Feminist Therapy Hybrid Assignment

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1. I find the technique of assertiveness training to be the most compelling of all the techniques discussed in this chapter. Empowerment and self-disclosure are also techniques I'm drawn to, but I know very little about assertiveness training, and it strikes me as having a lot of potential for middle school-aged counseling (which I hope to be involved in). The double standard that when women are assertive they're "bitchy" or "aggressive," but when men display the same behavior they're "go getters," has always deeply frustrated me. I think it's crucial for young girls to learn assertive behavior to be successful in a patriarchal world, and to protect themselves.

Learning how to be assertive can help you get what you want, but it is equally important in learning how to say no. That is a skill I think is appropriate and necessary to teach girls around the middle school age to prepare them for many possible scenarios in which men don't want to take no for an answer. This topic resonates with me personally because I wish I had learned how to be assertive at a younger age. It would have saved me from many painful encounters. I'm also fascinated by the cultural implications of assertiveness training. It's not as simple as just having your client or student get comfortable being assertive anytime anywhere. The counselor must consider what the implications of an assertive woman in the client's culture would be.

In the context of the case study of Alma, Corey (2021) writes, “Alma will decide when and how to be assertive, balancing the potential costs and benefits of assertiveness within her ecological context” (p. 424). Alma comes from a Dominican family, which is a generally patriarchal culture. This means her assertiveness may not always go over well within her family structure, and she may have to pick and choose when to use this tool. This is such an interesting moment for a counselor. We must work with our client to understand the intricacies of their unique cultural intersection and help them navigate that as a woman.

2. The main contribution I see coming from feminist therapy and applying to school counseling is the idea that often individuals’ problems come from a discrepancy between how they feel and what societal pressures are being forced on them, rather than personal flaws. Becoming aware of how certain issues are interconnected with their place in society can help “students reframe their difficulties, gain awareness of how personal and external factors are interconnected, redirect their energy away from self-blame and excessive personalization, identify sources of resilience, and develop more positive self-concepts” (Corey, 2021, p. 427).

This understanding is so important for students with one or more marginalized identities, but it is also important to teach our more privileged students too. This may sound harsh, but we must also educate the potential future oppressors if we want to stop the cycle. In terms of implementation, I like the idea that’s suggested by the textbook of the identity wheel. The identity wheel provides a good visual to show students what their multiple identities look like and how they all connect to form the individual they are. From there, you can start discussing what those identities mean: What challenges do they pose? What strengths and resiliencies do they offer? How can we be sensitive to others’ identities when they differ from ours?

3. Part of why I love this therapy is because of the focus on educating the client about the process of therapy and creating the most egalitarian relationship possible. A similar emphasis on an equal client/therapist power dynamic is found in Carl Rogers' Person-Centered Therapy, another theory that I plan to pull from in my professional work. The idea that the client is the expert in their own life and that technique is not as important as a positive client/therapist relationship is shared among these two theories. Rogerian therapy is inherently client-centered and "emphasized the role of the therapist as a facilitator of growth and honored the inherent power of the client" (Corey, 2021, p. 201). Seeing the therapist as a facilitator and not the "expert" and explicitly referring to the client as the "expert in their own life" works to balance the power dynamic between the two and lead to a more trusting and productive relationship.

Personally, I *love* this concept in therapy and will work very hard to build an egalitarian relationship with my students. Part of this job that I am still working on is my own discomfort with this power dynamic. I typically feel very uncomfortable being in a position of power, even though I am a natural leader. It's hard when working with students, as the age disparity inherently presents an uneven power dynamic, but I think there are steps we can take as counselors to combat that, and I would welcome any suggestions on the topic!

4. We have the DSM-5 for a good reason; It provides professionals (psychiatrists, psychologists, social workers, etc.) with a shared manual for diagnosing clients. Not to mention that the diagnoses that come from DSM-5 criteria often allow clients to get insurance coverage for treatment, which increases accessibility to treatment. In those ways, it's a hugely beneficial publication that is constantly being revised, tweaked, and republished to incorporate new findings. However, like any written manual, it has its limitations. These limitations are succinctly outlined in the chapter on feminist therapy. Corey writes, "This critique [of the DSM-5] is based

on research indicating that gender, culture, and race may influence assessment of clients' symptoms" (2021, p. 420). Feminist theorists find the DSM-5 to be of little help because these external influences affect assessments so much that it becomes "extremely difficult to arrive at a meaningful conceptualization, assessment, or diagnosis" (2021, p. 420). For a feminist therapist to diagnose a client based on the DSM-5, they would be pathologizing the symptoms of their client, instead of attributing them to societal pressures, which is counter to feminist theory.

Luckily for me, as a school counselor, I will not be engaging in any formal diagnosing. However, I think there is a way for feminist therapists to use the DSM-5 as a tool to refer to without taking it as doctrine. To give them some credit, the APA has become more aware of the DSM's cultural limitations and did make some strides between the 4th and 5th edition to remedy this. For example, "In Section II, specific diagnostic criteria were changed to better apply across diverse cultures. For example, the criteria for social anxiety disorder now include the fear of 'offending others' to reflect the Japanese concept in which avoiding harm to others is emphasized rather than harm to oneself" (APA, 2013). Hopefully, this reflects a more culturally aware mindset among the APA that will be even more fleshed out in the future DSM-6.

5. First, I notice several of the outlined techniques, although not unique to, are often used in feminist therapy. With Stan, the therapist started by demystifying the therapeutic process, explaining what was to come and reminding Stan that he is in charge of the session. Next the two conducted a gender-role analysis to help show Stan the source of some of his problems. This lead to some personal discovery in which Stan remembered damaging gendered language his parents used to use with him. The therapist also uses some bibliotherapy with Stan, recommending a book called *Real Boys* which Stan got a lot out of.

With Gwen, the therapist also uses a gender-role analysis. The therapist also helps Gwen reframe her thinking about her mother when they remind her that her mother was raised hearing the same disparaging messages about women that men did. The therapist is also constantly empowering Gwen, saying things like, “You are an intelligent, passionate, creative, and strong woman” (Corey, 2021, p. 438). Lastly, the therapist engages in some pointed self-disclosure about her experiences with racism, validating her experience and showing her that she’s not alone.

The main insight I got from these case studies is that feminist therapy can be a really useful theory to use with women *and* men alike. Initially, when I pictured engaging a man in feminist therapy, I thought of “fixing” a sexist man. There is a lot wrong with that thought. Not only is therapy not about fixing anyone, but using feminist therapy with men has such broader applications than my initial assumption led me to believe. In the case study, the therapist uses the main concepts of feminist therapy to help Stan understand complicated family dynamics, to start removing blame from himself, acknowledges the limitations caused by his gender-role socializtion, and starts to value the both the feminine and masculine parts of his personality equally. These are major breakthroughs that are illustrated in this case study, and they all came from a basis in feminist therapy.

References

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