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Feminism and the Client-Therapist Relationship: Implications for Therapeutic Recreation¹

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Feminism has provided a philosophical and methodological context for examining a number of aspects of society. As feminism is applied to leisure research and practice, implications for the provision of therapeutic recreation services and programs that include people with disabilities also may be considered. The purposes of this paper are to describe the client-therapist relationship within therapeutic recreation conducted from feminist perspectives and to offer some alternatives for addressing issues of gender when working with female clients. The suggestions offered are meant to be a starting point for further discussion concerning the value of feminist ideas and the implications of feminism for the practice of therapeutic recreation.

KEY WORDS: *Feminism, Leisure, Therapeutic Recreation, Women, Therapy*

The contemporary women's movement of the past twenty five years has resulted in the acknowledgment of the needs and inter-

ests of females in institutions, communities, and the society in general. More is known about women than in the past because of the

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research that has been undertaken about women and their roles in society. While some people believe that few differences exist between males and females, others believe that the experiences of women and men are influenced by socialization and gender roles that result in differing perspectives on life (e.g., Belenky, Clinchy, Goldberger, & Tarule, 1986; Gilligan, 1982; Gilligan, Ward, Taylor, & Bardige, 1988). Although these gender differences need not imply value judgments or deficiencies, rather merely differences, they do need to be acknowledged. Feminism, as embodied through therapeutic recreation for both males and females, may offer new ways of thinking about the client-therapist relationship, particularly within the context of gender differences.

The purposes of this paper are to describe aspects of the client-therapist relationship in therapeutic recreation settings when conducted from feminist perspectives and to offer some alternatives for addressing the implications of gender when working with female clients. The considerations offered are suggestive and not definitive. Dimensions of feminist therapy as applied to therapeutic recreation services may offer additional ways to understand the clients and participants with whom therapeutic recreation specialists work. It is the authors' hope that this introduction to some ideas about feminism as applied to therapeutic recreation will initiate further refinement, recasting, and revision by fostering a deepening dialogue about the relationship between feminism and client-therapist relationships.

While debating what therapeutic recreation entails is not the purpose of this discussion, it is important to present perspectives so readers can understand the discourse pertaining to the implications of feminism for practice. For purposes of this discussion, therapeutic recreation is described as the use of recreation/leisure as a purposeful intervention designed to elicit change in an individual. Although perspec-

tives about therapeutic recreation range from leisurability to functionality, the ultimate goal for change, for the purposes of this paper, is focused on independence and autonomy in the lives of females and males.

Feminism

Feminists, like therapeutic recreation specialists, have different perspectives concerning their goals (cf. Donovan, 1985; Henderson, Bialeschki, Shaw, & Freysinger, 1989; Perrault, 1983). Feminism is an ideology, a set of beliefs and values about women and gender relations. It is also a methodology and a practice that can be applied to any area (such as research or therapy); feminism embodies a focus on equality, empowerment, and social change. Feminism is often misunderstood because it has been associated with radical alternatives. While almost all feminists can agree that the status of women must be addressed and that structured inequality needs to be eliminated, little agreement exists on how these goals ought to be reached. Thus, feminism is not one perspective but many perspectives that address the variety of needs of women and other oppressed people in society, including people with disabilities. Each individual must decide whether a particular feminist philosophy is appropriate and how it might be used. Further, one does not have to be a feminist to benefit from embodying feminism in a field such as therapeutic recreation.

In general, feminist viewpoints assume the importance and value of all individuals with a focus on women. For example, a liberal feminist perspective suggests that women deserve the same advantages as men (such as equal pay, a partnership in household activities, entitlement to leisure time and opportunities). A cultural feminist perspective assumes that women possess fundamental qualities (such as nurturing and caring) that need to be acknowledged and celebrated in the society. Socialist feminists

believe that women's social position needs to be elevated and that this elevation will not happen until institutions, such as schools and hospitals, change. Radical feminists suggest that many of the traditional assumptions in a patriarchal society need to be vastly changed and that women need to be put at the center of the analysis.

Regardless of which perspective may provide the basis for one's personal understanding of feminism, it is important to acknowledge the varied perspectives. One must also recognize the challenges to women and the resulting disadvantages encountered by women when issues of class, race, ethnicity, sexual orientation, motherhood, occupation, education, and physical/mental/emotional functioning are also aspects of their lives. Discussions of feminism today cannot draw conclusions about "women in general" from any one group of women's experiences but must use a variety of perspectives relevant to the varied and diverse experiences of women in any life dimension such as recreation/leisure.

The work of feminists related to any practice, such as providing therapeutic recreation, is not only to make women and gender issues visible but also to uncover hidden dimensions of women's lives and experiences that may have been suppressed, distorted, misunderstood, ignored, and/or trivialized. Hill (1990) suggested:

Feminist thought tells us that what we take for granted—our language, our views of morality, our sexuality, our spiritual practices, our communities, our ways of knowing, and our concepts of work and play are all based in fundamental ways on the experience of white men (p. 54).

Feminists seek to re-create a practice that will include all people rather than to oppress any individual, whether male or female. Most feminists acknowledge that it is not only females but also people who are not

white, middle-class, and heterosexual who are often invisible, or ignored, in our society (Brown, 1990). Further, only in the most radical perspective does feminism in any way imply "separatism." The world of males and females and gender relations is not going to go away; thus, an examination of feminist perspectives as related to client-therapist relationships and the gender issues encountered in a variety of therapeutic recreation settings with a diversity of clients in critical.

Components of Feminism and Therapy

Feminist perspectives have been applied to practice in a number of different professions such as social work, education, and counseling. This application of feminist perspectives to practice also has been embodied in research (e.g., Farnham, 1987; Fonow & Cook, 1991; Henderson & Bialeschki, in press; Stanley, 1990), teaching (e.g., Belenky et al., 1986; Culley & Portuges, 1985; Perrault, 1983), and therapy (e.g., Brown, 1990; Gray, Alterman, & Litman, 1988; Hill, 1990). While feminist therapy has been a concept discussed in the feminist literature for the past twenty years, the topic has typically not been taught in counselor/therapist educational programs. Most individuals trained in traditional therapy have found their training programs lacking when subjected to feminist analysis (Parvin & Biaggio, 1991). The evolution of feminist therapy has provided a framework that may be useful in discussing the client-therapist relationship and gender issues as they pertain to therapeutic recreation.

Feminist therapy is based on the assumption that sociological and cultural factors are related to behavior and mental health (Gray et al., 1988). The basis of feminism underlines the need to examine the effects of gender role stereotyping on women's and men's psychological development and to differentiate what the client has learned

to be socially correct (e.g., appropriate gender roles) from what might be personally and psychologically healthy.

Principles of Feminism Applied to Therapy

Feminist therapy does not result because a female therapist does it and it is therapy; feminist therapy occurs when a set of beliefs that encompasses feminism, held by either male or female therapists, guides one's work. Parvin and Biaggio (1991) identified six principles or "paradoxes" that an individual applying feminism to practice ought to address. First, the feminist therapist is not concerned about therapy strictly for the client but also for activism and advocacy as related to how society may need to be changed to empower all women and others who are oppressed. Second, feminist therapists acknowledge that their therapy is value-bound. The belief that most societal values are male dominated, capitalistic, classist, and conflict-engendering is necessary to assist women and men to make changes in their lives. Third, feminist therapists encourage individual choice but also offer advocacy for feminist principles such as equal opportunity for any oppressed group. Fourth, the feminist therapist does not see her/himself as an expert but as a consultant so the boundaries between the client and therapist are more egalitarian than in other forms of therapy. The therapeutic process is demystified with the client being knowledgeable, self-directed, and powerful in deciding therapeutic goals and treatment plans. Fifth, the feminist therapist does not always encourage conformity into a group but offers the client an opportunity to find balance between assimilation and personal differences. Finally, and related to the fifth principle, the feminist therapist encourages acceptable individual behavior which may not always be based on widely accepted group norms. The individual is allowed to make decisions based on personal

needs and interests and not on what society may have deemed as appropriate social roles.

From Feminist Theory to Feminist Therapy

The feminist focus on process and on gender issues guides the practice of feminism today applied to any number of professions. The original purpose of feminist therapy was to promote an understanding of women's experience within a social context and to construct nonsexist theories of female development. Feminist therapy today incorporates the meaning of gender for both males and females (Good, Gilbert, & Scher, 1990). The restoration of traditional concepts of gender role (e.g., males work for pay outside the home, females work without pay inside the home) is no longer a desirable outcome of therapy. Not only must the therapist be nonsexist in providing equal treatment, but she/he needs to understand the world from a gender perspective (e.g., what being socialized to be male or female means in the society). The injustices in personal and psychological development that occur for both men and women need to be examined as the client seeks to be understood within a societal context. This perspective implies that the therapist must examine her/his own attitudes and biases about women and men. Present feminist therapy also aims to encompass the diversity and complexity of women and their lives to a greater extent than current therapy does.

Miller (1986) suggested that we really do not understand something until we begin to change it. Thus, in talking about how feminism and feminist therapy might be applied to therapeutic recreation, a discussion of the possibilities is difficult unless accompanied by an examination of the specific implications for changing practice. When applying feminist therapy or feminism to therapeutic recreation, it is important to acknowledge that changes may need to take place in the

way therapeutic recreation specialists and educators think as well as in the way that some therapeutic recreation services have been addressed. Using feminist principles in therapeutic recreation does not imply that certain elements of feminism do not already exist in intervention strategies nor does the application of feminism suggest that females have been mistreated in therapeutic recreation programs. Feminism as applied to therapy offers additional ways of raising the consciousness of therapeutic recreation specialists and suggests how gender issues need to be incorporated into working with people with disabilities. Thus, feminist therapy may be transformative in addressing the principles/paradoxes described above and in incorporating expanded alternatives into therapeutic recreation specialists' work. Further, it may be useful to keep in mind what Hill (1990) suggested, "Feminist thought also tells us the process we use to create change becomes the change we create" (p. 57).

Understanding Women's Reality as a First Step in Applying Feminism

As has been described previously, working with females is not the only purpose of applying feminism to therapeutic recreation services. It is essential, however, to acknowledge the differences that may exist among women in relation to their socialization. These differences among women, coupled with the differences that may exist between males and females, make the application of feminism to therapeutic recreation complex. Indeed, the focus of therapeutic recreation on developing individual treatment plans underlines the acknowledgment of diversity among individuals. The application of a feminist therapy implies, however, that the differences are not just psychological but may also relate to broader sociological issues related to gender. In actuality, an understanding of women's reality and the differences among women from both psycho-

logical and sociological views may make the prescriptions and programs of therapeutic recreation more useful. The experiences of women may have direct implications to the types of therapeutic recreation services and therapies that can be applied.

When discussing women in general, the special needs of women who have permanent disabilities must also be considered. Deegan and Brooks (1985) suggested that women with disabilities are a minority group who experience multiple sources and forms of discrimination. A member of a multiple minority is anyone who is singled out from others in society for differential and unequal treatment because she/he is defined as a member of more than one group (Deegan, 1985). Being female and a person with a disability, thus, constitutes a multiple minority. As the reality of women is discussed and feminist therapy is applied to therapeutic recreation, it is also essential to consider how women with long term disabilities may be affected differently by gender issues than are some other women and men who do not have permanent disabilities.

Gender roles and socialization suggest that women are or ought to be caring and nurturing and these same gender role expectations also may make women dysfunctional in leisure (Henderson et al., 1989). The message that females may receive as they grow up related to gender roles is that women are frequently devalued, powerless, and often helpless. When these typical characteristics associated with women are then linked to a woman with a disability, problems with leisure may be compounded. Further, for a woman with a disability, a struggle may exist between breaking the traditional gender roles and wanting to conform to them so that the disability becomes less noticeable and disadvantageous. Some women with disabilities may overcompensate toward femininity rather than appear any more different than they perceive society to see them already (Fine & Asch, 1985). Obviously women have different levels of

consciousness about their lives, but the expected social roles and the frequent lack of recognition of women's worth by society in general may create problems concerning the importance of leisure in women's lives.

Therefore, the socialization experience that many women have had concerning the importance of leisure may be different than the ways that men have been traditionally socialized to value leisure. The gender roles into which women have been socialized often result in unique experiences related to a sense of entitlement to leisure, the relationship that a female has to "others," and the constraints that are placed upon women's leisure. These experiences are not mutually exclusive but each provides a set of examples that might be considered when working with women in various therapeutic recreation interventions.

Entitlement

To experience leisure to the fullest, one must believe that she/he deserves to have leisure. Many women do not have a sense of entitlement to leisure or they simply have not made leisure a priority in their lives. These women often find it difficult to believe they have earned the right to leisure (Deem, 1986; Green, Hebron, & Woodward, 1990). Further, when a disability is added to a woman's experience, she may be even less willing to claim the value of leisure. The lack of traditional roles that women with disabilities may experience, even though traditional social roles may be perceived as oppressive by some feminists, suggests self-estrangement and a powerlessness (Fine & Asch, 1985). Individuals with disabilities who have been indoctrinated with the work ethic and the sense of value based on work and family, may feel further guilt in undertaking leisure. Normality for women equated with family life and femininity often is more important than leisure.

For many women, the concept of leisure is misunderstood. Because women's defini-

tions of leisure do not necessarily conform to traditional definitions (e.g., as time or activity), this difference does not mean their lives are devoid of enjoyment and relaxation (Deem, 1986; Henderson & Bialeschki, 1991). Many women may not have acknowledged, however, the importance of leisure as a basic human right. Therefore, the therapeutic recreation specialist working with females must be open to a broad range of activities and undertakings that might be considered leisure aside from traditional structured activities such as arts and crafts, sports, and outdoor pursuits. Leisure for many women is "little things" like taking a quiet bubble bath, sitting down for a few minutes to read the newspaper, or chatting on the phone. The definition of leisure for many women is not based on traditional activities nor on having major blocks of free time. Entitlement to leisure may mean having "minute" vacations during the course of the day as well as having longer opportunities for chosen structured activities.

Even when women feel they deserve leisure, they may perceive little choice in making it a priority in their lives (Henderson & Bialeschki, 1991). One problem that therapeutic recreation specialists may have is to assume falsely that everyone wants leisure to be a priority in their lives. The goal of recreation as a purposeful intervention is to address the recreation skills, abilities, and needs of individuals and help them appreciate the value that leisure can have in their lives. Beyond the prescriptive potential of recreation for "recovering" from an illness or adjusting to a disability, helping women to learn to make choices about their leisure is essential. Making choices and addressing recreation skills, however, must take into account the gender roles to which women have been socialized. Leisure awareness through leisure education may provide a significant learning experience for facilitating leisure choices and for helping to make leisure a priority in a woman's lives given their social roles. Women need to know that they

have choices about what they do with their time. In relation to entitlement, they also need the support of others and a lack of constraints when they have an opportunity to make choices.

Women's Relationships to Others

Relationships to others is also closely related to entitlement to leisure. Most women have been socialized to focus on "giving." They have been taught to focus first on the needs of others and second on themselves (Henderson & Allen, 1991). As boys and girls generally are socialized, boys are taught to move away from dependency and girls are not. Girls are not necessarily taught to be dependent, but they are not encouraged as much to move toward independence. This socialization does not suggest that males do not have affiliation needs, but they are not encouraged to acknowledge these needs (Gilligan, 1982). Females are frequently socialized to believe that the needs of others must be met first before females can pay attention to their own needs. Some women find it difficult to do recreational activities "just for me." Therapeutic recreation interventions may only be effective if a woman perceives that by doing recreational activities, others will also benefit. Given the focus on others, one important consideration may be to determine if therapeutic recreation interventions such as assertiveness training create additional anxiety and reduce the potential for change because the training is inconsistent with the way some female clients have defined themselves in relation to others.

Many women develop and grow personally in a context of connection with others (Gilligan, 1982; Miller, 1986). The sense of self is based on maintaining affiliations and relationships. Further, the loss of connections is often considered a total loss of self (Miller, 1986). When a woman faces any kind of disabling condition, one of her greatest fears may be her perceived inability to

uphold the family and social roles that relate to others. The socialization and role expectations of women to put others first is a wonderful quality that many women possess; the guilt associated with not being able to put others first when one is disabled, however, is a difficult condition for women to overcome if they are to experience quality leisure. Thus, in addressing the leisure needs of women, the relationship that women have with others always should be carefully considered and examined.

Other Constraints Affecting Women

Additional constraints such as low socioeconomic status and safety issues that may affect women more adversely than men must be considered as feminist issues that can be applied to therapeutic recreation services. The low socioeconomic status of many women is evident in the statistics that women earn less than 70% of what men earn (Kutza, 1985). When the economic status of women with disabilities is examined, the figure is even lower than women in general or men with disabilities (Kutza, 1985). As Kutza (1985) further suggested, the economic effects of disability on women are greater especially if they have never worked outside the home.

Another constraint that may uniquely affect the choices that women make about leisure possibilities refers to safety concerns. Safety relates to feeling safe when doing anything, including therapy or an actual recreation activity, and includes psychological as well as physical security. The fear of sexual assault from going out alone at night or participating in activities by oneself is omnipresent in many women's minds. The psychological safety that women seek in not being harassed in public places also presents a problem for many women (Henderson, 1991). When physical or psychological fears for safety manifest themselves, anxiety will rise and a woman may be forced to choose a

different leisure behavior than is preferred or may become a "prisoner in her own home." Women with disabilities may be particularly vulnerable concerning safety because of a sense of helplessness or lack of control.

Nothing can be done by individual women about some of the constraints to their leisure. Addressing women's leisure and the reality of women has to do with changing women's social position in society as well as advocating for the rights of females with disabilities. Some of the constraints to women's leisure will need to be altered by social movements. In some cases, the providers of therapeutic recreation services, regardless of setting, will need to consider more fully the needs of women.

Additional Applications of Feminism to Therapeutic Recreation

Understanding the experiences of women is one dimension of applying feminism to therapeutic recreation and has major implications for the relationship that will exist between the therapist and the female client. In any area of therapeutic recreation, however, the principles of feminism also can be applied to both males and females when addressing broader issues of gender. Understanding individual and group behavior in a societal context that presents socialized messages about gender appropriate behavior (e.g., females should be "feminine" in their behavior and males should be "masculine"), for young people as well as adults, should be addressed in therapeutic recreation interventions.

When applying feminism to therapeutic recreation and seeking to enhance the client-therapist relationship, it may also be necessary to question the traditions of medical institutions. In clinical settings, the tendency of the medical model to encourage

professionalization and elitism has created a schism for applying feminism to therapy. While the traditional medical model is clearly hierarchical, other models (e.g., ecological) are more conducive to the applications of feminist principles. The model alone, however, will not guarantee that feminist perspectives can be applied to practice. The consciousness of the therapeutic recreation specialist is essential if feminist principles are to be reflected in the client-therapist relationship.

If institutions and individual therapists are to be cognizant of the needs of women and the implications of feminism, changes may need to be made in the way that therapeutic recreation specialists function. Feminist principles of demystifying the therapeutic process, values-based therapy, learning and individual choices, therapists as consultants, and therapists as advocates should not be difficult to encourage and implement within therapeutic recreation settings.

Several specific suggestions can be offered to raise the consciousness and provide guidance to therapeutic recreation specialists who apply feminism in their client-therapist relationships. One way that the therapeutic recreation process may be demystified and clients can learn to make individual decisions is to provide opportunities for them to practice assertiveness. Although a common intervention in psychiatric settings, assertiveness training has implications for all individuals with disabilities. For many women especially, assertiveness is not something to which they have been socialized. For an individual who is disabled, assertiveness may be even more difficult (Kolb, 1985). If individuals with disabilities are to be involved in their own individual change or in social change in general, opportunities for learning to identify and assert their interests and needs should be available. In all cases, clients need to be active and not passive in addressing their leisure needs.

When working with females in particular in a therapeutic setting, the focus most likely to work is an emphasis on "connection," how an individual relates to others. To understand leisure and the world in which one lives, a person must see the interconnections that exist. Examining values and making choices based on having as much available information as possible is important. Women and men with disabilities will often evolve their own patterns of education, work, and leisure if given the latitude and encouragement to examine and explore aspects of their lives.

Leisure is a value-bound phenomenon. Beliefs about leisure emerge from socialization in a society that defines and describes the role that people have in relation to leisure. Therefore, addressing leisure preferences and constraints is linked to an individual's gender and social roles. A therapeutic recreation specialist will need to assist individuals in coming to terms with personal leisure values as well as the meaning of leisure in relation to gender and/or disability. The process of addressing values of leisure and gender requires that the therapist examines her/his own beliefs and helps clients develop both affective and cognitive skills related to leisure decision-making.

Learning is a key to successful therapeutic recreation interventions. If clients or participants do not learn about themselves and ways to incorporate leisure in their lives, the benefits of therapeutic recreation will not be achieved. Sometimes learning is difficult especially if one is confronted with uncomfortable issues. For example, coming to grips with the *multiple minority status that women with disabilities may face is difficult*. Once it is acknowledged, however, then growth may begin in understanding the potential empowering aspects of leisure. Further, as Belenky et al. (1986) suggested, the collaborative model for learning works the best, particularly for women. Just as the principles for feminist therapy encourage in-

dividualism and decision-making, the ways that women and men learn best in an educational or therapeutic setting appears to be related to a cooperative and self-directed model.

The role of the therapeutic recreation specialist in embodying feminist principles is to work not as an expert but as a consultant to people with disabilities. Both the therapist and the client are seen as change agents. Therefore, the relationship between the client and therapist is lateral rather than hierarchical. The therapist may need to unlearn certain biases and behaviors that exist in the medical model and replace this model with a collaborative approach. Feminism refutes assumptions of dichotomous relationships and suggests that the connections, the working together, and mutual respect can be more important in therapy than expert knowledge. For example, affirming women and their experiences is critical to understanding the lives of women and in identifying opportunities for leisure that may lead to personal empowerment. Listening, on the part of the therapist, may require breaking through learned silences where women have not been conscious of their own needs except in relation to others. Further, the therapeutic recreation specialist working with women especially, will need to acknowledge and respect the experience, nurturing, interaction, and cooperative qualities into which many women have been socialized.

Finally, a therapeutic recreation specialist who wishes to embody feminist principles and practices and who is concerned about individuals and their leisure rights has an advocacy role to play in the community beyond individual therapy. For example, the fact that women get paid less than men severely restricts the options that women may have for leisure. Therefore, the therapeutic recreation specialist applying feminist principles might want to become involved in addressing these issues of pay eq-

uity through advocacy in community integration as well as in addressing the larger political system.

Toward Empowerment

Empowerment is ultimately the outcome of both therapeutic recreation and feminism. Empowerment, according to Wimbush and Talbot (1988) offers an individual the ability and capacity to control her/his own activities, to be taken seriously, and to redefine elements of the world according to her/his own terms and values. For women in particular, power is a concept that has not always been associated with their lives or their leisure. Power is the capacity to implement the abilities that one has (Miller, 1986). One can empower oneself without diminishing the power of others. If women and other people with disabilities are to experience leisure, they must find ways to utilize their abilities as human beings. People in general, including women with disabilities, need to be given the opportunity to challenge their socialization and create new options (Fine & Asch, 1985). New roles and new role models advocated by feminists may be useful to understand the relationship between gender and leisure. Disability and/or gender should not determine the leisure choices available to an individual.

The basic stance of therapeutic recreation suggests that the client needs to acknowledge and regain the ability to make decisions. A feminist approach to therapeutic recreation and a cognizance of the rights and needs of all people, but particularly females can help to make therapeutic recreation more meaningful in some cases. For those males and females who have never had a sense of entitlement to leisure, providing recreation therapy may be challenging. Individuals who have been outside of the mainstream of society have frequently not experienced the possibilities of leisure for empowerment. Ultimately therapeutic recreation specialists want their clients to find a

"leisure of one's own." Much is yet to be learned about the potential meaning of leisure for women and for people with disabilities. The use of feminist principles applied to therapeutic recreation and an awareness of gender issues may provide additional insights for therapeutic recreation specialists as they collaborate with clients in exploring the quality of life offered through leisure.

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