

Feminism, therapy and narrative ideas:

Exploring some
not so commonly asked questions

compiled by

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In this paper we have been interested to engage with some not so commonly asked questions about feminism, therapy and narrative ideas. So we asked a number of therapists who are engaged with narrative ideas some questions about what feminism means to them, how it influences their work and what feminist issues they are currently grappling with. What followed was an invigorating and challenging process.

Many of the people we approached expressed that they wished they could spend more time thinking about these sorts of questions. Some people spoke of regret that these sorts of conversations are not more common.

In response, we would like to invite all readers to become involved in an ongoing project around these issues. In future editions of the *International Journal of Narrative Therapy and Community Work* we will be organising a regular column on the theme 'feminism, therapy and narrative ideas'. At the end of this piece we have listed a number of different themes about which we would love to hear from practitioners. We hope that the following questions and answers will spark your imagination and that you will then write to us with your thoughts and reflections.

But first, on with the questions – and perhaps the first one is the most difficult ...
What is feminism?

1. What is feminism?

In collating this piece, what was very clear is that feminism means very different things to different people. This, of course, has always been true. As an appendix to this piece we have tried to summarise some of the different expressions of feminism in recent history. These include 'liberal feminism', 'radical feminism', 'socialist feminism', 'feminisms of black/Indigenous/women of colour', 'poststructuralist feminism', 'French feminisms' and more recently 'queer feminism'.

To begin this piece though, we thought we might simply include quotes from a number of different respondents which describe what feminism means to them.

- *Feminism is my primary lens for analysing differences of power in the world. For some women, the primary lens through which they see the world, their primary form of analysis about differences in power, is a lens of culture, of race. For other women, their primary lens might be sexuality and sexual difference. For me, though, the first thing that I notice is gender. Feminism is the lens which I then try to use to understand other relations of power and my responsibilities in relation to them.*
- *As an African-American woman, the way that feminism lives in my life is influenced by the lives of my mother and other working-class Black women who would never dare to call themselves feminist. This brand of feminism is about the ability to tell the truth about the influence of patriarchy in limiting our lives, it's about being clear about the linked oppressions of racism, sexism and classism and the necessity of addressing all of these issues if we are to really fulfil our potential. What I respect most about the feminist values that emerged from my mother's experiences is that they are grounded in love and caring for Black women and a willingness to witness each other's lives and hold our stories sacred. One of my mother's greatest gifts was to teach me to love women and therefore love myself. She also modelled for me how to fight for justice and that the things that I love are worth fighting for. So part of what feminism means for me is an active loving of women and a commitment to remove all barriers that limit our social, political, economic, sexual and spiritual potential.*
- *My parents, throughout my childhood related to me with great respect and would intervene if other adults acted in disrespectful ways. They wouldn't allow other adults to tell me off. Even before I was born they had taken great care of me. They had thought about my birth. I was brought lovingly into this world with great care. They had all sorts of ideas about bringing up kids in the world that I think were incredible. I guess they were influenced by the feminist changes that were happening in the world at that time in the mid-1970s. As young women, my friends and I have often been told, particularly by teachers, that we will grow out of our feminism, that it is simply a stage that we are going through. We are faced with the dominant message that feminism is about being equal to men, about having the same choices as opposed to changing the fabric of our culture. It is not surprising that it can be difficult for young women to claim a feminist identity. I am beginning to realise that growing up with an awareness of feminism is a privilege and that it brings responsibilities in relation to the ways in which I respond to other people who may not have had that privilege. Now that I have left school I am trying to understand more about what it means to be middle-class, privileged and a white Australian. What is my responsibility as a young feminist to address issues of race, class and heterosexual dominance?*
- *The first time I thought of feminism was when I was seven. I had to do the dishes while through the window I could see my brothers playing cricket free of any domestic responsibilities. I knew something wasn't right. My mother was president of the parents' and friends' association at my brothers' school, while she hardly participated at all at my school. These experiences made me question what was going on, and the questioning has continued. That's what feminism is to me, a determination to question.*
- *I really came to value feminism in my mid-life. In my younger years what mostly shaped my experience was my mother's struggle with severe depression. Her experience, and subsequently our family's experience, led me to have a keen determination for alternative mental health practices that do not categorise and demean people. In my work as a therapist, feminism has come to be a key influence in how I understand my work*

and my world. It helps me to make sense of the things I hear and see. It is a framework that I am hoping I can pass on to my children, both male and female, as it is something that has become precious to me.

- *My involvement with feminism grew out of my grappling with issues of sexuality. Becoming part of the lesbian community, I found that many of the dykes I knew were feminist and their perspectives on the world, shared through conversations and political action, made a lot of sense to me. Bringing a feminist analysis to my experiences of growing up female in a migrant family in rural Australia was like turning on the lights and opening many doors of understanding, and this helped me to create a language for many of my previously unstoried experiences. Many, but not all. It wasn't a simple fit! There were complications around matters of race, culture and class – as well as sexuality. Initially, 'feminist', as with 'Lesbian', was not an identity that I wholeheartedly wanted to claim. I found that negotiating differences within feminist circles determined to create a unified sisterhood was, at times, impossible for me. Feminist thinking has since expanded in multiple directions. Conundrums, contradictions and complexities are not just accepted, but expected. Since my first encounters with feminism in the late seventies, I have spent much of my working life within organisations dedicated to improving women's lives. Feminist ideas continue to be central to the way I understand the world, and 'feminist' is one of the identities I now proudly claim.*

2. How has feminism influenced our lives?

When we look back over time, it is vividly apparent how much has changed in the lives of women in this country over the last thirty-five years, and particularly for white middle-class women. What's more, it is also apparent how so many of these changes have been due to the influence of feminism – feminist thinking and feminist-inspired action.

These changes in the lives of women have also led to transformations in the fields of social work and therapy. We would like to try now to offer readers a glimpse of just how much has changed in thirty-five years.

Feminism ushered in enormous changes for women in the workforce. Thirty-five years ago there was not equal pay for women and men. Men would be paid more than women for doing the same job. In women-dominated fields, such as social work, immediately upon graduation men would be offered senior positions in which they supervised and managed female workers. What's more, women had to leave the public service if they got married. There was no equivalent to current day maternity leave (let alone paternity leave) and state childcare services did not exist. More than this though, education for girls and women was not highly regarded and so the pathways to employment were severely limited. This has all changed in thirty-five years. The vast majority of young Australian women would now expect, as their right, an access to education and equal opportunity to employment as their brothers. These profound changes are due to feminist action.

Thirty-five years ago there was not the same language as exists today to describe domestic violence, rape or child sexual abuse. There were no shelters for women escaping violence in their intimate relationships. There were no rape crisis centres. There were no services responding to child abuse. Feminism brought the issue of violence against women into the light, created safe places for women to turn and demanded changes to the law. Laws were introduced to outlaw rape in marriage (which had previously been legal). Conjugal rights (the rights of men to be sexual with women to whom they were married – even if separated) were overturned. Anti-stalking legislation was introduced and campaigns for the law to prioritise the safety of women were conducted. Importantly, social security support was established that made it more possible for women to leave violent situations.

The changed awareness surrounding child sexual abuse is perhaps the most startling. Where once rarely talked about, or described as incest, feminism brought a new consciousness to the pervasiveness and effects of child sexual abuse. Books such as Biff Ward's *Father-Daughter Rape* (1984) also reconceptualised the issue as one of power relations and abuse. With this new awareness came new responses, in terms of services and legal changes. Child witness support programs were established. In time, the work of feminist women around issues of child sexual abuse has made it possible for the sexual abuse of men and boys to also be acknowledged and for support to be made available.

Simultaneously, feminism brought new possibilities for ways in which we as women could relate to our own bodies. Whereas once our bodies and experiences had only been written about and described in the professional world by men, this all began to change. Landmark publications such as *Our Bodies, Our Selves* (first published in 1970, see The Boston Women's Health Book Collective 1998), began to offer women new ways of caring for and having pride in our own bodies. Around the same time, women's health services began to offer support and health care from a completely different woman-centred perspective. These changes also included re-evaluating sexuality and sexual practices. Publications such as 'The myth of the vaginal orgasm' (Koedt 1970) questioned how heterosexual sexual relations had been constructed and created room for women's sexual imaginations to flourish. The work of lesbian and gay liberation activists also questioned taken-for-granted heterosexual dominance and created new options for ways women could live their lives.

Issues of childbirth and abortion were also key areas of change. Whereas childbirth had been a domain dominated by male doctors, feminism demanded changes to the ways in which women were supported during labour, during childbirth and after birthing. An elevated respect for home births, for birthing clinics and for the work of midwives were key advances as women's experiences and knowledges about birthing and pregnancy have been and continue to be reclaimed. The legalisation of abortion and the development of reliable and safe forms of contraception were also the result of key feminist struggles and have resulted in changes to women's lives that were once unimaginable.

Parenthood has now become a matter of choice whereas for generations of women it was a duty. There have been many further changes both within family homes, in the streets and in workplaces. Where once taking pride in being a woman was difficult to conceive, it is now a central aspect of many women's identities. Where once women were routinely held totally responsible for any problem or difficulty in family life, now woman-blaming is not the only currency available for discussing family matters.

Feminism – its meaning in my life

Zoy Kazan

For me, feminism symbolises the history of struggle against the effects of sexism in my family, my schooling, my personal relationships, my community, and society at large. For the first 24 years of my life I did not have a feminist framework within which to place my experiences of oppression. However I did, in some ways, have a feminist consciousness, or the beginnings of one, a realisation of oppression and of the inequity of a system in which men have power and women do not. When I look back on the various protests that I made in all the arenas of my life until I was 25 years old, I see myself as isolated and unsupported in my stand, in fact I was often defined as crazy or angry because I did not accept the status quo.

A turning point in this history happened when I met with a group of feminist women with young children and we formed a co-operative playgroup and child-care group. While our children played, we read and talked about feminist writers of the 1960s. I felt like I had come home. My ideas were validated and I read in print all the arguments that I had been formulating and presenting in my life. Having this framework, plus the support of my friends, gave me the confidence to challenge the gender stereotyping in my marriage and, eventually, to leave. I was validated by feminist writings, and the discussions I had with my friends gave me the tools of political analysis which have been a source of liberation and political awareness ever since.

*One particular writer who was a strong influence was Phyllis Chesler, who wrote *Women and Madness* (1972). I recently re-read this book and found the tone to be polemical and strident. However, I can see why, back then, the ideas were a revelation. I had experienced a serious postpartum depression after the birth of my son when I was 22 years old. I knew that one of the reasons for this depression was my continuing to live as a heterosexual woman in a traditional marriage. I spent eight weeks in the psychiatric hospital and endured intensive shock therapy and drug therapy. However, it was made very clear to me that, until I gave up the idea of leaving my marriage, I would be viewed as mentally unstable and not considered fit to parent my child. In order to be cleared to leave the hospital, I had to agree that I was going to stay in my marriage. For three years I felt like I moved in a fog of depression and could not articulate what my experience had been or what I felt about it. Chesler's book gave me the framework to articulate my experience and I remember consuming it like chocolate and wanting to celebrate my newness as all the fragmented pieces of my life fell into place.*

3. How has feminism influenced the world of therapy?

Not only has feminism brought changes to the lives of women and families, but it has also contributed to the transformation of the work of therapists. Because these changes have been so pervasive, it can be difficult at times to recall what the therapy world was like before feminism.

Perhaps the greatest single change is that matters of gender are now acknowledged as relevant to the therapeutic endeavour. Where once therapy was seen as 'gender-neutral', now it is acknowledged that gender relations not only shape the experiences of individuals and families, but that they also influence therapy conversations (Hare-Mustin 1978). Prior to feminist thinking, textbooks and counselling teaching was male-centred, in that they took men's experience as the norm by which to judge life. The gendered nature of these assumptions once went unquestioned.

Early feminist family therapists began to bring an analysis of gender into therapeutic inquiry. These women included Rachel Hare-Mustin (1978, 1987, Hare-Mustin & Marecek 1990), Marianne Walters, Betty Carter, Peggy Papp and Olga Silverstein of the Women's Project in New York (1988), and Monica McGoldrick, Carol Anderson and Froma Walsh (1989). Here in Australia, Kerrie James' influential keynote address, 'Breaking the chains of gender' was an early example (see James 2001; James & McIntyre 1983). These feminist inquiries opened up new ways of understanding people's lives and family relationships and therefore created new possibilities as to ways of talking about the problems people brought to therapy.

The phrase, 'the personal is the political' represents one of feminism's key theoretical contributions. This phrase represents a commitment to understand people's personal experiences as influenced by broader relations of power. In this way, a woman's personal experiences are not solely her own, they are linked to other women's experiences, they are linked to a broader politics. (This linking of personal experience to broader politics has also been a key aspect of other movements for social change such as civil rights movement, black power, and gay liberation, but it was feminism that articulated it in this way.)

We have tried to list here a range of circumstances in which a feminist consciousness in relation to 'the personal is the political' has changed therapeutic work. The following

examples of practice are all related to the influence that feminism has had on therapeutic practice.

- Taking care when a woman seeks counselling because of depression to explore the broader context of this experience – both in relation to poverty and socioeconomic issues, and also in terms of her relationships and any ways in which this depression could be being supported by sexist/heterosexist assumptions and interactions. (As mentioned above, the work of Phyllis Chesler was instrumental in politicising the gendered nature of mental health experience.)
- Ensuring that responsibility for acts of violence and abuse is not located with those who have been subjected to it, and instead locating responsibility with the person who enacted this violence and abuse and the broader relations of power that make this violence and abuse more prevalent.
- The determination to enable women and children equal opportunity to speak in therapy sessions and to be able to articulate their own experience of and opinions about the problem.
- The mandatory reporting of child abuse.
- Offering women the choice to see either a male or female counsellor and, where this isn't possible, being aware and transparent about how issues of gender may influence the counselling context.
- When seeing children in therapy in relation to reckless behaviour, truanting, fears or phobias, always checking out the possibilities of abuse (either at school or at home).
- Ensuring that women are able to attend counselling in confidence – that what they say will not be repeated to their partner.
- Taking care to speak openly about the incidence of domestic violence and child abuse in the broader culture and always making it possible for people attending counselling to talk about this.
- To consistently be alert to the influence of mother-blaming and women-blaming discourses and find ways to name these and deconstruct their influence.
- Having an awareness of the history of the use of tranquilisers in relation to women's experience and therefore taking considerable care in relation to the use of medication.

- The commitment for professionals to also share aspects of their personal experience in writings and presentations.
- The determination to name, question and prevent professional sexual abuse.
- When women seek counselling in relation to sexual difficulties, there is now a greater understanding of the ways in which women's sexual concerns have traditionally been pathologised and individualised – e.g. women experiencing sexual difficulties have often been seen to be 'frigid' or 'sexually dysfunctional'. Attempts are now made to deconstruct and contextualise such descriptions and alternative explanations are sought. Matters of gender and issues of responsibility in relation to sexual practice are much more likely to be considered.
- There is now an entire world of feminist literature that is available to therapists to read themselves, but also to make available to those who consult them.

As well as these profound changes to the therapy endeavour, feminist understandings have also powerfully influenced broader fields of work, such as social work (Hartman & Laird 1983; Hartman 1994). The ripples of feminist thinking and action are now widely spread.

4. What are some of key feminist contributions to narrative therapy?

In considering the feminist contributions to narrative therapy, there are two separate realms that seem important to acknowledge. The first is that narrative therapy developed at a time in which feminism was influencing the therapy world, and narrative ideas from their conception were explicitly pro-feminist.² The second realm to acknowledge is the work of feminist narrative practitioners.

Firstly, it might be useful to consider the crucial part played by feminist ideas in questioning certain assumptions within family therapy, and how this questioning influenced the development of narrative therapy in Australia and New Zealand.

In the broader context of family therapy, feminist ideas played a crucial part in pointing out how the premises of various theories overlooked issues of gender and relations of power. For instance, the traditional structures of families within structural family therapy were questioned in terms of

what effects these assumed structures had on the lives of women and children. Strategic practice was also questioned in terms of its gendered implications, and certain aspects of systemic practice were also critiqued. Feminist family therapists pointed out that when power differences within a family system were ignored, therapy could inadvertently become complicit with maintaining the gender status quo (Walters, Carter, Papp & Silverstein 1988). Feminist writers began to articulate how assumptions about male and female roles, about identity stereotypes, and about men's domination and women's submission, were being inadvertently reproduced in therapeutic contexts (Hare-Mustin 1987). This was of particular concern in relation to violence perpetrated by men against women. Feminist therapists began to articulate the real effects of questions such as 'What purpose is the violence serving in the system?' and pointed out how such enquiries were inadvertently obscuring the relations of power involved in such violence. At the same time, some feminist therapists also began to write about the responsibility of family therapy to respond to lesbian experience (Roth 1985).

Gradually, feminist thinking started to influence the field and different schools in family therapy started to take much more account of the gendered context in which family difficulties take place and the ideas and beliefs that help sustain problems. Feminist therapists also began to insist that women's experiences be defined and described by the women themselves, rather than by the others (often men) around them. This insistence on women defining their own problems and their own lives led to a broader critique of professional practices whereby which women's experiences were defined and described by 'experts' (who were often men).

Whilst feminists were questioning these therapy practices, a simultaneous questioning of the family was taking place. More particularly, feminists were pointing out how nuclear families were, and indeed continue to be, dangerous places for many women and children. Therapy practices that supported nuclear family structures without any examination of the detrimental effects of these structures were extensively questioned (James & McIntyre 1983). Increasing attention began to be paid to people's families of choice, as well as families of origin and biology.

This was the historical context in which narrative therapy developed. It was a time when there was a great deal of energy and interest in the experience of women in therapy, and it has been regularly acknowledged that the feminist ideas

of these times were significantly shaping of the development of narrative therapy (see White 2001).

The influence of feminist ideas on narrative practice is not only historic. Far from it, there are a wide range of feminist practitioners in different parts of the world all engaging with narrative ideas in their own ways, and all in turn contributing to the further developments in these ways of working. To thoroughly review the feminist contributions to narrative therapy is not within the scope of this short paper. However, with even a quick glance at narrative therapy literature it is quite clear that feminist practitioners have made, and continue to make, diverse and wide-ranging contributions to the development of narrative practice. Here we have simply listed a range of areas in which feminist practitioners have made substantial contributions. We invite readers to follow up the references for further information.

- narrative practice with women who have experienced sexual assault (McPhie & Chaffey 1998);
- violence against women (Lester 2001; WOVSafe 2001);
- narrative practice with survivors of sexual abuse (Kamsler 1990; Freer 1997; Silent Too Long 2000, Linnell & Cora 1993; Bird 2000; Mann & Russell 2002, Verco 2002);
- challenging homophobia within therapy world (Hewson 1993; Comment 1995);
- eating issues (Kraner & Ingram 1998; Grieves 1997);
- self-harm (Nosworthy & Lane 1998);
- women's experience of hearing voices (Power to Our Journeys 1999);
- personal pieces telling stories of survival and sharing women's skills and knowledges (Nichols 1999; Kathy 1999);
- personal pieces by therapists making links between the personal and the political (see White & Hales 1997; Anderson 1995);
- gender considerations in working with couples (Freedman & Combs 2002);
- considerations related to culture and gender (Tamasese 2001);
- feminist-related ethical issues (McGrath 1999; Speedy 2001);
- issues of sexuality and sexual identity (Gibian 1999);
- feminist-informed community work (Sliep 1996; Carey 1998; Bracho 2000);

- illness narratives (Weingarten 2001);
- professional sexual abuse (Epston 1993);
- mothering (Howard 2001; Weingarten 1997).

Feminist thinking has also influenced the work of many men in the field, and this has been clearly acknowledged especially in relation to work around issues of violence and child sexual abuse (Jenkins 1990; Law 1994; White 1995; O'Leary 1999).

Contributions of feminist narrative practitioners extend far further. We also want to acknowledge here the contributions that women and feminist thinking have made to public meetings and discussions, therapy conversations, supervision relationships, conferences, and ways of publishing.

5. What is the fit between feminism and some of the practices of narrative therapy?

While feminism continues to invite us to question our practice as therapists, and later in this paper we consider the many areas in which we are currently doing so, there are various aspects of narrative practice that we believe are congruent with feminist principles. These are the aspects of narrative therapy that interest us most as feminist practitioners, and to which we are especially committed. Here we have tried to outline some of these themes of practice and why we believe they share common ground with feminist principles which we hold dear. We don't mean to imply that narrative therapy is the only form of therapy through which feminist principles can be engaged. Rather we are interested in clarifying how our work is informed by our feminist values.

* Externalising problems – the person is not the problem

One of the key contributions of narrative therapy is the determination not to locate problems as internal to people, but instead to externalise problems and to understand that the ways in which problems are constructed and experienced are related to matters of culture and history (see Carey & Russell 2002; Epston & White 1990). Externalising conversations involve the identification of problems (separate from persons), locating the problem in history and in a storyline, and tracing the effects of the problem on the person's life and relationships. Once a problem has been externalised in this way it then becomes possible to identify unique outcomes

(times and ways in which a person has resisted the influence of the problem) that can gradually be woven into alternative story-lines. This externalising orientation can, we believe, be engaged with in ways that are congruent with feminist principles. To explain this, we are including the following example of practice provided by Jussey Verco:

When a person consults me for counselling, I am interested to know how the problems they are experiencing relate to the whole context of their life. Many people come through the door with a diagnosis or label which may have been given to them by another professional, by their friends or relatives, or perhaps by themselves. Some of the diagnoses or labels by which women often describe themselves include: having post-natal depression, being anorexic, bulimic, agoraphobic, neurotic, depressive, having 'Intermittent Explosive Disorder', the list seems to go on and on.

Instead of going with this internalised description of the issue they are dealing with, I am interested to elicit an externalised definition of the problem, one that fits closely with the woman's own experience. This might be that 'frustration' is pushing her around, that the 'fear' has come to dominate her life, or that 'sorrow' has been visiting her so often these days that it has become debilitating. Having established what the problem is in the woman's eyes, I am interested to hear about the history of this problem, how it fits with the broader context of her life. I am interested to hear about the woman's significant relationships and how these influence or are influenced by the problem. I am particularly interested to know how the broader context of her life supported her recruitment into the problem-description of herself.

For example, I worked for some time with a woman called Anne, who had a long history of anorexia nervosa impacting on her life. The Anorexia had completely shaped her understandings of who she was and how she was to live her life. The Anorexia had her thinking she was a bad person who no longer had an entitlement to live, and that she would 'do the world a favour if she were dead'. Anne had been in and out of several psychiatric hospitals over her life and had come to believe that she was psychiatrically unbalanced. When I met with Anne, I was interested to know about the role which Anorexia had played in her life, especially in relation to the hold it had over her. We had many discussions about power and the ways in which it had been used against her. Anne said

that from a very early age, she had had very limited opportunities to feel that she had a say in her life, and that she had been unable to shape her life in the directions of her own choosing. She had been sexually abused as a child and then was physically and psychologically abused by her husband for many years. When she left the abusive relationship, the Anorexia stepped in and continued to dictate the direction of her life. 'It was like having a warring army living in my head.' She said that it had been too frightening for her to contemplate doing what she wanted to in life, or living her life according to her own preferred ways.

In looking at the Anorexia as something that was separate to her, Anne came to see the ways in which it had been possible for it to take a hold of her. We explored together the many things that were happening in the context of her life such as the abuse, and the ongoing intervention of the psychiatric system, that made her vulnerable to the Anorexia getting such a hold. There was also the opportunity to 'deconstruct' the power relationships that existed within the context of abuse and violence, and for Anne to see that the unhelpful beliefs about herself that she'd taken on belonged back in the context that constructed them: these unhelpful beliefs were not the total of who she is as a person.

This externalising stance and exploration of the history and context of the creation of the problem (Anorexia) in Anne's life enabled us to name and acknowledge broader relations of power and instances of injustice. It also allowed explorations of how Anne's experiences as a woman had been shaped by abuses of power. Over time, with Anorexia externalised, Anne was able to begin to notice times when she was able to reclaim her life from its influence; the ways in which she had attempted to maintain her health and wellbeing; and the ways in which she had maintained connections with friends and family. As these alternative stories of her life became more acknowledged, Anne took further steps of reclamation, including reclaiming laughter. Anne says that this is the most important thing to have back in her life as it demonstrates that she is 'no longer on the edge of the abyss' and that the Anorexia no longer has the same control over her that it once did. In this process, Anne's story of her identity has also changed – away from conceptions of being crazy and towards an acknowledgement of stories of survival: 'It's not that I'm crazy, but I have lived through crazy-making times'.

The narrative practice of externalising problems, locating the externalised problem in the broader context of history and culture, and then exploring a person's life for unique outcomes that can be linked into preferred story-lines, fits for us with the feminist principles of linking personal experiences to broader social histories and practices.

As problems are located outside of persons, it is more likely that matters of gender, class, culture, race, sexuality and ability are considered in therapeutic conversations. When inquiring into the history and the context that sustains an externalised problem, it becomes more likely that acknowledgements will be made as to how broader relations of power have contributed to the construction of the problem. For instance, when meeting with a woman who has recently been through a divorce and is now parenting young children with very few financial resources, if the problem is named 'the Exhaustion' rather than 'Depressive Disorder' it becomes far more likely that economic and gender relations will become an acknowledged part of the conversation. Similarly, rather than the solutions being looked for within the woman's psyche, or in terms of medication, perhaps the realms of action will include seeking both relief and redress, as well as re-authoring her stories of life in ways that elicit the treasured values and commitments with which the woman is trying to raise her children.

*** Story telling – seeking and co-constructing alternative stories**

A second key theme of narrative practice involves a focus on 'story' and the effects of telling particular stories, in particular ways, in particular contexts (White 2001). To us, this fits with the longstanding feminist commitment to enabling women to tell the stories of their lives and experiences with supportive audiences in order to make new meaning out of them, and in order to lead to transformation of experience (Laird 1989, 2001).

The women's liberation and feminist consciousness-raising groups of the 1960s and 1970s emphasised, amongst other things, the significance of women being able to meet together to share and analyse the stories of their lives, to make connections between each other's experiences as women, and to be able to come up with woman-centred interpretations.

Feminism's determination to create space for the telling of women's marginal or 'unstoried' experiences seems to fit with various narrative practices. Within narrative therapy, particular attention is drawn to eliciting and

thickening the alternative, preferred stories of identity. Unique outcomes become the openings for the telling and co-creation of preferred stories, as the following example demonstrates:

When Natalie rang to make an appointment she asked half jokingly if I were a qualified 'shrink'. When I asked what she meant by 'qualified', she said that she thought that she might need to see someone who would be able to 'put her away' if necessary. I explained that I wasn't that person but that if she was still interested to meet with me, we could take a look at what it was that had her thinking that she needed to be 'put away'. Agreeing to give it a go, we made an appointment for a few days later when I met a unique and vibrantly dressed young woman of eighteen whose mannerisms and ways of using language were distinctly out of the 'ordinary'.

As we explored the concerns she had about some of the things that her family and friends were saying about the state of her mental health, a story emerged of 'doing it differently' that had a history back into Natalie's early childhood years. From wearing her pyjamas to school at age five; declining at age twelve to talk to anyone who ate meat for a period of three or four months; wearing her hair 'shorn'; studying car mechanics; to her recent decision to become the primary carer to an elderly great-aunt, Natalie had never done 'what she was supposed to do'. She never dressed as her parents had wanted and she had never taken up the career choices that they suggested. The school counsellor at her last school had spoken to her parents about having Natalie assessed for possible early presentation of Borderline Personality Disorder. Her friends on the other hand had generally been accepting of Natalie's difference, but this latest decision to become the primary carer of her great-aunt had them questioning her stability.

While the dominant story that Natalie brought with her was one of 'mental instability', in time, our conversations explored other ways of understanding Natalie's actions. Rather than her actions being determined by a 'defiance of all norms' as the school counsellor had suggested, I began to hear the threads of an alternative story that guided Natalie's decision-making in life. This was a story that privileged notions of fairness. In exploring each of the actions that had led people to worry about Natalie's mental health, Natalie determined that her actions were due to a commitment to what she understood as 'fair'.

She believed it was unfair of people to eat animals, unfair that girls were supposed to dress in certain ways differently than boys, and unfair that her elderly aunt who was still very active should be placed in a nursing home when all she needed was 'a bit of company'.

In beginning to elicit this alternative story of 'a commitment to fairness', we were then able to ask others if they had noticed this commitment and what it meant to them. This led to conversations with Natalie's family members in which we came to hear how Natalie had often stood up for her younger sisters and her friends at school. We also came to hear how Natalie's commitments had influenced other people to care differently about the relationships in their lives. In tracing the history of this alternative story, this 'commitment to fairness', we began to talk about the histories of people in Natalie's family who had taken principled stands. Significantly we came to hear how Natalie's elderly aunt (for whom Natalie now cares) had always been someone who lived her own life. This great-aunt never married and had lived a very unconventional life for a woman of her times. Privately, Natalie told me that she believed her great-aunt might be lesbian and that this was something Natalie was hoping they might be able to talk together about. Caring for this great-aunt, Natalie said, was a way of honouring her contributions to Natalie's life and how she hoped that one day some young woman might feel the same way about her.

In this example, narrative practices were used to co-author an alternative story from the dominant plot of 'mental instability'. The alternative, preferred story, 'a commitment to fairness' created far more options for understanding Natalie's life as linked to the lives and values of other people (including her great-aunt). We believe that such a way of responding to Natalie was congruent with feminist principles of valuing women's stories and women's interpretations of these stories.

*** Deconstructing dominant discourses**

Feminism has always been interested in inviting women to inquire into how broader relations of power influence the ways in which we live. Dominant discourses of gender and other relations of power can be deconstructed through therapeutic inquiry and the practices and tactics of subjugating discourses can be rendered more visible. In

narrative practice, one of the ways of deconstructing dominant and unhelpful stories that people have about their lives is by questioning the discourses that support these stories. In turn, this can assist women to stop 'internalising' sexist meanings and assumptions and instead locate these within broader patriarchal discourses, as the following example describes.

When working with groups of women, we have found that a light-hearted and useful way to make the operations of a discourse really clear is to have it enacted by one of us workers. The discourse gets played as an externalised 'character' by someone who knows a bit about the workings of that particular discourse, and this person is then interviewed by the group about its tricks and tactics. For example, in group work or community gatherings with mothers who have experienced violence, we have often interviewed 'Mother-blame'. We invite this 'special guest' along to the group and the group then proceeds to interview 'Mother-blame' as if the members of the group are investigative journalists. We ask questions that are designed to unmask the Mother-blame's intentions, tactics and ways of operating. We ask questions of Mother-blame such as:

- *What are you wanting to achieve in women's lives?*
- *What are some of the ideas and beliefs that are around in our culture that support your work?*
- *What do you try to talk women into about themselves?*
- *Who are your friends and allies?*
- *What effects do you have on women's relationships with their children?*
- *What are your favourite tricks or tactics?'*

We also explore the practices that can undermine the operations of Mother-blame:

- *What can women do to resist you getting into their lives?*
- *What type of things might motivate women to get free from your clutches?*
- *What sorts of places are hardest for you to be around?*
- *What sorts of ideas might women have that really get up your nose?*
- *What's it like to talk about yourself in this way?*
- *Is it a worry to know that women are starting to wise-up to you?*

Through these conversations with Mother-blame it quickly becomes apparent to the women in the group that they are

not the only ones who have been influenced by this discourse. They are able to see Mother-blame for what it is – a set of unhelpful ideas and beliefs that have women believing that they are to blame for whatever is going on for their children, and for the violence to which the children have been subjected. Interviewing the discourse in this way can be very effective in breaking the silence and secrecy that surrounds Mother-blame (see Freer 1997).

The use of narrative practices to deconstruct the influence of powerful discourses in people's lives offers many opportunities for feminist-influenced practice.

*** Creating opportunities for cherished values to become more richly described**

A key element of narrative practice involves asking questions that elicit the values and beliefs by which people seek to live their lives. This process aims to generate richer description of these values, to draw these values into storylines (i.e. to trace their history and speculate on how future actions may be shaped by them). It is assumed that this richer description of preferred values will then make possible other options for living.

There are many circumstances which limit women's chances at thoroughly exploring and enacting the values that they cherish. The following example describes how narrative practices can be of value in such circumstances:

I remember a young heterosexual couple, Jackie and Franco, who wanted to do some 'work' on their relationship. In our first meeting, Franco expressed that he thought that they would be best to end the relationship as some of the differences that they were experiencing had become 'irreconcilable'. When I asked Jackie what her thoughts were, she replied that she wanted to make the relationship work but she felt as though she and Franco were on completely different wave-lengths. What Jackie hoped for in counselling was that I could help them 'sort out their communication problems'. Jackie had recently attended an assertiveness training course and was learning to make 'I statements', but they were not having any affect on Franco who seemed incapable of 'hearing' her. Franco responded that he did hear her, and that he believed that they already had good communication skills and that wasn't the problem. According to Franco the problem was a 'lack of intimacy'.

It seemed important to unpack what some of these key phrases meant to Jackie and to Franco and why these meanings were significant to them. As we began to unpack the meaning of both 'good communication skills' and 'lack of intimacy' I heard how for Franco, intimacy equals physical intimacy, while for Jackie it means an emotional closeness. For Franco 'good communication' was about being direct in what you say and getting to the point, whereas for Jackie it meant having the other person understand some of what you were experiencing and feeling. Franco mentioned that if you asked most people, or if you looked the words up in the dictionary, then his meanings would most probably 'win out'.

This seemed an important comment to explore further. As we did so, we questioned together what the effects would be if one person's understandings of life 'won out' over the other's and whether this was what they were seeking, or whether there was something else they were looking for. In having this conversation Jackie said that she would value being able to step away from taking Franco's definitions for granted and that perhaps she could take some time to consider more fully what relationships did mean for her.

In time, Jackie came to describe a relationship as being 'a space to breathe out, where both could grow', and how this requires a 'special kind of trust'. This was the sort of relationship that was important to Jackie, these were the ways of relating which she valued and to which she was committed to pursuing in her life. When we enquired as to why this was the case, Jackie was able to speak about a friendship she had shared in her younger years, which had the 'special kind of trust' that she valued so highly. At the end of our conversation Jackie was relishing, as she put it, not only the chance to have her point of view heard, but to know more about why certain things about relationships mattered to her. She said that she felt more sure of what she treasured. In listening to Jackie, Franco said that he had never heard these stories before and that they made him think about the friendships and relationships that had meant the most to him and why this was so. He said he was looking forward to talking more about this next time.

*** Practices of community – linking women's lives**

As feminists engaged in narrative practice, we are particularly interested in those ways of working that link women's lives together around shared themes. These can

include the use of outsider-witness groups in which women act as witnesses to the lives of other women (Carey & Russell 2003; White 2000); re-membering practices (Russell & Carey 2002, White 1997); the use of letter-writing campaigns; the development of leagues (Grieves 1997); the use of groups; and the facilitation of gatherings. As an important part of narrative practice is the engagement of audiences to witness and authenticate preferred stories, there are many options available within narrative practice to link women together around certain preferred themes, stories and values.

When Linda first came for counselling she told me that she didn't hold out much hope for counselling as she had tried it many times before and that she still feels she is a 'bad' person. Linda had come to counselling this time 'to find out whether the extreme way I react emotionally is physical or mental'. She explained that she was 'really down on herself' and felt like giving up. In this first meeting I heard how Linda had recently moved away from a relationship with her male partner and that her three young children had moved with her. The move was planned by Linda and fitted with her wish to have a life without drunkenness, violence and abuse which she had endured for three years during her relationship with Paul. Linda explained that it had been very difficult to leave this relationship because Paul had been trying to 'change to suit my needs' and had been attending counselling. She said that she felt bad about leaving knowing that Paul was now trying to change, but that their life together had been 'a nightmare'. Recently there had been a number of occasions when Paul had become physically violent toward Linda, and there was a history of verbal abuse, shouting and yelling. Linda related that Paul did not think such actions against her were wrong and she said: 'He justifies everything he does. He convinces me it's my fault.'

The therapeutic conversations with Linda took many directions. One of them involved asking a series of questions about Linda's decision to leave the relationship, what this decision meant to Linda, what small steps had led up to it, and what values and commitments this decision represented to Linda. Linda said that this decision represented seeking 'a life of respect' for herself and her children. This comment seemed to stand in contrast to Linda's earlier descriptions of herself as a 'bad person', so I was interested in hearing about the history that had enabled Linda to believe she was a person worthy of respect. I asked her about the history of respect in her life, if there

had been someone who had introduced her to the idea that people are worthy of respect, if there had been someone who had shown her respect, who respected her? Linda had to think about this for a while, and finally said, 'I had a friend some time ago. Imelda. We've drifted apart. She and I went to school together. We helped each other out when things got tough in each other's homes. I haven't seen her for years. When I got involved with Paul my other friendships seemed to fall away.'

We then continued to have a re-membering conversation, in which I asked Linda a series of questions about what she thought Imelda would say about the decisions that she was now making to seek a 'life of respect'. Linda said that she thought that if Imelda was present she would hug her. 'She knows that children deserve respect'. I also asked Linda if she had shown respect to Imelda when they were friends. And Linda said that yes she had, that they had respected each other. When I asked what this might have meant to Imelda, Linda was visibly moved to consider that her friendship might have been significant to another.

In asking what this conversation had meant to Linda she said that it made it clearer why she was leaving a relationship of violence, and that it spurred her on to make other connections based on mutual respect. We then discussed whether it would be possible to try to get in touch with Imelda again, to ask her to come and join us in the next session. While this proved a little challenging, eventually Linda re-made contact with Imelda and Imelda took up a role of outsider-witness in two further sessions. They also began to share childcare arrangements and to rebuild their friendship.

The use of re-membering conversations and the engagement of outsider-witnesses in therapy offer many opportunities for feminist-influenced practice. Perhaps the most common use of outsider-witness practices and other narrative practices in furthering a sense of community amongst women is the groupwork that has occurred with women who have been subject to child sexual abuse (see Mann & Russell 2002; Silent Too Long 2000).

* **Multi-storied identity**

Narrative ideas are informed by poststructuralist understandings of identity and particularly the idea that our identities are multi-storied (Thomas 2002). This opens up

further options for feminist inspired therapy with women and with men. In the following example, Ginny Slattery describes how poststructuralist ideas influence her work with young men who have sexually offended:

Poststructuralist ideas have contributed to widening the possibilities of how I work with young men (aged between 12-18) who have sexually offended. Poststructuralist ideas challenge the assumption that internal structures or states determine people's actions and behaviours. An example of how structuralist thought has traditionally influenced working with young men who have sexually offended, is in the way sexually abusive behaviour has primarily been explained as resulting from 'patterns of deviant arousal' located within the person, arising from a dysfunction at the core of his/her self.

Poststructuralism challenges this encapsulated view of self in a variety of ways and proposes that identity is contextual and relational and that it is not fixed.

Behaviour therefore is not solely determined by internal states. During my conversations with young men it often becomes apparent that some of their sexually abusive behaviour stems from attitudes and ways of thinking that are located (and accepted) within the wider social culture. Various patriarchal attitudes and ways of thinking have come to constitute the dominant group of values shaping the masculinity of these young men.

An example of some of these values or ideas are the objectification of women in sexualised ways, and the extraordinary sense of entitlement some young men can have when it comes to exploring their sexual interests or dealing with feelings of powerlessness. Obviously, these ideas and values have implications for behaviour.

If I stay true to the notion of identity being constructed rather than fixed, then I can step into therapeutic questioning processes that enable young men to explore their particular relationship with masculinity. Inevitably, I discover many examples of times when young men have acted in ways that are at variance to some of these negative values and stereotypes, and these unique outcomes may open the possibility for the generation of alternative masculinities. I can then use the therapeutic process to explore the commitments, hopes and dreams associated with these alternative masculinities and seek to engage the young men I work with in meaningful processes of change.

The poststructuralist idea of identity being something that is not fixed but dynamic and constantly constructed is very helpful to me. So much so that I don't think I could do this work with young men if I didn't believe this. I hold this idea close to me at all times, particularly when systems, people around me, and even the young men themselves, can be trapped by essentialist notions. Poststructuralist understandings of masculine identity are particularly helpful to me as they broaden my options for feminist action.

Understanding our identities as multi-storied is also helpful to us in our work with women. Women's lives (indeed all our lives) are complex. In working with women who have acted in ways in which they regret, in which they may have treated their children in ways that do not fit with their preferred values, this notion of multi-storied lives is a helpful one.

*** Acknowledging the political nature of therapeutic work and the powerful position of the therapist**

Rather than believe that we as therapists are neutral in our work with clients, which holds the danger of being influenced by 'hidden' assumptions or 'taken-for-granted' beliefs, as narrative practitioners we seek to acknowledge both the political nature of therapeutic work *and* the powerful position of the therapist in relation to those seeking counselling. All therapy involves talking about problems that have been created and exist within relations of power and the politics of local culture. Therefore all counselling is 'political'. Acknowledging this brings a number of considerations to our role as narrative practitioners.

Firstly, we are interested in consistently asking questions of ourselves about the assumptions or beliefs that inform our practice and we seek to routinely hold these up to the light for critique or analysis. All people are consistently influenced by the effects of dominant gender relations (and also relations of race, class, sexuality, culture, ability, etc). As therapists, we believe we have a responsibility to become more aware of how our experiences of gender relations (and other relations of power) shape our own lives, and how in turn these experiences influence our practice as therapists (shaping what we see, what we look for, what we pay particular attention to in the therapy room). Being transparent in our work about our values and beliefs is a further attempt to make it less likely that we will step into expert positions in relation to other people's lives.

Importantly, narrative practice also engages in various practices of accountability. Some of these include seeking constant feedback from clients as to the effects of therapeutic conversations on their lives; only writing about clients in their company; and ensuring that notes from therapy conversations remain the property of the person whose life is under discussion (Mann 2000). Developing practices and relationships of accountability when working across cultures, across class relations, or in any circumstances where the therapist's life is considerably different from the life of those coming for consultation, can be important (Tamasese & Waldegrave 1996; White 1995). These practices of accountability all stem from an acknowledgement of the political nature of therapeutic work and how neutrality is not possible in any interaction.

Within narrative practice the role of the therapist involves deliberately not adopting an expert position in relation to matters of other people's lives. Taking a de-centred and yet influential position as a therapist, and putting the person's knowledges and skills of their life at the centre of the conversation, is a commitment that acknowledges the powerful role of therapists (Morgan 2002; White 1997). The therapist's role within narrative practice moves away from matters of diagnosis, prescription and intervention, and towards contributing to the thick description of the skills and knowledges of those who consult therapists.

There is a further commitment within the therapeutic relationship to find ways, through taking-it-back practices, to acknowledge the effect of the conversations that we share with others on our own lives and identities (White 1997).

While these practices do not guarantee non-abusive therapeutic interactions, we believe that they help to reduce the risks associated with the inherent power imbalance of therapeutic relationships and thus they seem congruent with feminist principles.

6. What are some of the feminist/gender challenges occurring in the field?

As therapists, feminism offers us a continual challenge in our work and in our broader lives. At any one time we find ourselves grappling with a range of dilemmas. These are not dilemmas we are seeking to resolve – in fact, many are not solvable. They do, however, continually encourage us to question our practice and how our assumptions and ways of working influence gender relations.

In this section of the paper we have tried to include a number of key broad challenges that we believe are currently facing the field of therapy, all of which are related in some way to issues of gender and feminism.

i) Can therapy be congruent with broader feminist principles?

Over years, some feminist thinkers have explicitly challenged therapists, arguing that therapy is an anti-feminist activity. Perhaps the most well-known of these recent challenges appears in the book '*Changing our Minds*' by Celia Kitzinger and Rachel Perkins (1993). Kitzinger and Perkins, writing specifically as lesbian feminists about the application of therapy to lesbian lives, argue that therapy is inherently a process of psychologising and individualising women's experience when these are clearly issues of political inequity. Therapeutic practices, they believe, replicate the oppression of women by constructing their distress as individual 'maladjustments' rather than as a result of constantly attempting to adjust to society's patriarchal expectations.

Kitzinger and Perkins' book is one we would recommend to all feminist therapists as it challenges us to develop ways of working with the stories of women's lives that do not individualise what are broader social relations, that do not psychologise experience, and that do not reduce politics to healing.

ii) How can we acknowledge broader relations of power in therapy without imposing our beliefs as therapists?

If we are determined to acknowledge the politics of experience in the therapy room, how do we avoid imposing our political beliefs on those who consult us? If it is our responsibility to bring the politics of experience into the therapy room and to not leave individuals at the mercy of broader discourses of sexism, racism, heterosexual dominance, then how do we do so without getting on our 'soap box'?

iii) Is therapy the appropriate response to the problems women are bringing to the therapy room? Would forms of collective social action be more appropriate? If so, why aren't we engaged in this broader action?

As discussed above, feminist action has taken many forms over the years – including taking to the streets,

establishing safe houses, protesting injustice, etc. Engaging in collective forums for action is often experienced as powerfully transformative of people's lives, as well resulting in broader societal changes. Are we always on the lookout for ways in which we can contribute to social action – ways of linking lives together for broader purposes? Are there ways for us to take the issues being talked about in the therapy room into other forums – groups, community work, broader action?

iv) *Facing our professional privilege*

Are we in jobs that could alternatively be offered to representatives of the people for whom the service is designed? Would the funding that pays our wages be better spent in other ways? Are we dedicating enough of our time to assisting those with little access to professional knowledge to become more able to take up paid positions in the future?

v) *The transgender challenge*

In recent years feminism has been challenged by the experience, ideas and action of those people who consider themselves 'gender activists', as Leslie Feinberg explains:

We are a movement of masculine females and feminine males, cross-dressers, transsexuals born on the anatomical sweep between female and male, gender-benders, many other sex and gender variant people, and our significant others. All told we expand understanding of how many ways there are to be a human being. (1998, p.5)

Transliberation activists have powerfully questioned what it means to be a woman or a man, and to disrupt all sorts of assumptions that have been prevalent about gender identity and gender expression. This new challenge is both confronting feminist principles and also reinvigorating thinking about gender (Nestle, Howell & Wilchins 2002; Pirelli Benestad 2002; Feinberg 1998; Nataf 1996). It is a challenge to which we hope feminist therapists (ourselves included) will respond.

vi) *The challenge of culture and race*

Contemporary western feminism has come under strong critique from women of colour, and women from non-English speaking backgrounds for its inadequate recognition of differences amongst women, and its

inability to discern and acknowledge its own cultural assumptions (Moraga & Anzaldúa 1983, Lorde 1984; hooks 1989). What's more, many black feminists have powerfully illustrated that the subjugation they experience through race and class relations is just as powerful, if not more so, than the effects of sexism in their lives, and as such they identify more strongly with other people from their cultural community (women and men) than they identify with white feminist women. These challenges have significant implications for the development of counselling and community work:

- Are the services we work in truly accessible to women of different cultures?
- In what ways do cultural assumptions influence our workplaces and the ways in which we conduct counselling?
- Are our responsibilities in this area to try to create services that are accessible to people of many cultures, or to support women of other cultures to establish their own services and institutions (or both)?
- If we are women of dominant cultural groups, what are special responsibilities in relation to addressing racism in the broader culture?
- If we are women from marginalised cultures, is the concept of feminism relevant to us? If so, how and why?

To further explore these issues, we have included here perspectives from Vanessa Jackson, an African American feminist/therapist/community worker, and Shona Russell, a white Australian feminist therapist.

Matters of culture, feminism and therapy

by

Vanessa Jackson

I feel that one of the greatest failings of feminism in America has been its failure to integrate race and culture into the movement. As an African American woman, it has been difficult at times to remain active in the feminist movement due to failure of the movement to address white supremacy within the movement and in the wider society. I had the opportunity earlier this year to attend a conference entitled 'The Colour of Violence' that explored violence against

women of colour. This was a rare opportunity for me to have my feminist values and my reality as a woman of colour in America validated. What was especially powerful about the event was the collaboration and validation across communities of colour. What stood out for me was the incorporation of individual and community storytelling throughout the conference.

As an African American therapist/community worker, I think that people of colour need to be exploring ways of working therapeutically that build upon our own cultural traditions. One of the reasons I am interested in narrative practices is that they offer lots of space to weave unique cultural values and tradition into the work. I have been moved by the work of Indigenous Australian women, Jane Lester and Barb Wingard (2001), as they have blended indigenous healing traditions with narrative practices to creating models of healing for their communities. Their work inspired me to research the healing traditions of Africans in America and to consider how I can bring these ancient healing traditions into my clinical and community work. I have also been exploring, with several African American colleagues, the concept of Testimonial Therapy that blends narrative principles with the long-established testimonial rituals of the Black church (Jackson 2002; McAdams-Mahmoud 2002).

What it means to be a white woman/feminist in Australia

by

Shona Russell

In recent years, due largely to the challenge of Indigenous Australian women, many white Australian feminists, myself included, have been undertaking a personal and professional journey of acknowledging the importance of race and culture in our lives and work. In particular this has meant asking what it means to belong to the majority white race, how we can come to terms with the privilege this involves, and how we can use this privilege in some way to seek to contribute to redressing the histories of this country. Coming to terms with the meaning of the privilege that accompanies whiteness in Australia, as well as in my case middle-class privilege, requires an engagement with history – the history of colonisation and dispossession of Indigenous Australians in this land. This history also encompasses

Government policies of assimilation and the taking of children from Aboriginal families. This history also involves the White Australia Policy in which this country very deliberately sought to be a ‘white enclave’ within Asia. It matters to me to consider these histories because they continue to shape relationships between white women, Aboriginal women and women from Asia. Facing these histories poses various questions:

- *What actions can I take in my life and work as a therapist to recognise and respond to the privilege with which I live?*
- *How can I acknowledge the work of Indigenous feminists and feminists of colour and also engage with the challenges that their perspectives make to broader feminist understandings?*
- *When working with Indigenous Australians and women from cultural backgrounds different from my own, what actions can I take to safeguard against replicating cultural dominance?*

7. What are some of the day-to-day gender-related dilemmas that we grapple with in our work as therapists?

Quite apart from the broader challenges occurring in the field, in our daily working lives as therapists we are constantly facing smaller but still significant gendered dilemmas – either in our actual therapy practice or in decisions we make in our workplaces. Here we have included a sample of these daily dilemmas and challenges identified by some of the therapists and community workers we consulted who are seeking to practice in feminist-inspired ways.

- *Gender in the therapy room*

I have been counselling now for many years and it can still be a challenge when working with heterosexual couples to ensure that the woman has an equal chance to speak, to express her opinions, to convey her understandings of life. I have been using the definitional ceremony structures, interviewing one partner with the other listening, and this helps considerably, but the dilemma never goes away. When women and children are talking I am still extra aware of keeping the man engaged in the conversation. Of course, these are generalisations, but they are still relevant to me. There is also the fact that

many more women attend counselling than men, and many more women come to counselling on behalf of, or with their children. At times this is just fine, and sometimes it is better that the male figure is not present. But at other times it is very important that we invite the man to take his share of responsibility for the family relationships, whether this means attending counselling or taking some other sort of caring action. I don't see these sorts of dilemmas going away any time soon! It's good to talk with others about them and to share ideas as to how to respond to these matters of gender in the therapy room.

- *Matters of authority*

I think it is still difficult for many people to hear and respond to women in authority in the workplace. We are schooled to give the men's voices we hear more authority. This happens in our day-to-day interactions, in weekly meetings, in international events! Like many women I struggle to find ways of using my authority differently than how I have witnessed many men use theirs. Sometimes I really resent it when it seems as if the only way to be listened to is to engage in hierarchical authoritative ways – the very ways I wish to avoid. How to use our power and influence in the workplace more collaboratively and respectfully is, I believe, part of the feminist challenge.

- *Feminism is not just for women*

With feminism so often depicted as 'man-blaming', I find it difficult sometimes to convey that the feminism that I subscribe to seeks to transform the world in ways that will benefit both women and men. Whilst patriarchy has terrible effects on the quality of women's lives, it also restricts the quality of the day-to-day relationships that men can have with women, and with each other, and with children. I am particularly thinking of some of the work that I do with male survivors of childhood sexual abuse. Not only have these men often been abused by other men, but dominant ideas about gender and homophobia can make dealing with the abuse all the more difficult (O'Leary 1999). Building partnerships with men to work on issues of gender is part of the feminist challenge for me (Hall 1996).

- *Transparency of politics*

- I work in a shelter for women escaping from domestic violence situations. In our advertisements for workers

we have always indicated that we are seeking women who have a commitment to feminist principles. Recently it has been suggested that we stop writing this in our job advertisements in order to have more people apply. This seems fraught to me and is a current dilemma we are struggling with.

- I work in a feminist-informed women's health centre. We are very clear with each other that this is a feminist service. But we do not advertise as such, we do not have the word 'feminist' written on our brochures or flyers that clients read in the waiting room. This is a dilemma for me. On the one hand we are concerned about discouraging women who do not have feminist principles from coming to the centre. But on the other hand, shouldn't we simply be transparent about the ethical position from which we work?

- *Hostility to feminism*

I work in a context in which some members of staff are pretty hostile to feminism and I have to deal with their remarks and diminishing comments. What's more, whenever there is some broader backlash against feminism in the press they pick up on this. The thing is, not only does this make work more difficult, it also makes it really hard for me to find ways to talk meaningfully about the complex issues – like when some women do use violence, or when some women do choose to stay in violent relationships. If there is a sense of hostility to feminism (and to women) it's really difficult to acknowledge complexities of experience as everything gets construed as antagonistic and taking sides. That's not what feminism is about to me. It's not about saying all women's actions are good and all men's actions are bad. I am interested in how feminism can help us understand the complexities of relationships. But if people are hostile to feminism, sometimes it's really hard to even talk sensibly about the complex things. I'd love to hear from other people who also have to deal with this.

- *Sorrow*

I work with women who have experienced abuse and violence. This work means a lot to me and I really value the conversations I share with the women. We don't just talk about the violence, I get to hear about the steps they are taking to reclaim their lives, I get to witness the development of the alternative stories of their lives and

this can be inspiring. There are times however when I do feel a considerable sorrow – that people can be so cruel, that such violence still exists and that it is so common. I have needed to talk about this sense of sorrow and to find things to do with it. Over time I have come to respect and even treasure this sorrow. I know that I need to keep aware of how this work affects me, how it brings both joy and sadness.

- *Coming to terms with history*

Here in Australia, all of us in so-called ‘helping professions’ are still trying to come to terms with the implications of some of the histories of these professions in this country, especially in relation to the Stolen Generations in which Aboriginal children were forcibly removed from their families (HREOC 1997). What is a feminist response to these histories? How can we ensure that such paternalism and racism no longer influence social work practice?

- *Responding to women’s violence*

The feminist movement has achieved so much in relation to making visible and responding to men’s violence. I still think we have work to do in relation to finding ways to respond to violence perpetrated by women, mostly to children, but also to other women and less often to men. I think we need to bring a feminist analysis to this violence and ensure that we are ready and willing to engage with this issue.

- *Ensuring that I am not pacifying women*

In my work as a therapist, how can I ensure that I am not pacifying women? Women’s anger can be a vital force for broader social change. How can I ensure that I am not promoting individual solutions when the anger and the energy of the women consulting me could, with collective engagement, be harnessed and directed towards creating broader social change? How can I ensure in my work that I am not offering only individual comfort but am linking women’s lives to other women’s lives around shared purposes and shared actions?

At the same time, if in my conversations with women they do express anger, resistance or outrage at certain experiences in their life, how can I respond to this anger in ways that lead to preferred outcomes for the women concerned? How can I keep in check with those consulting

me regarding their evaluation of the sorts of conversations we are sharing?

- *Violence in particular communities*

In recent years, Indigenous Australian women have been campaigning for support in addressing violence against women and children in Indigenous communities. What is our role as non-indigenous feminist women in this area? How can we be supportive of the work of Indigenous Australian women? What responsibilities do we have to ensure the establishment of appropriate services, and training for Indigenous people to work with their own communities on these issues? Also, what responsibilities do we have to make our own services accessible to people from a range of different cultures?

- *Gendered personification of problems*

It’s interesting how often in the narrative practice of personifying the problem, that the problem gets gendered as a male, from Mr Mischief to Tommy Trouble. I wonder about the gendered assumptions that we may be making in relation to the nature of problems and the effect that this might have on people’s relationships with those problems. I am interested in finding ways of personifying problems in ways that do not perpetuate gendered stereotypes. But it is not easy!

- *Heterosexual dominance*

In my work with young people, the effects of heterosexual dominance still seem so strong and, coupled with the effects of gender prescriptions, sometimes I get overwhelmed at how rigid the beliefs are as to how a young woman or young man is supposed to look, what they are supposed to wear, how they are supposed to hold themselves. It is a constant challenge for me to find the unique outcomes, the times when young people are able to carve out their own ideas about who they want to be, how they want to live their lives.

- *Pathologising of young women’s rage*

What strikes me as a core feminist/gender challenge in the field at present is the way in which the rage of young women and girls is often pathologised. This feels like a very old and constant struggle. What is new about it is the willingness within the mental health field to medicate this ‘problem’ with powerful anti-psychotic drugs. Of course,

adolescent males (and specifically any child of colour) are vulnerable to this psychiatric abuse, but the sense that female rage is such an aberration makes adolescent girls a particularly vulnerable target. What is shocking is there is virtually no outcry about this practice. Imagine engaging with these young women about the rage in their lives, inquiring about how it came into their lives, how it affects their relationship and identity. Imagine trying to have conversations that might harness what this rage stands for into constructive action. This, to me, would be feminist practice.

- *Gay, Lesbian, Queer experience*

I work in a relationship counselling service and recently I have come to realise how it is overwhelmingly a heterosexual place. All the counsellors are heterosexual as are virtually all those who come to consult with us. We are now beginning to try to think through what is our responsibility to gay, lesbian and queer people. How should we be trying to make our service accessible to people living in a broader range of relationships? (See Hewson 1993; Comment 1995; Eliason 1996; Laird 1999; Laird & Green 1996.)

- *Questioning normal*

There continue to be such strong norms about what constitutes a 'normal' relationship, what is 'sex', and what makes up a sexual identity. And yet the overwhelming majority of my clients also give evidence of the way this 'model' fails to satisfy them or fit with their own life experiences. While I have found some ways to work with people to create more room for their own ways of living, I have not found many forums for talking about how we can go about questioning these norms in the broader culture.

- *Women's sexuality*

I work with women in relation to sexuality and routinely hear from women who have been told it is dirty and disgusting for them to masturbate, or who are continuing to have sexual intercourse with their male partner despite significant pain (for fear their partners will otherwise leave them), or young women who have experienced not only sexual assault but also ongoing harassment at school because of the ways the story of the assault have been told to others. In all of these circumstances, a key aspect of my work involves creating opportunities for women to

reclaim a positive and empowered sense of sex and sexuality. I would like to find ways in which the therapy world and the world of sex-positive education, literature and film could become more integrated as I think these two worlds have a lot to offer each other but are rarely in dialogue (see Nestle 2002).

- *Keeping on track*

How do I keep my practice orientated to feminist principles? I am working in a non-feminist environment and I worry that I am losing my critical edge. This is a constant dilemma for me. That's why I am particularly excited about these questions and answers. I am hoping to use these as a starting point for conversations in my workplace. I will get everyone to read this and then we'll call a meeting to discuss them. I'll let you know how this goes!

We'd love to hear from you

Putting together this article has consisted of many conversations, much email correspondence, and considerable interest has been generated. It seems that many people are interested in what feminism means now and have appreciated the opportunity to reflect and write about this. The women with whom we have spoken have all declared that feminism is very relevant in their current work and lives, and we would love to hear more about this. As mentioned at the beginning of this article, we are now starting up a regular column in this journal to discuss 'feminism, therapy and narrative ideas'. This column will be asking the following four questions which we have adapted from the writings of Estelle B. Freedman in her book *No Turning Back: The history of feminism and the future of women* (2002, p.12):

- What differences does gender make to our work? That is, how do women's experiences change our understandings of families and relationships, and how do women differ from each other?
- Why did the feminist challenge to therapy emerge historically, and how have these challenges changed over time and place?
- What do feminist therapists and community workers want? That is, how do feminist interpretations of inequality in families and relationships lead to new ways

of thinking about and practising therapy and community work?

- Where is feminist-informed therapy going, and what strategies best advance thinking in relation to feminist practice with individuals, families, groups and communities?

We would be delighted if you wrote to us about your reflections on any of these themes.

Please write to us here at Dulwich Centre and your ideas will help contribute to ongoing discussions and publications. Thanks!

Further Notes: Acknowledging different feminisms

What is feminism?

It seems everyone has their own understanding or 'definition' of what feminism is and these are certainly not all the same. In putting together this paper, we found that there are so many different possible answers to this question, that we wondered if this 'confusion of understandings' could make it difficult to have some shared conversations across different experiences. Here we wish to describe some of the many and sometimes contradictory understandings and beliefs that exist about what feminism is. We will track some of how feminism has defined and re-defined itself, looking particularly at how the different understandings might affect our practice as therapists.

We are only going to look at some broad themes and key issues here, and hope that the references provided will satisfy people's desires to explore more. The feminisms that we explore here relate to the 1960s onwards (the so-called second wave of feminist action). While we do not focus on the broader histories of women's action, clearly the second wave of feminism built upon the work and contributions of women who had come before.

The first three 'types' of feminism that we explore here occurred during the '60s and '70s. It seems to us that when someone is asked the question 'What is feminism?' it is most likely that the reply will consist of a mixture of 'liberal feminist', 'socialist feminist' and 'radical feminist' ideas.

Liberal feminism is based on the desire for equal rights with men, particularly in public spheres of life. Many people when asked 'What is feminism?' give an answer along the lines of it being a political ideology directed towards ensuring equality for women. It is about challenging the power relations between men and women that result in the systematic disadvantaging of women. Liberal feminist-thinking is grounded in notions of individual rights, freedom and autonomy, and an assumption of the basic sameness of men and women. In the desire to attain a rightful place for women in the public sphere, liberal feminism states that if men and women are equally human then women have as much right to do the things that men do, as men have. Thus equality becomes a matter of access (as in addressing the 'glass ceiling') and the processes to achieve these changes are generally processes of reform.

Radical feminism on the other hand rejects the idea that women and men are primarily the same, rejects the idea of assimilation into a man's world, and instead opts for the celebrating of women's difference. Radical feminism is seen as a movement of women taking action to create new possibilities and places for women in society, to celebrate women's ways of being and what women have to contribute. Within radical feminism there is a particular valuing of women's difference that is not possible within liberal feminism, and a focus on a sense of shared 'sisterhood'. The emphasis is on the ways in which women are oppressed *as women*, and this takes precedence over their oppression as members of any other group. Though this has certainly been challenged by more recent radical feminists and feminists of colour, the belief was common among white radical feminists of the 1960s and '70s that all women, regardless of their race, culture, ethnicity, age or class, had more in common with each other than they did with any man. All men were seen as having more power than any woman. With this as a basic tenet there was a push toward separatism from men, and an honouring of lesbian relationships. The valuing of women's experience and the rejection of the public sphere as created for and by men, led to a focus on the private sphere, particularly in the areas of childbirth, sexuality and women's bodies, with a determination for women to regain control over their own bodies.

Socialist feminism/Marxist feminism was the third key grouping of feminism that could be identified in the 1960s and 1970s (although like liberal feminism it has a long history). Within socialist and Marxist feminism, the struggle against sexual oppression was seen as part of a broader struggle to transform society and communities. Issues of class, worker's rights, and the need to dramatically alter the ways of living within western societies, were placed on the agenda alongside the need to address gender-based oppression.

Feminisms from Black/Indigenous/Women of colour.

Some of the earliest challenges to the universalising of women's experience within liberal and radical feminisms came from women of colour within North America, such as bell hooks, who were forthright in pointing out the assumptions that white feminists had been making about the universal category of women. Looking back, it is now not difficult to see how both liberal and radical feminisms of the 1960s and 1970s were steeped in a white middle-class perspective. The idea of a 'sisterhood' with bonds of common experience as women prevailing over other categories of oppression, was powerfully challenged by women who were marginalised by relations of race and class. At the same time, the individualised notions of 'having it all' that some liberal white feminists aspired to were an affront to those women who were either never going to have access to middle-class lifestyles, or who were not interested in replicating such ways of living. Black and Indigenous feminists and women of colour have questioned many of the assumptions of western feminism, created new ways of understanding and transforming women's experiences within particular cultures, and offered new ideas as to what is involved in forming partnerships across cultures (See Moraga & Anzaldúa 1983; Lorde; 1984; hooks 1989; Huggins 1998; Tamasese 2001).

Poststructuralist/postmodernist feminism. During the 1980s and 1990s new ways of engaging with the discourse of feminism became available. Poststructuralist feminism brought a renewed emphasis on the *plurality* of women's experience as opposed to the idea that women as a group are 'unified' with an 'inherent sameness'. Reflecting the broader poststructuralist position, there is scepticism within poststructuralist feminism about the usefulness of

conceiving of 'women' as a single group. These feminists challenge the established categories of sex, class, race/ethnicity, and place an emphasis on the multiplicity of meanings in regard to identity. Poststructuralist feminists have stated that there are multiple and particular ways in which all operations of power need to be destabilised in each woman's life. Postmodern feminism is also interested in unpacking and scrutinising the collection of ideas that have gone into making up feminism so that taken-for-granted notions are rendered visible and attended to, particularly any ways in which universal norms of womanhood have been established which have the effect of both marginalising and reifying difference (see Hekman 1996; Weedon 1987; Hare-Mustin & Maracek 1990).

French feminisms. A number of French feminist writers (Irigary 1985; Kristeva 1984; Cixous 1994) are located at an intersection between the liberal, socialist and radical feminisms of the 1960s and '70s, and the postmodernist/poststructuralist feminisms that developed through the 1980s and 1990s. These writers put forward a challenge to the ways in which 'male experience' is positioned as primary within psychoanalytical schools of thought. They describe the ways in which female experience, which does not fit the established norm, is rendered as inferior. Deconstruction then becomes a tool with which to see how this process of devaluing works and how implicit assumptions of 'normality' have particular power. The French feminists, although using many of the tools of poststructuralism, still remain invested in psychoanalysis, with the belief that the unconscious is produced by some underlying universal structure.

Queer feminism. The thinking of poststructuralist feminists such as Judith Butler (1989) have also been influential in the development of queer theory and associated queer feminism. Queer theory is interested to destabilising all fixed categories of identity including notions of female/male, or homosexual/heterosexual. Selves (identities) are seen as socially constructed through the exigencies of power and, because the operations of power are multiple, then the constitution of self is seen as something that is fluid. Perhaps the most visible queer activists are those transgender and intersex people who are challenging pre-conceived notions of male and female,

and bisexual writers who are questioning the dichotomy of heterosexual/homosexual identity (see Nestle, Howell, & Wilchins 2002; Gibian 1999).

Here we have included very brief and thin descriptions of these different types or themes of feminism. There are many others that we have not mentioned here, including feminisms that have their history long before the second wave of action in the 1960s and 1970s. We strongly recommend that readers refer to the books below and to those in the references for more detailed responses to the question, 'What is feminism?'

Two recommended books

Chris Beasley's (1999) pocket-book guide to feminism: *What is Feminism Anyway? Understanding contemporary feminism*. Sydney: Allen & Unwin.

Chris has been a lecturer in Women's studies here in Adelaide for the last decade or so and has contributed this wonderfully accessible, clear and concise 'guide' to feminism which we thoroughly recommend.

Estelle Freedman's (2002): *No Turning Back: The history of feminism and the future of women*. London: Profile Books. See website: www.noturningback.stanford.edu

This thorough and inspiring book, written by an historian and teacher of Women's Studies at Stanford University, describes the rich histories of different feminisms in different parts of the world.

About this paper

This paper was created through collaborative processes. We sent off a list of questions to a range of narrative practitioners in Australia, the USA, Mexico and the UK. When people's responses came in, we compiled these and edited them and then sent them back to ensure that everyone was happy with the final result. Please note that the examples of practice used in this paper are composites, some details have been changed to preserve identity, and some literary license has been applied. They are, however, all realistic examples of work and based on real-life examples.

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We would also like to acknowledge those women with whom we have worked in therapy whose ideas, perspectives and challenges are represented in this paper.

Notes

1. Shona and Maggie can be contacted c/o Dulwich Centre Publications.
2. Please note that when this paper refers to the development of narrative therapy it is referring to the forms of narrative practice developed in Australia and New Zealand in the mid-late 1980s. It is not referring to other therapies engaging with the narrative metaphor in the USA or Scandinavia.

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- Collections of classic feminist writings:
<http://www.cwluherstory.com/CWLUArchive/classic.html>
<http://scriptorium.lib.duke.edu/wlm/>

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