
REGULAR ARTICLES

Points of Connection and Disconnection: A Look at Feminism and Postmodernism in Family Therapy

Marianne McInnes Miller
Elizabeth Wieling

ABSTRACT. Throughout the family therapy field, feminism and postmodernism have intersected both theoretically and therapeutically. Both perspectives confront patriarchy and other oppressive attitudes in families and society. At the same time, feminism and postmodernism have points of disconnection. While a feminist stance actively targets inequalities related to gender and other minority groups, a postmodern paradigm emphasizes the relativity of personal truths and hesitates to place values on others. We address this tension as female family therapists who hold both postmodern and feminist ideologies. In order to expand

Marianne McInnes Miller, MMFT, is a doctoral student in the Marriage and Family Therapy Program at Texas Tech University, COHS 1162, Lubbock, TX 79409-1162 (E-mail: mm97r@yahoo.com).

Elizabeth Wieling, PhD, is Assistant Professor, Department of Family Social Science at the University of Minnesota, 290 McNeal Hall, 1985 Buford Ave., St. Paul, MN 55108-6140 (E-mail: lwieling@che.umn.edu).

Journal of Feminist Family Therapy, Vol. 14(2) 2002
<http://www.haworthpress.com/store/product.asp?sku=J086>
© 2002 by The Haworth Press, Inc. All rights reserved.
10.1300/J086v14n02_01

the dialogue on feminism and postmodernism, we explore these points of connection and disconnection in a family therapy context. Given that both of us assume postmodernist and feminist paradigms, we cannot present our ideas without including our context; therefore, we take the last section of our paper to describe how we individually integrate feminist and postmodern ideologies both personally and therapeutically. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <docdelivery@haworthpress.com> Website: <<http://www.HaworthPress.com>> © 2002 by The Haworth Press, Inc. All rights reserved.]

KEYWORDS. Feminism, postmodernism, feminist family therapy, family therapy theory

In recent decades, both postmodern and feminist perspectives have had a significant impact on the family therapy field (Moules, 2000; Osmond & Thorne, 1993; Sanders, 1998). These two broad philosophical positions have engendered an intriguing set of challenges and opportunities for proponents of both ideologies. On the one hand, the assumptions embedded within these positions overlap and support each other in combating the patriarchal, hierarchical, oppressive modes of thinking about and working with families. On the other hand, they have also taken divergent, sometimes antagonistic, paths. For example, the feminist agenda propagates an activist clinical stance on issues related to gender, whereas postmodernists caution about the relativity of our so-called "Truths" and the potentially adverse impact of *imposing* our values on clients.

The term postmodernism first became prevalent in the 1960s (Brown, 1994), then permeated the family therapy field in the 1980s and 1990s (Nichols & Schwartz, 1998). Although postmodernism is often used interchangeably with the term *poststructuralism*, we regard postmodernism as a more encompassing term with roots in a variety of disciplines and schools of thought. Poststructuralism arose in the early 1970s and is frequently associated with the work of French scholars such as Jacques Derrida, Michel Foucault, Julia Kristeva, Jean-Francois Lyotard, and Roland Barthes. Common among these scholars is their commitment to deconstructionism, particularly of literary works, and their advocacy for an antiempirical, antimetaphysical, antihumanist, and antirationalist stance. Likewise, feminism emerged as a more vocal societal movement in the 1960s, becoming influential in family therapy in the late

1970s and 1980s (Danoski & Deacon, 2000; Marecek & Kravetz, 1998). Feminism is also represented by an array of theoretical positions that explain the sources of female oppression vis-à-vis their male counterparts. While postmodern and feminist clinical approaches emerged during a similar era in the United States, they encountered different responses as theorists and clinicians discussed them in journals, at conferences, and behind closed doors. It appears that postmodernism has become more pervasive while feminism seems important, yet peripheral, in a therapeutic world largely founded upon masculine traditions (Sanders, 1998).

Throughout the family therapy literature, authors working from a postmodern perspective write about a paradigmatic revolution occurring on several levels and across disciplines, including literature, art, and psychotherapy (Brown, 1994; Moules, 2000). Feminism, too, has influenced many areas in society; however, sexist attitudes, interventions, and practices still pervade the therapy room. Several family therapy authors, therefore, challenge therapists' thinking and behaviors. Feminist scholars emphasize that clinicians and researchers need to attend to and incorporate power and gender issues as they write, teach, and practice (Danoski & Deacon, 2000; Goldner, 1985; Hare-Mustin, 1978; McGoldrick, Anderson, & Walsh, 1989).

Both postmodernists and feminists question similar constructs in family therapy, including what therapists consider "healthy," and how the field labels and diagnoses individual behaviors and relational processes (Hoffman, 1993; McGoldrick, 1998; McNamee & Gergen, 1992). Baber and Allen (1992) contend that a postmodern feminism allows for diversity within women, emphasizing that "there is no *woman's* voice, no *woman's* story, but rather a multitude of voices that sometimes speak together but often must speak separately" (p. 19). What is meaningful and what is oppressive for one woman, therefore, may not be for another. At the same time, many feminist authors contend that the two philosophical approaches are not always compatible, highlighting the problems with integrating them in both theory and practice (Moules, 2000; Nichols & Schwartz, 1998; Osmond & Thorne, 1993; Rosenau, 1992).

In addition to providing a review of what we perceive as some of the primary points of connection and disconnection between these two philosophical frameworks, this paper offers an example of how we, two female family therapists who embrace both postmodern and feminist ideologies, have incorporated these ideas into our personal and professional lives. This paper does not present an exhaustive account of either

postmodern or feminist perspectives, nor does it review the debates that have taken place between different forms of feminism and postmodernism. Instead, we hope that our reflections will promote future theoretical discussions regarding how one might integrate seemingly contradictory, but similar, frameworks in the family therapy field. We perceive a need for internal dialogues and debates about these issues to become public as a means of encouraging critical thinking about our roles as therapists and the importance of being keenly aware of the lenses that guide our work.

POSTMODERNISM IN FAMILY THERAPY

Broadly speaking, postmodernism represents “a reaction to, critique of, or departure from modernism, to which the Enlightenment gave birth” (Schwandt, 1997). Postmodernists oppose grand theories and meta-narratives that attempt to provide “universal truths” and “ultimate realities.” Instead, they encourage *deconstructionism* as a post-structural strategy for critically examining taken-for-granted “Truths” and binary oppositions. They argue for relativity, contextualism, and creating room for a multiplicity of local truths, realities, and ways of experiencing and interacting with the world. As postmodernism permeated the arts and literary sciences, theorists such as Gergen (1985), Leppington (1991), and Hoffman (1993) began applying it to the psychotherapy field. They not only questioned previous beliefs and concepts about how individuals and families think, feel, and behave, they also advocated deconstructing what client systems bring to therapy. Essentially, they challenged family scientists’ and psychotherapists’ epistemological base by critically questioning how knowledge functions within different levels of social interaction (Gergen, 1985). In particular, they challenged general system theory and first-order cybernetics. Instead of working from a hierarchical framework in which the therapist remains outside the system (first-order cybernetics), Bateson (1972, 1979) argued that the clinician/observer is part of the system with which he/she interacts. Therapist-client systems, therefore, must take into account mutual connectedness and influence (second-order cybernetics) (Becvar & Becvar, 1996; Hoffman, 1993). The therapist and client system, therefore, co-construct reality through their interactions and conversations during the session (Anderson & Goolishian, 1990). This therapeutic concept is rooted in social constructionism, which assumes that how people understand the world evolves from interchanges among people,

both throughout history and in present society (Gergen, 1985). This process, then, emerges as a “recursive, self-referential, seamless loop of the activity of knowing, the knowers and the known” (Leppington, 1991, p. 91).

Postmodernists challenge the idea that one can attain “knowable,” “objective” reality, as modernists have claimed (Nichols & Schwartz, 1998). Therapists like Hoffman (1993) and Leppington (1991) contend that approaching families with ideas of how they “should” function not only places clinicians in the expert position, it also disrespects clients and disregards how context and meaning influence client-therapist interactions. Nichols and Schwartz (1998) compare this shift from modernism to postmodernism to when “you realized your parents didn’t know everything. You gave up the security of a world where there is a truth . . . [for] a world where there is no absolute truth—where your truth may be as good as theirs” (p. 317). Many clinicians, therefore, recognized the limitations in a scientist-therapist model, and they realized that to a large degree change occurs through language, context, hermeneutics, and a co-construction of the meaning people attribute to their life events (McNamee & Gergen, 1992). This language-based approach eventually led to *narratives* becoming a foundational concept in the therapy room—a concept based on the idea that relationships emerge through socially constructed stories (Cecchin, 1992). Therapeutic frameworks such as collaborative language systems, narrative, and solution-focused soon followed, creating a tapestry of postmodern applications to family therapy.

FEMINIST THEORY IN FAMILY THERAPY

Essentially, feminist theory roots itself in an oppositional spirit vis-à-vis patriarchal systems (Marecek & Kravetz, 1998). The idea that psychotherapists have privileged males is not new. For decades, feminists have demonstrated how the therapeutic process often encourages women to succumb to oppressive conditions in families, in romantic relationships, and at work. Over time, however, what once began as a somewhat cohesive movement soon diverged into a more complex array of feminist theories, including liberal, radical, socialist, and Marxist forms of feminism (Osmond & Thorne, 1993). Feminists also began to challenge scientific epistemological stances. Feminist empiricism, feminist standpoint theory, and post-structural feminism emerged from those debates. In addition to the debates between these forms of femi-

nism, women from ethnic minority backgrounds, homosexual women, Third World women, and so on, expressed that they were being further marginalized by a “feminism” that did not speak to them. It is beyond the scope of this paper to describe the assumptions of different forms of feminism. However, we will elaborate on some of the ideas espoused by standpoint and post-structural feminism because they specifically address some of the tensions between feminism and postmodernism, namely the politics of “difference” and “equality.”

Standpoint theory contends that those who have historically been in a less powerful position have a unique perspective; therefore, women should be at the center of study. Standpoint feminists argue that women’s social positioning privilege them epistemologically (Anselmi & Law, 1998). Further, because existing conceptual schemes do not reflect women’s life experiences, women are often alienated from their own experience by having to “bifurcate consciousness.” They are forced to frame their experience in terms of males’ conceptual schemes (Anselmi & Law, 1998; Smith, 1987). Riger (1992) cautions that this type of thinking, if adopted, may lead to therapists and others making generalizations about “women’s experiences” that do not fit for women across race, sexual orientation, religion, etc.

Postmodern, post-structural, and social constructionist feminism (there are distinctions between these terms, but we will use them interchangeably in this section for the purposes of this discussion) advocates fragmentation and multiplicity. The focus is on the intersubjective meaning people give to their experiences and reality. Discourse, language, and text are seen as powerful tools because of their ability to elevate particular realities while undermining others and deeming them invisible. One of the concerns is that attention to multiple realities and opposition to meta-narratives undermine building solidarity and unification among women, perpetuating women’s oppression.

Standpoint and postmodern feminist frameworks have not only propelled scientists to rethink the way research is conceptualized, conducted, and analyzed, but also they have challenged family therapists to question their assumptions about the role of the therapists in perpetuating and/or challenging existing gender roles within the family and society. The following section, therefore, will outline these assumptions and articulate some of their implications for family therapists.

Within the family therapy literature, discourses on feminist approaches became more vocal through pioneering authors such as Hare-Mustin (1978), Goldner (1985, 1988), and Avis (1985, 1988). There were important organized women’s projects such as *Women as Family Thera-*

pists (presented in 1978) that united Walters, Carter, Papp, and Silverstein (1988), and the *Stonehenge conference* (1984) that brought together McGoldrick, Anderson, and Walsh (1989). These significant movements initiated by female therapists often faced opposition and mixed responses, both by women and men (McGoldrick et al., 1989; Walters et al., 1988). Over time, however, their voices grew stronger, recognizing how males *and* females contribute to the unequal division of power, both within and outside of the therapy room. Throughout their women's project, McGoldrick et al. (1989) realized that they, too, perpetuated these problems as they refrained from asserting themselves or feeling guilty when they did not assume complete responsibility for their homes and families. Understanding that raising consciousness is essential to change emerged as a prevalent theme—a theme applying to *all* individuals, not just the persons in power (Hare-Mustin, 1978; McGoldrick et al., 1989).

Two key concepts promoted by feminist ideology have direct clinical implications:

1. gender functions as an organizing principle in society; and
2. power differentials emerge as constructs of gender legitimize inequalities between women and men (Osmond & Thorne, 1993).

Feminist therapists, therefore, emphasize how clinicians can either uphold or challenge these gender constructs and power differences in therapy. Attempting to approach families from a neutral perspective will not work, as no systemic processes or interventions are gender-free (McGoldrick et al., 1988). On some level, systems theory seems abstract and somewhat removed from the social context, as therapists view families mechanistically, not humanistically (Goldner, 1985). Philpot and Brooks (1995) contend that systems therapy upholds “circularity, reciprocity, and shared responsibility for problems, and [is] far too little concerned with the sweeping effects of the power differences between women and men” (p. 309).

This lack of concern can become destructive, especially with cases of domestic violence (Kaufman, 1992). A systems perspective focuses on recursive sequences and cybernetics, examining how each family member is responsible for the system's interaction. Within a societal context, however, heterosexual men dominate and women are subordinated; therefore, abusers may perceive it as necessary to batter so they can maintain order (Kaufman, 1992). In earlier formulations of systems theory, feminists claimed that therapists working from a systems perspective blamed women for their “participation” in the violence, completely

disregarding the inherent oppressed, one-down position of women (Kaufman, 1992; Walsh & Scheinkman, 1989).

Further, clinicians often viewed battered women's actions as behaviors of powerlessness, recognizing their struggle to rise against the oppression (Kaufman, 1992; Osmond & Thorne, 1993; Wheeler, Avis, Miller, & Chaney, 1989). Largely due to the feminists' critique of systems theory, more and more family therapists came to realize that not all persons in the system hold equal power. Specifically, women typically have less power across social domains, both public and private. Overall, the different forms of feminism in the family therapy literature advocate working from a humanistic framework while attending to rules, roles, and responsibilities that organize how men and women interact (Dankoski & Deacon, 2000; Walters et al., 1989). These authors present several frameworks and interventions to help clinicians integrate feminist principles into their work with individuals, couples, and families. First, they emphasize attending to personal, social, and political systems that maintain the dominant discourse (Papp, 1988; Walters et al., 1988). Second, authors advocate that family therapy students should receive training in gender issues from a feminist perspective. In a study of 150 therapists-in-training, researchers found that there were lower levels of sexism in clinical interventions for therapists who had received coursework taught from a feminist lens (Leslie & Clossick, 1996). This research indicates that addressing gender issues from a feminist perspective contributes to the reduction of sexism in therapy. Third, authors propose that implementing training tools such as the Feminist Family Therapy Behavior Checklist (Chaney & Piercy, 1988), and the Power Equity Guide (Haddock, Zimmerman, & MacPhee, 2000) would raise levels of awareness of power differentials and hierarchy. Fourth, they suggest that therapists challenge patriarchal structures by taking a more collaborative, equal, non-hierarchical approach to the therapeutic process (Hare-Mustin, 1978, 1989; Marecek & Kravetz, 1998). Lastly, they encourage clinicians (and clients) to realize their human connectedness while learning to tolerate differences. This perspective, in turn, will create an environment that allows clients to free parts of themselves they have previously suppressed due to the demands of the dominant culture (McGoldrick, 1998).

FEMINISM AND POSTMODERNISM IN FAMILY THERAPY

The literature on feminist perspectives of postmodernism in family therapy demonstrates varied, sometimes polarized opinions. On one end, theorists and clinicians contend that feminist family therapy fits

very well with a postmodern framework. On the other end, authors assert that feminist ideals almost contradict postmodern principles. The following sections, therefore, delineate these two perspectives of a feminist critique of postmodernism in family therapy.

Creating Collaboration

As feminism and postmodernism emerged into the conversation of family therapists, both frameworks were responding to a scientific, perhaps mechanistic, view of the world that had dominated the social sciences for decades—even centuries. Women and men who were developing their thinking along feminist and postmodernist perspectives questioned what society considered “knowable,” “true,” and “healthy,” and challenged what therapists, theorists, and researchers had overlooked. Throughout this process, three categories emerged that overlapped both paradigms:

1. challenging the hierarchy and expert position of the therapist;
2. emphasizing collaboration and meaning; and
3. questioning/deconstructing the dominant discourse.

Using a postmodern framework, Hoffman (1993) acknowledged the sexism in many models of family therapy. She contended that “[m]ainly pioneered by men, these styles went from a benign paternalism to an extreme focus on hierarchy, secrecy, and control” (p. 7). This therapeutic structure not only reinforced traditional roles of men and women, it also kept client-therapist interactions at a paternalistic, medical level rather than letting equality and mutual respect govern the relationship (Hare-Mustin, 1978). Essentially, society’s construction of gender created hierarchy instead of emphasizing equality and similarity (Hare-Mustin, 1989). Rules in the human services field constructed more “patterns of domination than of liberation” (Almeida, Woods, Messineo, & Font, 1998, p. 415). Rather, it is through respectful interchanges that clinicians promoted tolerance, freedom, valuing, and understanding (Hoffman, 1993; Marecek & Kravetz, 1998; McGoldrick, 1998).

A second similarity between feminism and postmodernism are the concepts of collaboration and meaning. Collaboration encompasses an egalitarian relationship between the clients and the therapist, and it recognizes that all members of the therapeutic system co-construct reality (Anderson & Goolishian, 1990). Specifically, social processes such as perspectives, views, rhetoric, and communication continuously evolve, allowing reality and meaning to change through interaction (Gergen,

1985). Theorists and therapists who uphold postmodernist and/or feminist perspectives recognize that this interchange occurs most effectively in a supportive, respectful, accepting environment (Marecek & Kravetz, 1998). Hoffman (1993) uses the phrase, "benevolent intentions" to describe how she views clients' motives as primarily positive (p. 79). McGoldrick (1998), too, advocates perceiving people as unique, interconnected individuals, without whom we would not have a future. Using a narrative framework, Swan (1998) emphasizes providing space for clients to co-construct with the therapist new stories illuminating their strengths and abilities. Approaching therapy from a collaborative stance creates the room needed for them to redefine themselves in the face of an oppressive, societal structure. In the 1980s, Anderson and Goolishian (1986, 1988) developed the Collaborative Language Systems approach therapy. One of its primary tenets is to maintain a stance of collaboration with clients, which involves genuine curiosity, respect, and listening in a way that allows for new stories to emerge and new meanings to be co-constructed between clients and therapists.

Individuals working from a postmodernist framework question the dominant discourse as they deconstruct what clients say and question what they do not say (Brown, 1994). Likewise, feminist theorists and therapists promote listening to unheard, marginalized voices (McGoldrick, 1998). Writing from a postmodern perspective, Brown (1994) contends that "dominant discursive practices of a group or society define not only what is to be said, but, more importantly, what cannot be stated and what goes without saying" (p. 24). Women, therefore, emerge as these marginalized voices—the "not said" in conversations. Deconstructing the dominant discourse not only externalizes the problem and separates it from clients, it also exposes preferred ideas about gender that may have influenced and defined their identities, as well as their ideas about relationships (Swan, 1998). This process lets clients rewrite their own stories and creates space for change as they question what they know to be "true" (McNamee & Gergen, 1992; Swan, 1998).

Revealing Incompatibilities

While feminist and postmodern frameworks demonstrate many areas that appear compatible, several authors assert that the perspectives do not always mesh (Becvar & Becvar, 2000; Nichols & Schartz, 1998; Rosenau, 1992). Throughout the literature, three assumptions of postmodernism seem incongruent with feminist family therapy:

1. maintaining relativistic neutrality;
2. letting the family find its own solutions; and
3. relying on language and conversation to bring about change.

Social constructionism, which roots itself in a postmodern paradigm, challenges empirical, rational thought by contending that individuals cannot ascertain “reality” or “truth,” as every thought, belief, and interaction stems from social context (Gergen, 1985). Power, too, is a construction created by context (Cecchin, 1992). Taking this concept to the extreme, therefore, would let therapists view power and gender as relative. In contrast, feminist-informed therapists work from core concepts of gender based on power differentials and control. They assert that disregarding gender in therapy inevitably supports the inequalities between men and women (McGoldrick et al., 1989; Walters et al., 1988). In essence, postmodernism emerges from a patriarchal culture; therefore, it cannot not perpetuate patriarchal values (Moules, 2000; Sanders, 1998). Many feminist family therapists balk at the idea of viewing women-battering from a relativistic perspective, emphasizing that the process of deconstruction could lead to the abandonment of politics and solid theory (Kaufman, 1992; Moules, 2000; Osmond & Thorne, 1993). In the midst of deconstruction, therefore, one must question if political action and liberation can occur (Brown, 1994). One feminist/narrative clinician reconciles this issue by considering power issues as she deconstructs (Swan, 1998). She incorporates the broader context of power politics, and she would not question the idea that domestic violence is a bad thing (Swan, 1998). Brown (1994) contends that a new vision and approach needs to emerge that addresses these incongruencies. Perhaps this vision will not only integrate aspects of both frameworks, it will perpetuate, and to some degree transform, the process of knowledge reform.

Second, in terms of trusting the client system to discover its own solutions, feminists recognize that families cannot be separated from their societal context (Osmond & Thorne, 1993). Unfortunately, this context maintains the oppression of women, stereotypes gender constructs, and upholds power differentials between males and females (Nichols & Schwartz, 1998). Therapists working from a postmodern perspective recognize the fluidity of these constructs, emphasizing that no singular, knowable “truth” exists, and that all perceptions have validity (Hoffman, 1992; Gergen, 1985). The idea of letting oppressed voices have validity fits with the feminist paradigm; however, the concept that all perceptions are valid may cause feminist/postmodernist therapists to hesitate

in challenging sexism (Jones, 1998; Moules, 2000). In addition, several serious moral and ethical questions emerge if therapists and family members view violence and rape as social constructions (Moules, 2000). Perhaps a female clinician approaching a male abuser from a tentative stance would only reinforce his stereotypical beliefs about women being weak, and it would prevent his battered partner from seeing assertiveness modeled. Again, this example advocates a “truth” that the therapist needs to challenge the batterer and model assertiveness; however, it seems that this course of action would reflect an ethical and moral position feminists consider fundamental in the struggle against violence and domination.

Third, postmodern clinicians often advocate working from a hermeneutical perspective. In this view, intersubjective dialogue loops replace cybernetic feedback loops (McNamee & Gergen, 1992). Language, therefore, becomes the catalyst through which co-construction and change occur (Anderson & Goolishian, 1990). Although deconstructing meaning and seeking the “not yet said” in conversations may free marginalized voices to speak, feminist family therapists recognize how the limitations of language can constrict and oppress (Brown, 1994). Moreover, if women experience gender-based oppression, deconstructing basic concepts of “gender” and “women” may appear invalidating and unsupportive, which seems to oppose the basic tenets of feminism (Osmond & Thorne, 1993). Some scholars argue that taking postmodernism to a radical extreme in which individuals construct *their own reality*, makes issues of power and oppression meaningless. This concept strongly contradicts the ethics, morals, and ideals of a feminist perspective (Jones, 1998). Others, namely social constructionists, would refute this belief by clarifying that there is no “individual reality” apart from a social context more consistent with feminist theory. Several authors maintain that the integration of these frameworks can occur if gender is understood within a larger social context (Cecchin, 1992; Jones, 1998; Moules, 2000; Swan, 1998). We, too, contend that feminism and postmodernism can be integrated, but not without questions and struggles.

REFLECTIONS ON FEMINISM AND POSTMODERNISM

As clinicians attempt to integrate feminism and postmodernism in practice, an inevitable tension arises between the converging and diverging points of each philosophical stance. We exist within this space

filled with tension. Through our conversations, we found that both of us live a somewhat fluid existence that lets us question both our identities and our philosophical (and spiritual) beliefs. It is within this fluid existence that we face and embrace the tensions of conflicting paradigms. We believe that describing how we understand this space will expand the dialogue for theorists and clinicians who encounter the complexities of integrating postmodernism and feminism.

First Author's Reflections

As I grappled with articulating how postmodernism and feminism are used in my theory of therapy, my practice, and my way of life, a metaphor of a mountain trail emerged as a poignant way to communicate my understanding. For me, feminism and postmodernism converge in a convoluted, yet artistic, manner. Like a mountain trail, my perception and experience of the therapeutic process twists and turns, revealing breathtaking views and new complexities with each curve. As I travel up the trail, I cannot help but perceive this journey through the lenses of my gender, ethnicity, socioeconomic class, religious beliefs, and life experiences. I am an Anglo-American female. Even though I am white, I grew up in a cross-cultural family with a European father and an American mother. Throughout my life, I have been exposed to different cultures through friends, travel, and living abroad for 12 months. I also consider myself a Christian, married to a minister of a Protestant church. I have attended church services fairly consistently for most of my life. It is through such experiences, in addition to other life events, that my narrative has been shaped as I define my identity in life and interpret my interaction with clients in the therapy room.

My understanding of postmodernism and feminism has been transformed since I started practicing therapy four years ago. As one can extend mountain trails by penetrating new forests and exploring remote territories, I have developed my theory, which will continue to change as I redefine myself through new experiences. Feminism, to continue the metaphor, emerges as the bulging pack that I carry on my back. In this pack, I have certain supplies, or tenets, that I can pull out to help me navigate and negotiate the trail. These tenets help me look for power differentials, gender inequities, and oppression of minority groups. The tools take outside influences into account, such as societal context and culture. I cannot survive without this pack; indeed, I could not practice therapy without it. Postmodernism is represented as my hiking boots. With these boots, I take each step and create new experiences with ev-

ery footprint. Again, I would be foolish to climb the rocky trail without them. Like feminism, postmodernism lets me construct and deconstruct the therapeutic narrative that emerges during the client-therapist interaction.

One may ask where the client is in this mountain-trail metaphor. I would say that the client is another hiker—one that walks up with me on the trail. Our paths may cross for a time, then diverge. I may have more understanding of the process of a certain trail, which can emerge through therapeutic conversation; however, I see client hikers as equals—individuals with their own life experiences and perspectives that help them define their own trails.

Although neither feminism nor postmodernism serve as overarching paradigms for me, my religion and spirituality do define my worldview. I remember one summer I was hiking in the Colorado Rockies with friends who were attempting to map out new trails for a mountain club. We started up the trailhead and worked up to a pretty good pace when eventually we hit a field, then a river. At that point, we had no idea where to go. We explored different possibilities, but eventually we had to give up our journey and go home. At that point, no hiking boots or equipment such as compasses and binoculars could help us construct a trail in this area. I recall that when we stopped for lunch at the river, I looked up and marveled at the crisp, blue sky. I gulped the clean mountain air and gazed at the pine trees and wildflowers around me. I felt a sense of peace, purpose, and security that my shoes and equipment could not give me. Even though our journey did not turn out to be what we anticipated, I knew that everything fit somehow. Religion and spirituality, to me, are the essences of nature in this metaphor. With their influence, I feel grounded as I listen to people pour out their pain in therapy. I also know where I can go to find peace and strength when my own losses in life become too much to bear.

Of course, no metaphor can perfectly illustrate one's approach to therapy (or to life, for that matter). I would be lying if I claimed that I did not experience tension between postmodernism, feminism, and Christianity. It is through this tension that many questions arise—questions that cause me to challenge my beliefs in all areas, even the overarching ones. At the same time, these questions motivate me to find new paths and create new understandings of human nature, therapy, and spirituality. I think these questions propel me up the rocky path when I feel tired and confused. Although it would be easy to flee these challenges (indeed, many do), I instead follow the advice of early twentieth-century poet Rainer Maria Rilke (1934/1984):

[H]ave patience with everything unresolved in your heart and . . . try to love *the questions themselves* as if they were locked rooms or books written in a very foreign language. . . . *Live* the questions now. Perhaps then, someday far in the future, you will gradually, without even noticing it, live your way into the answer. (pp. 34-35)

Second Author's Reflections

My exposure to feminist and postmodern ideologies evoked similar reactions in me and propelled me to make a major paradigmatic shift, which has had important implications for my personal and professional development. These frameworks helped me to deconstruct the belief system I had grown up with as a Catholic, multiethnic, upper-middle-class woman, raised in a developing country by two heterosexual parents. First, feminist ideas and, later, social constructionist and postmodern ideologies aided in probing, challenging and shaping my current paradigm. This new and constantly evolving paradigm represents a major departure from my previous worldview. I identify as an eco-feminist, postmodernist, and critical theorist and have chosen to devote my professional career to academia. I strive to be a teacher, clinician, and researcher who promotes an ethic of participation and a stance of activism at different political levels (e.g., individual, family, community). I, too, have struggled with some of the seemingly incompatible tenets between feminist and postmodern frameworks in both personal and professional realms. However, I have learned to appreciate the growth and heightened awareness that can emerge from confusion, ambiguity, and uncertainty. I organize my thoughts by punctuating issues within different levels of abstraction. In this way I have managed to integrate multiple frameworks by acknowledging that different levels or points of reference might require different frameworks, even those that seem to contradict each other. For example, even though I do not consider myself a radical feminist, I believe that at certain levels and in certain political and historical moments, radical feminism is needed to propel change.

Although as an academic and clinician I clearly have an agenda that challenges traditional gender roles and pushes a feminist agenda, I recognize that these are my constructed truths and beliefs and they do not have to, and in fact do not, represent everyone else's agenda. Obviously these issues are complex and became compounded by a host of factors that often lead to power inequalities, such as sex, race, religion, social class, etc. I believe that as persons embody multiple layers of marginalization vis-à-vis a Protestant, heterosexual, white patriarchal system, the more likely they are to be disenfranchised. Therefore, although I generally favor post-structural feminism to standpoint feminism, I believe the latter

approach raises unique questions and poses challenges that might not otherwise be addressed by post-structuralists.

It is not possible, nor is it desirable, for me to remove these multiple levels of complexity from the way I interface with students, clients, and communities. To me, some of the points of tension that are raised by feminist and postmodern frameworks are collapsed into a higher order of complexity in such a way that often meets the revolutionary spirit of both feminism and postmodernism.

CONCLUSION

The discourse on postmodernism from a feminist lens often emerges with a wary tone. Feminist family therapists recognize the inherent biases imbedded in the present culture and therefore advocate that a therapeutic framework that is embedded within this culture risks reinforcing the dominant discourse. Postmodernists also highlight aspects of our society that oppress and marginalize, such as the belief in universal “Truths” and meta-narratives that predetermine how we label and interact with different people. Many clinicians seem to have found ways to integrate these two paradigms by attending to power and gender issues while maintaining postmodern assumptions. We would argue that to take an integrative stance might require a commitment to deconstructing our stories, clinical frameworks, language, etc., on an ongoing basis. Approaching therapy with a respectful, supporting, challenging, and non-hierarchical stance allows feminist and postmodern therapists to create a space that promotes change.

As previously mentioned, a common criticism of postmodernism is that its proponents often neglect to highlight the “real” effects of power dynamics between marginalized and dominant groups (e.g., physical violence, institutionalized racism) by rendering all positions as valid “stories” that describe partial realities. This concern, therefore, seriously questions the ethics of practicing within the rubric of a postmodern framework. We find this criticism simplistic and not grounded within a firm understanding of social constructionism, which accounts for contextual factors in the process of deconstructing peoples’ narratives. To us, stating that all views have relative validity and merit space to be heard is *not* the same as stating that all voices are equal or even acceptable within a larger societal context. We strongly believe in the impossibility of neutrality as we relate to others. The therapeutic process then becomes a myriad of gendered and biased perspectives (e.g., client/s, therapist/s, historical and current context, language, etc.), intersecting with one another within an unequal context that privileges some stories while marginalizing others. Again, the idea of holding all stories as “equally” valid implies that we have the ability to temporarily suspend our biases.

As we do not believe this is possible, all views are “never” held equally. Given this position, we strongly address issues such as domination, racism, and violence in therapy—especially given the inequality of the societal context.

We hope these reflections on feminism and postmodernism in family therapy will invite further discussion on this topic. For example, a specific area of struggle that is frequently discussed in classrooms regards how family therapists who are attracted to both feminist and postmodern ideas integrate them with their religious and/or spiritual beliefs. As was briefly described above, feminism and postmodernism have interfaced differently with our religious and/or spiritual beliefs—one integrated feminism and postmodernism into her religious framework and the other completely rejected previous notions of religiosity and spirituality. The process of developing this paper both intimidated and challenged us. Not only did we have to face our fears about integrating seemingly contradictory assumptions between feminism and postmodernism, we had to dialogue about them with each other and write about it to a larger audience, which felt vulnerable and risky. Discussing spiritual differences also compounded these feelings, leading both of us to question and redefine our beliefs. All in all, this manuscript reflects a slice of our journey—one that continues as we encounter the tensions of our complex perspectives. Again, we hope that making these reflections public will encourage future dialogue and help to promote the personal and professional growth of family therapists.

Received: 12/12/01

Revised: 03/26/02

Accepted: 03/30/02

REFERENCES

- Almeida, R., Woods, R., Messineo, T., & Font, R. (1998). The cultural context model: An overview. In M. McGoldrick (Ed.), *Re-visioning family therapy: Race, culture, and gender in clinical practice* (pp. 414-431). New York: Guilford.
- Anderson, H., & Goolishian, H. (1986). Problem determined systems: Towards transformation in family therapy. *Journal of Strategic and Systemic Therapies*, 5, 1-13.
- Anderson, H., & Goolishian, H. (1988). Human systems as linguistic systems: Preliminary and evolving ideas about the implications for clinical theory. *Family Process*, 27, 371-393.
- Anderson, H., & Goolishian, H. A. (1990). Beyond cybernetics: Comments on Atkinson and Health's "Further thoughts on second-order family therapy." *Family Process*, 29, 157-163.
- Anselmi, D. L., & Law, A. L. (1998). *Questions of gender: Perspectives and paradoxes*. Boston: McGraw Hill.

- Avis, J. M. (1985). The politics of functional family therapy: A feminist critique. *Journal of Marital and Family Therapy, 11*, 127-136.
- Avis, J. M. (1988). Deepening awareness. A private study guide to feminism and family therapy. *Journal of Psychotherapy and the Family, 3*, 15-46.
- Baber, K. M., & Allen, K. R. (1992). *Women & families: A feminist reconstruction*. New York: Guilford.
- Bateson, G. (1972). *Steps to an ecology of mind*. New York: Ballantine.
- Bateson, G. (1979). *Mind and nature*. New York: E. P. Dutton.
- Becvar, D. D., & Becvar, R. J. (1996). *Family therapy: A systemic integration* (3rd ed.). Needham Heights, MA: Allyn & Bacon.
- Brown, R. H. (1994). Reconstructing social theory after the postmodern critique. In H. W. Simons & M. Billig (Eds.) *After postmodernism: Reconstructing ideology critique* (pp. 12-37). London: Sage.
- Cecchin, G. (1992). Constructing therapeutic possibilities. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 86-95). London: Sage.
- Chaney, S. E., & Piercy, F. P. (1988). A feminist family therapist behavior checklist. *The American Journal of Family Therapy, 16*, 305-318.
- Dankoski, M., & Deacon, S. (2000). Using a feminist lens in contextual therapy. *Family Process, 39*(1), 51-66.
- Gergen, K. J. (1985). The social constructionist movement in modern psychology. *American Psychologist, 40*, 266-275.
- Goldner, V. (1985). Feminism and family therapy. *Family Process, 24*, 31-47.
- Goldner, V. (1988). Generation and gender: Normative and covert hierarchies. *Family Process, 32*, 157-162.
- Haddock, S. A., Zimmerman, T. S., & MacPhee, D. (2000). The power equity guide: Attending to gender in family therapy. *Journal of Marital and Family Therapy, 26*, 153-170.
- Hare-Mustin, R. T. (1978). A feminist approach to family therapy. *Family Process, 17*, 181-194.
- Hare-Mustin, R. T. (1989). The problem of gender in family therapy theory. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy* (pp. 61-77). New York: W. W. Norton & Co.
- Hoffman, L. (1992). A reflexive stance for family therapy. In S. McNamee & K. J. Gergen (Eds.), *Therapy as social construction* (pp. 7-24). London: Sage.
- Hoffman, L. (1993). *Exchanging voices: A collaborative approach to family therapy*. London: H. Karnac (Books) Ltd.
- Jones, E. (1998). A feminist systemic therapy? In I. B. S. & M. C. Heenan (Eds.), *Feminism and psychotherapy: Reflections on contemporary theories and practices* (pp. 189-202). London: Sage.
- Kaufman, G. (1992). The mysterious disappearance of battered women in family therapists' offices: Male privilege colluding with male violence. *Journal of Marital and Family Therapy, 18*, 233-243.
- Leppington, R. (1991). From constructivism to social constructionism and doing critical therapy. *Human systems: The journal of systemic consultation and management, 2*, 79-103.
- Leslie, L. A., & Clossick, M. L. (1996). Sexism in family therapy: Does training in gender make a difference? *Journal of Marital and Family Therapy, 22*, 253-269.
- Marecek, J., & Kravetz, D. (1998). Power and agency in feminist therapy. In I. B. S. & M. C. Heenan (Eds.) *Feminism and psychotherapy: Reflections on contemporary theories and practices* (pp. 13-29). London: Sage.

- McGoldrick, M. (1998). *Re-visioning family therapy*. New York: Guilford.
- McGoldrick, M., Anderson, C. M., & Walsh, F. (1989). *Women in families: A framework for family therapy*. New York: W. W. Norton & Co.
- McNamee, S., & Gergen, K. J. (1992). *Therapy as social construction*. London: Sage.
- Moules, N. J. (2000). Postmodernism and the sacred: Reclaiming connection in our greater-than-human worlds. *Journal of Marital and Family Therapy*, 26, 229-240.
- Nichols, M. P., & Schwartz, R. C. (1998). *Family therapy: Concepts and methods* (4th ed.). Needham Heights, MA: Allyn & Bacon.
- Osmond, M. W., & Thorne, B. (1993). Feminist theories: The social construction of gender in families and society. In P. G. Boss, W. J. Doherty, R. LaRossa, W. R. Schumm, & S. K. Steinmetz (Eds.), *Sourcebook of family theories and methods: A contextual approach* (pp. 591-625). New York: Plenum.
- Papp, P. (1988). Couples. In M. Walters, B. Carter, P. Papp, & O. Silverstein (Eds.), *The invisible web: Gender patterns in family relationships* (pp. 200-249). New York: Guilford.
- Philpot, C. L., & Brooks, G. (1995). Intergender communication and gender-sensitive family therapy. In R. H. Mikesell, D-D Lusterman, & S. H. McDaniel (Eds.) *Integrating family therapy: Handbook of family psychology and systems theory* (pp. 303-325). Washington, DC: American Psychological Association.
- Riger, S. (1992). Epistemological debates, feminist voices: Science, social values, and the study of women. *American Psychologist*, 47, 730-740.
- Rilke, R. M. (1984). *Letters to a Young Poet* (S. Mitchell, Trans.) New York: Random House. (Original translation published in 1934).
- Rosenau, P. M. (1992). *Post-modernism and the social sciences*. Princeton, NJ: Princeton University Press.
- Sanders, B. (1998). Why postmodern theory may be a problematic basis for therapeutic practice: A feminist perspective. *Australian and New Zealand Journal of Family Therapy*, 19, 111-119.
- Schwandt, T. A. (1997). *Qualitative inquiry: A dictionary of terms*. Thousand Oaks, CA: Sage Publications.
- Smith, D. E. (1987). *The everyday world as problematic*. Boston: Northeastern University Press.
- Swan, V. (1998). Narrative therapy, feminism and race. In I. B. S. & M. C. Heenan (Eds.), *Feminism and psychotherapy: Reflections on contemporary theories and practices* (pp. 30-42). London: Sage.
- Walsh, F., & Scheinkman, M. (1989). (Fe)male: The hidden gender dimension in models of family therapy. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy* (pp. 16-60). New York: W. W. Norton & Co.
- Walters, M., Carter, B., Papp, P., & Silverstein, O. (1988). *The invisible web: Gender patterns in family relationships*. New York: Guilford.
- Wheeler, D., Avis, J. M., Miller, L. A., & Chaney, S. (1989). Rethinking family therapy training and supervision: A feminist model. In M. McGoldrick, C. M. Anderson, & F. Walsh (Eds.), *Women in families: A framework for family therapy* (pp. 135-151). New York: W. W. Norton & Co.

Copyright of Journal of Feminist Family Therapy is the property of Haworth Press and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.