and rules shows us how the discourse can be continually re-written to avoid the subversive and uncomfortable. We shift the dialogue from exploitation to duality and then suggest that we can avoid exploitation by avoiding duality. As such it allows us to avoid discussing the issues of connection and authenticity, to remain split (and comfortably so), for we are 'being good'. Such accession to the dominant discourse is rewarded by membership of the select group. Dissent is punished.

It is interesting to note that 'dissent' (that is rule breaking) is also characterised by blaming the individual. We seem fearful of a debate about the nature of the rules and of the many complex issues raised by the breaking of them. As Tomm points out, we seem so certain about our rules we cannot even acknowledge the value of dual relationships any more. The dominant discourse in the area of duality is all of pain and problem ... more pathology!

Tomm acknowledges that for himself a dual relationship actually improved his sense of self worth. He believes that they create the opportunity for professionals to be more open and authentic, to be more self critical, thoughtful and congruent. The emphasis on sexual transgressions has enabled the dominant discourse to remove us further from the notion of connection as an essential aspect of our work.

Feminism's emphasis on knowledge and empowerment provides another part to the critical intersection. It is helpful to look at the ways in which clients are enabled to begin to question their therapeutic experiences. We find that complaints come not from informed clients who have some understanding of the process. Rather it is the political/social debate in the wider community (about sexual abuse) that has enabled some clients to understand their experiences in the therapy context. We have been forced to address our practice not from within, but because of a subversive discourse. A rebellious narrative about female exploitation arose outside our practices.

There are far fewer complaints about therapeutic practice. This should alert us to the real lack of knowledge and power, the lack of understanding of this experience that remains central for most clients. We can feel safe that the community may not develop such a sophisticated debate about our professional practices and they will remain unseen, especially to those who are victims of the process.

Feminist criticism of therapy has focused on the way in which therapy removed

pain and distress from our community. Perkins and Kitzinger (1993) ask what will happen to our notion of community if only privileged persons are seen as being able to hear and cope with pain and distress. They believe that we will all be deprived of part of the human experience.

Communities have always provided a special place for what we might call therapy. However, those who acted in this capacity were not apart from the lives of the other. In many ways connection was valued as aiding this process of supporting those who were troubled and distressed. Distress was seen as providing special information for the community as a whole. This is a form of 'emotional literacy' (Orbach 1995). The 'client' thus gave something to her world and received something in return.

Raymond (1986) argues that therapy has now come to replace friendship; friendship is now an 'expert' activity. She believes this further divides us. Such an idea is significant for feminists. Many of us found our passion and ourselves within the friendships formed in our Consciousness Raising groups, in our activism, in the passionate emotions we experienced in rethinking our lives. This process is exactly that which we hope to create in therapy. How can therapists believe that they can remain in passionate connection while sitting in disconnected silence?

In practice feminism is, therefore, more likely to value an interactive approach, a narrative style, a post modern therapy. Feminists remember that we cannot always 'know'. That our work is woven and spun in spirals. Unlike analytic practice with notions of truth, separation and objectivity, feminism is more likely to think of multiple meanings created within co-narrated processes without an end.

From this perspective all knowing requires an act of interpretation. Therapy then becomes the act of hearing news of difference, valuing the rituals and lived experience of all who participate in the narrative (past, present and future).

"self knowledge requires the identification of agentitive and knowing selves."
Harre, 1983

Narrative perspectives, informed by both old and new ideas of the psyche, allow a space for women to begin to find a way of being and a way of experiencing the self. The process must happen within a practice which is itself deconstructed. Therapy must address its own dominant narrative, the way in which its practices landscape the inner world of action and consciousness for the client. ²

(2) It is always essential to 'sight' ourselves and our perspective. My life is not just informed or infused with feminism and the reality of women. It is lived there. No list of references can ever indicate the depth of the feminist perspective that is the bedrock of all of my work. No acknowledging of individual women can ever indicate the richness of connection that binds us even within our differences. Nor can I adequately indicate the value gained from my interaction with the other, the world of the male.

This is what I am ... watching the spider rebuild – patiently, they say
But I recognise in her impatience – my own –
the passion to make and make again where such unmaking reigns.

Mary Daly, *Gynecology*

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