Feminist Approaches for Men in Family Therapy

Michele Bograd
Editor

"While the family therapy literature has recently begun to examine issues of gender in therapy, this new body of literature has tended to focus more on women, creating feminist models of therapy that create a gap for understanding and working with men. *Feminist Approaches for Men in Family Therapy*, one of the newest additions to the growing literature on men in therapy, offers a wide and rich variety of material that both educators and practitioners will find fills this gap. Michele Bograd and her contributors present many of the sociopolitical issues that men bring to therapy.... The reader will find this text rich with stories, personal reflections, and clinical vignettes that brings the theoretical material to life."

Richard L. Meth, CISW, Director, Center for Marital and Family Therapy, Marital and Family Therapy Program; Lecturer, School of Family Studies, University of Connecticut, Storrs

"Family systems theory and the practice of family therapy have been seriously gender-blind. One eye, the feminist, has been opening with the assistance of recent writing about the consequences of gender for women in family treatment. This volume of [chapters] are the first eye-openers for the many effects of gender blindness on men in family therapy. . . . We all need increasing gender awareness.... These [chapters] address many useful aspects of gender as central treatment issues."

Joan J. Zillbach, MD, Family Therapist in Private Practice, Boston, Massachusetts; Faculty, Fielding Institute, Santa Barbara, California; Training and Supervising Analyst, Boston Psychoanalytic Institute and Society, Boston, Massachusetts

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DEDICATION

To Tom Denton, who lovingly, consistently, and fully meets me

To my family—Mom, Larry, and Harvey

To Dorothy Wheeler, Larry Zucker and Dennis Balcolm,
comrades and colleagues

To the memory of my father Nathan

ABOUT THE EDITOR

Michele Bograd, PhD, is a psychologist and marital therapist in private practice in Cambridge, Massachusetts. A highly-skilled teacher and supervisor in family therapy, she has presented widely at family therapy conferences and workshops across America and in Latin America. Dr. Bograd has authored numerous articles and book chapters which address her deep interest in gender and family therapy, specifically concerns about violence against women, the feminist critique of family therapy, sexual issues in the treatment relationship, and issues facing women therapists treating male clients. The co-editor of *Feminist Perspectives on Wife Abuse* (Sage, 1988), Dr. Bograd received her degree in Human Development from the University of Chicago.

Feminist Approaches for Men in Family Therapy

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Preface

"A woman-centered perspective inevitably sheds new light on masculinity and maleness"

—H. Eistenstein

". . . what is a giant step to the battler may appear as a wriggle of progress to the beholder"

—J.B. Miller

The feminist critiques of family therapy models and techniques have focused primarily on clinical and theoretical biases against women clients, given the social and historical contexts of current family therapy practices. The feminist perspective on woman's place is essential for creating a foundation of progressive and non-sexist family therapy models. However, to be truly systemic, family therapists must also critically examine men's subjective experiences and their interrelationships with larger social structures and processes.

There is a growing body of literature on men in family therapy, but little of this work is feminist in theoretical orientation. A feminist approach to men's issues is informed by several key premises:

- Gender is a crucial organizing dimension of human life.
- Gender roles limit and constrict the psychological development of men and women, and inhibit the development of rich, mutually satisfying, and non-coercive intimacy.
- Individual and family dysfunction is related to the fulfillment of traditional gender roles.
- Family life reflects, maintains and is perpetuated by the larger social order.
- This social order is fundamentally patriarchal, preserving the interests of men as a group over women.

With these premises as a backdrop, feminist theoreticians and clinicians approach men in therapy with certain key questions in mind. First, what are the experiences of men as men in families? With this question, masculinity itself becomes an object of inquiry. Although feminists have argued that women's experiences have been silenced, distorted, or pathologized when standards about humanity in general are extrapolated from norms of white male experience, it is increasingly evident that dominant theories of psychological and family functioning do not reflect the lived everyday experiences of men as well. Family therapists are in a privileged position to explore this experience and to document its pattern and variety.

Second, how are these experiences structured at the social level? This question guides us to examine men's issues from two frames of reference that encompass the experiences and struggles of individual men: the symbolic order and social organization. Here, we explore how masculinity is constituted in our culture, highlighting dominant conceptions and the many variations of "masculinities" (Brod, 1987). This exploration occurs hand-in-hand with the elaboration of socially constructed ideals of womanhood or femininity—as the definitions of one depend on those of the other. This inquiry is grounded in social and historical analyses of gender relations, which seeks the source of dysfunctional patterns in families in social structures and trends outside of the family boundary, beyond the hearts or personal histories of family members.

Last, the distinguishing question of any feminist analysis is: how do power and domination shape the intimate connections of men and women in families? This question separates out feminist exploration from traditional approaches to men's issues, for it contextualizes the experiences of all men through reference to the reigning social order—regardless of their subjectively felt powerlessness or experiences of victimization by other men and sometimes women. From this frame of reference, we do not simply explore obviously dysfunctional patterns, such as male violence, we also question whether what is defined as "normal" or "appropriate" for men (and so remains unnoticed by many clinicians) is pathogenic to the man himself and to the relationships he depends upon and values. A feminist perspective is characterized by binocular vision that com-

bines awareness of the pain and struggles of individual men with that of their adaptation and unquestioning compliance to cultural dictates that give them power at the cost of a certain humanity.

Common wisdom has it that men are recalcitrant customers of psychotherapy. A recent Andy Capp cartoon captures this sentiment as the lead male character says to his wife, "Look, Flo, you say you're unhappy and you think marriage guidance can help. Fair enough—I'm all for it . . . But there's no point in me coming—I'm perfectly happy." But my experience, and that of many marital and family therapists, is that more and more men are willingly entering therapy, aware of the high costs of their manhood, confused by the paradoxes of intimacy, and frightened by the extraordinary difficulty of change that violates current conceptions of masculinity. The challenges then become how to translate a feminist awareness into caring, effective clinical practice with men; how to extend feminist insights about women to encompass human systems; and how to bring men and women together from their divergent experiences and positions that so conspire against mutual understanding and collaboration. Men and women therapists and clients will struggle with new definitions that have ramifications for more than the outcome of this particular client, but for the personal lives of all members of the therapy system. This process can be angry, confusing, self-righteous, and painful, but it is not without many moments of exhilaration and promise.

—*Michele Bograd*

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PART 1: COMBINING POLITICAL AND CLINICAL ANALYSES OF MEN

Feminist Therapy with Male Clients

Anne Ganley

SUMMARY. Traditionally, feminist therapy has been discussed as it applies to women as clients. This article presents a definition of feminist therapy with men, the client issues unique to male clients, and certain process issues relevant to the feminist therapist and the male client. The reality is that the mental health of all persons is severely damaged by sex role socialization and sexism. Feminist therapy with male clients is an important contribution in changing this reality. In this article, feminist therapists are called upon to rethink their understanding of feminist therapy, of men as clients, and of themselves.

INTRODUCTION

For many people, the term feminist therapy is typically associated with the image of a feminist therapist counseling women clients in individual, group, couples, or family sessions. Such an im-

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age is based on the assumption that feminist therapy by its nature is solely for the female client. Supposedly, if men are involved at all as clients in the therapy, it is because they are in relationship as lover or family member to a female client. Yet in spite of this image of feminist therapy, the reality is that men are also consumers of this psychotherapeutic approach. Some men intentionally seek out feminist therapists while others are in feminist therapy because it was available. These men may have sought a qualified therapist or, more specifically, a female therapist only to discover later that she is a feminist therapist. At an agency or counseling center these men may have been assigned to their therapist, unaware of the therapeutic approach used by that therapist.

This reality that men are consumers of feminist therapy is not reflected in the literature of the new field of feminist therapy. While there has been much written about feminist therapy and women as well as about feminism and men, there is a noticeable gap in articles about the applications of feminist therapy with male clients. The primary contribution of feminist therapy to therapy with men stems from its power to redefine the norms for the mental health of the adult male and the adult female, and to assert that these norms are the same for both men and women. This androgynous model of mental health for both men and women, by definition, changes the very nature of the therapeutic issues male clients will deal with in feminist therapy. This chapter will consider each of these issues in light of this model. Moreover, it will review the practices and principles in feminist therapy that must be reconsidered to avoid their becoming obstacles to using this approach with male clients.

TRADITIONAL MODELS OF THE MENTALLY HEALTHY ADULT

Traditional approaches to therapy have attempted to address the needs of male clients. The sheer volume of literature that forms the basis of these therapies with men prohibits a detailed review or a feminist critique of each in this chapter. However, the central difference between these nonfeminist approaches to therapy with men and a feminist approach is not so much in the strategies used, but in their definition of what it is to be a mentally healthy adult male or

mentally healthy adult female. What traditional approaches have in common are their limited models for normal human behavior. Some approaches rely on a double standard model whereby men and women are treated differently, while others employ an androcentric model for both men and women.

For many years there has been a double standard of mental health, one for men and one for women. Descriptions of the mentally healthy male were considered synonymous with those of the mentally healthy adult. As the Broverman et al. (1972) study revealed, the characteristics seen as appropriate for a mentally healthy woman were not seen as synonymous to being a healthy adult. Furthermore, the adult woman was characterized by more negative qualities. Under this double standard, women either had the characteristics of an adult and were considered "unfeminine" or they had the characteristics associated with being "feminine" and were considered less than an adult. As long as they had the stereotypical masculine qualities, they were considered healthy adults. Unfortunately this double standard is still used as the norm in much clinical practice.

Even when this model is challenged, it is too often replaced by an androcentric model, which endorses stereotypical masculine traits as ideal for all persons (Brown & Liss-Levinson, 1981). The androcentric model defines the healthy adult as being achievement-oriented, rational, instrumental, independent, aggressive, and individualistic, etc. Neither the double standard of the mentally healthy adult nor the androcentric model affirms the typically feminine attributes, such as being relational, interdependent, empathetic, or nurturing. Neither affirms pluralistic models of mental health.

In the past decade and a half, criticisms of the male model for mental health have come from multiple sources. Feminists within psychology (Chesler, 1972; Kaplan, 1976; Rosewater & Walker, 1985) and feminists outside psychology (Ehrenreich, 1983) have questioned the negative impact of the unchallenged androcentric model on both women and men. Some of the challenges to the model have come from writings and research on the psychology of women (Gilligan, 1982; Miller, 1976) where a more complete understanding of women's development underscores the inadequacy of the androcentric model. Building on feminism, the men's liberation movement has also questioned the model's relevance to men,

and it has called on men to develop further their "feminine" qualities of being more emotionally expressive, nurturing, and empathetic (Fasteau, 1974; Goldberg, 1976; Pleck & Sawyer, 1974; Welch, 1985). Some of the criticism comes from scholarship outside of feminism where the definition of mental health is expanded by a better understanding of white racism (Schwartz & Disch, 1970), race/ethnicity/culture (McGoldrick, Pearce, & Giordano, 1982), sexualities (Zilbergeld, 1978), economic class (Sennett & Cobb, 1972), aging (Fisher, 1986), and differences in physical abilities. In the face of this ever-growing body of knowledge, the androcentric model for mental health is inadequate at best and is damaging at its worse.

It is not surprising that women's mental health suffered under these standards. Too often, therapy based on such models mislabeled women who had either traditionally masculine or feminine attributes as being deviant, pathological, inappropriate, or irrational. When being measured against such limited models, women in therapy were expected to adjust to the status quo. What is also not surprising is that all who did not fit these narrow models were also stigmatized by those norms of mental health: persons of color, persons of lower economic class, lesbians, gays, bisexuals, the elderly, and those differently abled.

Furthermore, even those who supposedly do fit, i.e., men, are limited by that mental health norm. While the androcentric model reinforces men's positions of economic and social power, it is a mixed blessing. As discussed later in this chapter, such a model also cripples their understanding of themselves in the past and present, and it limits their ability to change in the future. Traditional therapeutic approaches to counseling men reinforce an androcentric norm and assist clients only in adjusting to the status quo. In so doing, they fail to meet the therapeutic needs of both those men who fall outside that norm and those whose issues are the direct result of ascribing to that norm.

AN ANDROGYNOUS MODEL OF MENTAL HEALTH

Feminists look to an androgynous model for mental health to move beyond the deficits of the androcentric model (Bem, 1974; Cox, 1982). Rawlings and Carter suggest that "to think of traits in

terms of the masculine-feminine dichotomy perpetuates the old set" (1977, p. 28). They prefer Bakan's concepts of agency (self-protection, self-assertion, self-expansion) and communion (being at one with the organisms) for their definition of an androgynous model. They stress that Bakan's major contribution is in defining the central developmental task as being the one of integrating and balancing agency with communion. A feminist analysis also brings to this androgynous model an awareness of the pluralism in how this norm of the healthy adult is lived out. This pluralism results from differences in race/ethnicity/culture, age, economic class, sexualities, and physical abilities. The androgynous model for the healthy adult says that men and women can be both relational and achieving, instrumental and expressive, rational and emotional, self-nurturing and other-nurturing, assertive and receptive, independent and dependent, individualistic and collaborative. Androgyny calls for a flexibility of roles and life-styles, egalitarian rather than power-based relationships, and a sensitivity to human rights.

DEFINITION OF FEMINIST THERAPY WITH MEN

Feminist therapy is a philosophy as well as a particular school of therapy. The philosophy, based on feminist theory, guides the use of a wide variety of assessment and therapeutic techniques. Central to the philosophy is the assumption that ideology, social structure, and behavior are interwoven: Hence, women's and men's behavior stem more from socialization and institutional sex roles than from biology (Cammaert & Larsen, 1988). A feminist analysis highlights the harmful effects of such sex role stereotyping for both women and men while also being clear that women's economical and political status is more negatively affected than men's.

Feminist therapy involves the resocialization of women (Forisha, 1981) and of men. It uses the androgynous model of mental health for both men and women to assist clients in identifying goals for therapy. This is a model of health, growth, and development rather than one based on illness. Feminist therapy draws on a variety of personality theories in understanding human behavior. The feminist therapist employs psychoeducational approaches, choosing to incorporate strategies from radical psychiatry, humanistic psychology, cognitive behavioral approaches, etc. Some even attempt to

use psychoanalysis within the feminist conceptual framework. In sex role analysis, the external and internal constraints to change are identified. While feminist therapy stresses individual responsibility for change, it deals with the issues of choice, control, and power within the current social structures. The process of feminist therapy draws on the phenomenological experiences of both therapist and clients as women to guide the changes (Brown, 1984). Furthermore, feminist therapy is recognized as not being solely a change process for an individual, since it calls upon both client and therapist to change society's institutions, including the structures of psychotherapy itself.

Such a definition of feminist therapy distinguishes it from two closely related approaches to therapy: nonsexist therapy by male and female therapists and profeminist therapy by male therapists. In nonsexist therapy there is the use of sex role analysis and the androgynous model of the mentally healthy adult. However, little attention is given to the need to restructure social institutions, either by the therapist or the client. Oftentimes nonsexist therapy practice reflects traditional methods and procedures; little attempt is made by the therapist to be accessible to varieties of persons or to empower clients both in therapy and in their communities. Inclusive language may be used, traditional sex roles challenged, and individual change supported, but these nonsexist approaches appear to focus solely on the progress of individuals to the exclusion of social change. The primary difference between feminist therapy and nonsexist approaches is that the nonsexist approach addresses the personal but overlooks the political.

Profeminist therapy is similar to feminist therapy in its sex role analysis of human experience, its understanding and use of power, its use of the androgynous model of mental health, and its recognition of the need for social change. The difference between the two rests solely in the gender of the therapist. In feminist therapy the therapist is a female who uses her phenomenological experiences as a woman to understand her clients and to enrich her therapeutic strategies. In profeminist therapy the therapist is male. Since he does not have the phenomenological experience of being female, he uses his experiences as a male and particularly a male whose understanding of himself, of all men, and of women has been transformed by feminist analysis. The recognition that feminist therapy

is a phenomenological process clarifies that men cannot be feminist therapists. Male therapists can and do use feminist analysis to provide nonsexist therapy *and* to bring about social change: In doing so they are profeminist therapists. This description of the difference does not devalue them or their work. At this time and in this social context it is merely different from feminist therapists.

Feminist therapy with men is a particular kind of feminist therapy shaped by the gender of the client. A feminist analysis underscores the point that men in this culture have different experiences than women: This reality alone makes all the difference in the application of feminist therapy to male clients. Rather than discuss all the similarities and differences between feminist therapy with men and that with women, the remainder of the chapter will focus on those particular client and process issues raised by feminist therapy with male clients.

CLIENT ISSUES IN FEMINIST THERAPY WITH MEN

The use of the androgynous model for mental health in therapy with male clients brings into focus certain specific issues which otherwise might not be identified. In addition, such a model reframes some of the traditional counseling issues presented by male clients. To illustrate these points, each of the common themes raised in feminist therapy with male clients are discussed separately, although in practice they are often interwoven. Specifics from a variety of cases and practice settings are used in the examples in order to provide some breadth to the particular theme. The examples also illustrate how a particular theme may appear in a very dysfunctional and obvious way with one client, whereas it would result in less dysfunction for another person. To a greater or lesser degree some combination of these issues are presented by most male clients in feminist therapy.

Relationship/Achievement Values

One of the major developmental tasks for the adult is the integration and balance of relationship and achievement needs in one's life. Sometimes characterized as the balance between love and