This paper addresses the potential for the practice of psychology (i.e. therapy) to be politically subversive: to challenge and attempt to change the status quo. More specifically, it raises questions for feminist psychologists and therapists about the possibility, the value, and the morality of implementing a style of therapy designed to impel women clients to take political action and challenge the patriarchal status quo, in order to better the condition of women. The paper offers the view that a potential implication of the finding that peer counselors working in a radical feminist social change movement rely on an individualized, psychologized, and humanistic approach to counseling is that it may be professionally trained feminist psychologists who can, and do more often, offer a political-social action type of counseling. The paper expresses the fear that theory and collective commitment to liberate women from the oppression of the patriarchy is becoming lost at the very interstice where personal lives can generate political awareness and action, when feminist counselor meets another woman. (ABL)
Counseling as a Subversive Activity

Mollie Whalen

East Stroudsburg University
Abstract

This paper addresses the potential for the practice of psychology (i.e. therapy) to be politically subversive: to challenge and attempt to change the status quo. More specifically, it raises questions for us as feminist psychologists and therapists about the possibility, the value, and the morality of implementing a style of therapy designed to impel our women clients to take political action and challenge the patriarchal status quo, in order to better the condition of women.
Counseling as a Subversive Activity

This paper addresses the potential for the practice of psychology (i.e. therapy) to be politically subversive: to challenge and attempt to change the status quo. More specifically, it raises questions for us as feminist psychologists and therapists about the possibility, the value, and the morality of implementing a style of therapy designed to impel our women clients to take political action and challenge the patriarchal status quo, in order to better the condition of women.

My interest in this topic comes out of a 12 year history of participation in the counseling and social change work of a domestic violence and rape crisis center in rural Pennsylvania. My doctoral dissertation examined the influence of a feminist social change ideology on the practice of counseling in battered women's and anti-rape programs (Whalen, 1992). One aspect of my findings was particularly surprising to me. I discovered that the eight counselors in my case study research conceptualized their counseling work from a humanistic psychological model, and tended to avoid using feminist analyses and incorporating political action into the counseling process itself. I will explain shortly why this finding surprised me. These
counselors did identify themselves as feminists and viewed political action as a necessary and important aspect of their job role, but they effectively separated the political aspects of their work from their counseling. Their stated reason for this separation was that they did not think it ethical to "impose" their feminist beliefs on another person.

Although it has been suggested that the endeavor of psychology, which promotes an individualized self-reflexivity, is antithetical to political action, which involves collective efforts to challenge and change the social and political structures of oppression (Fine & Gordon, 1991; Kitzinger, 1991; Perkins, 1991), I continue to believe, with Brown (1992), that within a subversive feminist framework these two practices can come together. In the following pages I intend to raise some challenges to the notion that promoting a feminist consciousness and a feminist political agenda is antithetical to the activity of counseling. But first I will summarize the research that raised these issues for me.

Dissertation Research Summary

For my dissertation research, I conducted interviews with 8 women who worked as counselors in rape crisis centers
and/or battered women's shelters in Pennsylvania. Relying on the methodological approach of naturalistic inquiry (Glaser & Strauss, 1967; Lincoln & Guba, 1985), I used a case study design, conducted interviews, and developed a descriptive model of the counselors' conceptualizations about the models of counseling they employed and the ideologies of the social movements in which they worked. Finally, I considered the influences of feminist ideology on the counseling models.

For the discussion that follows, I want to caution that it is not my intent to generalize counseling practices from these eight counselors to any larger population of counselors. Indeed, such generalization would be antithetical to the method of naturalistic inquiry. However, what is generalizable is the conceptual framework developed out of my interviews— that is, the counseling model. The model, a complex of descriptive categories of thought, organized into submodels around conceptual categories, might be used to assess the thinking of other populations of counselors; to determine, for example if rape counselors in Wyoming focus more on social change than do rape counselors in Pennsylvania. Or if professionally trained counselors employ a psychological model while theoretically naive counselors employ a social change model.
As subsequent research progresses, I would expect the model to be modified, expanded, and refined.

Five interconnected models of counseling emerged from the interviews I conducted (see Appendix A for diagrammatic representation of complete model). The Resource submodel emphasizes the necessity for helping women obtain material resources and legal protection. The Educational submodel emphasizes the need for women to correct their (socialized) false beliefs through information from a feminist perspective. The Psychological submodel features empowerment as an intervention style and engenders a relational relearning that comes about as a result of counselor and client sharing their understandings as women and victims. These three submodels were frequently and predominantly employed by counselors in these programs. A more traditional Medical submodel was rarely invoked. And a Political submodel fell somewhere in between the first three and the Medical submodels in terms of emphasis and use. The Political submodel features a sociopolitical analysis of women's problems and emphasizes the need for social and political change. However, in the conceptualizations of the counselors in the study, neither the analysis nor strategies for political action were viewed as an integral part of the counseling process. Rather, these counselors attempted to
keep separate their feminist beliefs and their own political action from their counseling activity. It was this finding that I found surprising.

Why this Finding was Unexpected

I suppose it is tautological to say that this finding surprised me because I didn't expect it. Having worked in a rape and domestic violence program for many years; having perceived myself as part of a larger feminist social movement to end violence against women; and having my own ideas about the value of a counseling approach that incorporated social change activities into the direct work with clients, I had planned and hoped to conduct research that would explicate a radical feminist political counseling model. I had hoped to show how the peer feminist counseling in rape centers and battered women's shelters was different from (more radical, more political than) professional feminist psychological approaches to therapy (Kaschak, 1981), and how valuable such an approach was to women clients, individually and collectively.

The anti-rape and battered women's movements were founded on a radical feminist analysis of the problem of male violence against women (Burt, Gornick, & Pittman, 1984; Echols, 1989; Freeman, 1975; Schechter, 1982). The early
rape centers and battered women's shelters comprised an alternative system of service for women. This system was intended to challenge the patriarchal systems of care (especially the mental health and the legal systems) and to promote radical social change in the existing political structure, while providing concrete assistance to victims of rape and battering (Collins, 1982). The understanding was that victims of male violence are not psychologically ill; they merely need feminist support to get back on their feet after a traumatic experience. They need to see this experience as connected to the violence and oppression faced by women as a class. The helping model on which these centers were based was a peer, women-helping-women model that emphasized the commonalities of helper and help-seeker as women and as victims of male violence.

My experience with the national movements, as embodied in the National Coalition Against Domestic Violence and the National Coalition Against Sexual Assault, leads me to believe that, ideologically, this radical feminist vision is still operative. However, as a result of my research, I have begun to wonder about the aspects of this ideology that, at the level of the daily counseling work with victims of violence, appear to have become "humanized" and "psychologized" at the expense of social change. And I do
not believe that my concerns can be attributed to the particular situation of the locale of my case study—Pennsylvania. The Pennsylvania coalitions (Pennsylvania Coalition Against Domestic Violence [PCADV] and Pennsylvania Coalition Against Rape [PCAR]) have been leaders and exemplars within the national movements. And my own ideas about radical feminist counseling developed within the context of my work in Pennsylvania programs, particularly my participation in a committee that developed a program model for domestic violence centers. That program model espouses political activity as an integral part of counseling (PCADV, 1987).

Feminist Humanism: Cause for Concern

I have said my research finding was surprising, unexpected. I have alluded to my concern about this finding, and I think it appropriate for the challenges that follow to explicate that concern a bit. I am concerned that the conceptual models for considering women's problems and counseling needs (among the counselors I interviewed) are feminist-humanistic, individualized, and psychological, rather than feminist-activist, collective, and political. Similar concerns about the dangers of applying a humanistic psychological model to women's problems have been well
articulated by feminists like Greenspan (1983) and Kitzinger (1991). If, as therapists, we understand a woman’s individual issues and problems, and help her find ways to remediate or accept those issues and problems as they affect her individual life, then we have done little to alter the conditions that oppress and do violence to women as a class. In effect, because we have asked the woman to seek an individual solution so that she will feel better, we have blamed her for her problem or, at a minimum, we have put the responsibility for its solution on her shoulders. It seems to me that even if we verbally express to the client the connections between her experience and the experience of women as a class, yet we still focus on helping her make individual changes, we have effectively shifted the responsibility for the problem solution to the individual woman. An alternative vision might demand that the responsibility for the problem solution lies with women collectively. And so our focus might be on seeking the ways this woman can join with other women and social change activists to take political action to challenge the structures and processes that oppress us.

The Reemerging Problem of Values in Therapy

The counselors in my study indicated that they usually
did not share a feminist analysis with their clients, nor encourage them to take political action on behalf of women, unless the woman herself brought these ideas up. The rationale offered for this decision was that the counselors did not think it was right to "impose" their feminist beliefs on another woman. It seems to me this idea--that it is possible to not "impose" the therapist's values and beliefs through the interaction of counseling--reiterates one of the myths of traditional therapy, the myth of a value free or value neutral therapy. One of the first critiques undertaken by feminist psychologists was the exposition of the myth that therapy could be value free (Sturdivant, 1980). Traditional, "value free" therapy in fact supports the status quo by asking that people adjust to problematic situations. Supporting the status quo--and the traditional social and political structures--is no more value neutral than is challenging those structures. Feminists argue: that the best way to deal with the fact that no therapy is value free is for the therapist to explicitly express her or his values, as values, and to encourage clients to identify and express their values. By this manner, the client would be freed to accept or reject those values, but it would be clear exactly which values were operative in therapy.

In reverting to a value free therapeutic stance, the
counselors in my study effectively abdicate their responsibility as feminists to clarify the value laden nature of counseling. They deny their clients opportunities to raise their consciousness about the condition of women and to find ways to challenge and change those conditions. As I consider this conclusion, I begin to wonder how this situation could occur among feminists working in programs that are part of larger movements for radical social change.

Another Unexpected Finding:
The Social Movement Model

One of my research goals was to develop a model of the counselors’ conceptualizations of the social movement in which they worked. I asked them to talk about how they defined the social problem the movement addressed, the goals of the movement, the means to achieve those goals, and the philosophy guiding the movement. In contrast to the richness of the descriptions and metaphors about their counseling work, the counselors in my study had relatively little to say about the ideology of the social movement. While they all agreed that they saw themselves as part of a social movement, each had a different idea about what terms they would use to name the movement. Similarly, ideas about the social problems, goals, means, and philosophy of the
movement were relatively underdeveloped. As a result, the interpretive model that I derived to frame their conceptualizations (see Appendix B) is much more tenuous (less data saturated) than is the counseling model. Although I had expected to find some distinctions between liberal, cultural, and radical-socialist feminist understandings, in fact the counselors' views of the movement's ideology were mixed and did not cohere around any of these philosophies.

The relative dearth of coherent ideas about the ideology of the social movement in which these counselors worked was another surprise to me. Again, drawing on my experience as director of a women's center, I often used to engage in discussion about philosophical and ideological distinctions that helped determine our program direction and goals. But in my interviews with these counselors I could discover only unconnected and undeveloped pieces of the original radical and socialist feminist philosophies on which the anti-rape and battered women's movements had been founded.

Feminist Professional v. Peer Approaches to Helping

Recently I have become intrigued by some of the potential implications of the incongruency between my
findings and my expectations. Both the anti-rape and especially the battered women's movements have argued against professional therapeutic approaches to helping women victims of violence. In commonality with the "pro-woman line" of early radical and socialist feminists (Haniśch, 1970), these activists have rejected as false all psychological explanations of women's behavior, insisting that women behave as they do because it is their best means for living under oppressed conditions. The ideal helper, then, is another woman who has experienced oppression and male violence and can share with the client some of the ways she, and others, coped with their experience, and can help the client to see the connections between her experiences and the material conditions that affect women. It is best, therefore, if the helper is not encumbered by professional training in psychological theories that might lead her to pathologize the behavior and issues the woman brings to counseling.

I had thought that this antiprofessionalism stance, which is antitherapy and antipsychological, might lead to a more profoundly political approach to counseling. Yet among the eight counselors in my study, all of whom insisted that women did not need therapy, there was this conceptual split between their own political work and their counseling work.
with women. And their counseling conceptualizations were largely based in a humanistic psychology framework of helping women heal from, cope with, share, and understand their individual experience with a trauma of sexual assault or battering.

It seems to me that a potential implication of the finding that peer counselors' working in a radical feminist social change movement rely on an individualized, psychologized, and humanistic approach to counseling is that it may be professionally trained feminist psychologists who can, and do more often, offer a political-social action type of counseling. While this conclusion may smack of professional elitism, I do not intend it that way. As academic psychologists we are trained to think theoretically and critically. Then we bring those skills to bear, as feminist therapists, on our understanding of the condition of women, our own experiences, and the personal experiences

\[1\] I do not mean to imply by the designation, peer counselors, that these counselors have no professional training whatsoever. Of the eight counselors I interviewed, 1 had an M.S.W., 2 had B.A.s in a counseling field, 1 was an R.N., and 3 had some college courses. Only 1 had no college background. I mean to suggest that, ideologically, the social movements, and the programs in which these counselors work, put emphasis on the counselor-as-peer model and disdain the use of psychological theories and therapy. And the counselors incorporate this emphasis in their conceptualizations about themselves as counselors.
of our clients. It is at the level of our personal interaction with a client that the personal can become political, if we consciously foster that transformation (Holland, 1991). But we must rigorously guard against sliding back into separate, individualized understandings of our clients' problems, lest we foster the illusion that what we know to be political is a problem whose solution requires only personal change.

On the other hand, perhaps this issue has as little to do with theoretical training as it does with committed feminist activism. Perhaps it is just that at the grassroots level, we no longer spend time with our feminist coworkers analyzing and dissecting the finer points of feminist political theory because there is too much work to do. And the work is defined as helping each individual woman who walks in the door. But I fear our theory and our collective commitment to liberate women from the oppression of the patriarchy is becoming lost at the very interstice where personal lives can generate political awareness and action—when feminist counselor meets another woman.
References


### The Counseling Model

#### Counseling Submodels

<table>
<thead>
<tr>
<th>Conceptual Category</th>
<th>Counseling Submodels</th>
<th>Educational</th>
<th>Psychological</th>
<th>Medical</th>
<th>Political</th>
</tr>
</thead>
<tbody>
<tr>
<td>Women's Problems</td>
<td>False Beliefs</td>
<td>Basic Survival</td>
<td>Survival Tools</td>
<td>Directive</td>
<td>Didactic</td>
</tr>
<tr>
<td></td>
<td>Self Doubts</td>
<td></td>
<td></td>
<td>Confrontive-Empowering</td>
<td>Empowering</td>
</tr>
<tr>
<td></td>
<td>Relational Experiences</td>
<td></td>
<td></td>
<td>Supportive</td>
<td>Consultant</td>
</tr>
<tr>
<td></td>
<td>Symptom Treatment</td>
<td></td>
<td></td>
<td>Empowering</td>
<td>Consultant</td>
</tr>
<tr>
<td></td>
<td>Social Change</td>
<td></td>
<td></td>
<td>Therapeutic</td>
<td>Therapist</td>
</tr>
<tr>
<td></td>
<td>Social Action</td>
<td></td>
<td></td>
<td>Social Activist</td>
<td>Social Activist</td>
</tr>
<tr>
<td></td>
<td>Socio-Political</td>
<td></td>
<td></td>
<td>Member-Initiate</td>
<td>Member-Initiate</td>
</tr>
<tr>
<td>Women's Needs</td>
<td>Survival Tools</td>
<td></td>
<td></td>
<td>Companion</td>
<td>Consultant</td>
</tr>
<tr>
<td></td>
<td>Alternative Education</td>
<td></td>
<td></td>
<td>Educator</td>
<td>Consultant</td>
</tr>
<tr>
<td></td>
<td>Directive Education</td>
<td></td>
<td></td>
<td>Teacher-Student</td>
<td>Teacher-Student</td>
</tr>
<tr>
<td>Counseling Interventions</td>
<td>Directive Confrontive-Empowering</td>
<td></td>
<td></td>
<td>Teacher-Student</td>
<td>Teacher-Student</td>
</tr>
<tr>
<td>Counselor Role</td>
<td>Consultant</td>
<td></td>
<td></td>
<td>Woman-to-Woman</td>
<td>Woman-to-Woman</td>
</tr>
<tr>
<td></td>
<td>Consultant-Seeker</td>
<td></td>
<td></td>
<td>Woman-to-Doctor</td>
<td>Woman-to-Doctor</td>
</tr>
<tr>
<td></td>
<td>Counselor-Client Relationship</td>
<td></td>
<td></td>
<td>Member-Initiate</td>
<td>Member-Initiate</td>
</tr>
</tbody>
</table>

#### Resource

- Women's Problems
- Women's Needs
- Counseling Interventions
- Counselor Role
- Counselor-Client Relationship

#### Conceptual Category

- False Beliefs
- Self Doubts
- Relational Experiences
- Symptom Treatment
- Social Change
- Social Action
- Socio-Political

#### Counseling Submodels

- Basic Survival
- Survival Tools
- Directive Education
- Confrontive-Empowering
- Supportive-Empowering
- Empowering
- Consultant
- Consultant-Seeker
- Woman-to-Woman
- Woman-to-Doctor
- Member-Initiate

#### Educational

- False Beliefs
- Self Doubts
- Relational Experiences
- Symptom Treatment
- Social Change
- Social Action
- Socio-Political

#### Psychological

- Basic Survival
- Survival Tools
- Directive Education
- Confrontive-Empowering
- Supportive-Empowering
- Empowering
- Consultant
- Consultant-Seeker
- Woman-to-Woman
- Woman-to-Doctor
- Member-Initiate

#### Medical

- False Beliefs
- Self Doubts
- Relational Experiences
- Symptom Treatment
- Social Change
- Social Action
- Socio-Political

#### Political

- Basic Survival
- Survival Tools
- Directive Education
- Confrontive-Empowering
- Supportive-Empowering
- Empowering
- Consultant
- Consultant-Seeker
- Woman-to-Woman
- Woman-to-Doctor
- Member-Initiate
## Appendix B

### The Social Movement

<table>
<thead>
<tr>
<th>Conceptual Category</th>
<th>Movement Submodels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Women's Affiliation Movement</td>
</tr>
<tr>
<td>Problem Definition</td>
<td>Women not Valued</td>
</tr>
<tr>
<td>Movement Goal</td>
<td>Survival</td>
</tr>
<tr>
<td>Means to Achieve Goal</td>
<td>Building Women's Community</td>
</tr>
<tr>
<td>Movement Philosophy</td>
<td>Cultural Feminism</td>
</tr>
</tbody>
</table>