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2005

# The discursive and therapeutic limitations of psychotherapy: Obscuring power issues?

Colleen Heenan  
*University of Bolton*

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Heenan, Colleen. "The discursive and therapeutic limitations of psychotherapy: Obscuring power issues?." (2005).

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**PAPER FOR BPS QUINQUENNIAL CONFERENCE 2005 (Manchester)**

**The Discursive & Therapeutic Limitations of Psychotherapy: Obscuring  
Power Issues?**

**Purpose:** This paper highlights and explores the discursive and therapeutic limitations of psychotherapy in dealing with issues of power and difference. In order to do this I focus on the difficulty of exploring issues of race and sexuality in a feminist psychodynamic eating disorders therapy group.

**Background:** Despite feminists' critique of psychoanalytic constructions of gender, object relations has been combined with critical theory to further understanding of women's gendered relationship with their bodies and food. In addition, 'feminist' psychotherapy has been regarded as a means to implement personal and political change. However, in promoting this approach, feminist object relations theorists have failed to deconstruct their own ideas.

**Methods/Key Points:** In theorising eating disorders as both social produced and constructed, feminists' concentration on women's oppression has obscured differences between women. The result is a hegemonic notion of 'woman' and 'women's bodies' as white and heterosexual. In turn, psychodynamic psychotherapy's individualistic focus on personal emotions limits exploration of how salient aspects of subjectivity are constructed - in particular sexual orientation. Taking a discursive position in relation to material from an eating disorders group psychotherapy offers ways to think about these issues not usually available to clinical practitioners.

**Conclusions:** While feminism and psychoanalytic theory have provided insights about subjectivity and power, a failure to critique the assumptions underlying these modes of analysis functions to reproduce and maintain privilege. This has implications for clinical practice in making it difficult to satisfactorily address issues of difference as well as to question notions of normality.

In this paper I introduce and briefly explore some of the dilemmas I believe psychotherapists need to address in order for to think more inclusively about issues of power and difference. I am going to use ideas stimulated by a clinical research project I carried out with women who have eating problems. However, for the purposes of this paper, the subject of eating disorders is simply a focal point for my discussion. When I started this project in the 1990s my intention was to explore how I could incorporate more of a feminist perspective within my psychodynamic framework in order to redress the lack of attention to the gendered context of intrapsychic issues. While there remains an ongoing need to attend to this, my agenda today is to think further about issues where power and difference constellate; that is, race and sexual orientation. This is not to construct some kind of hierarchy of oppression, but to attempt to acknowledge and address some of the complexities of human subjectivity. My concern is that focusing on gender as the salient issue in relation to women's bodies, reproduces and maintains some of the power relations feminists seek to disrupt. However, just as I use the subject of eating disorders strategically, my intention is not to discredit feminists' contribution to psychotherapy, but to use this as a starting point for further interventions.

Concerns about body appearance and food consumption are central to women's subjectivity on a worldwide basis (Nasser, Katzman & Gordon 2001). The female body has long been a site for expressing the gendered tensions of contemporary western subjectivity where thinness is idealised and fatness is hated. Amongst other feminist theorists, MacSween (1993) pointed out that the ever changing corporeality of women's bodies, through menstruation and pregnancy, presents an antithesis to the rational desire of modernity, to 'know everything', of 'mind over matter'. From a psychoanalytic perspective, Orbach regarded these

feelings as unconscious processes arising within a culture in which women's fertile and powerful bodies are both envied and feared. She summarised this theme as a kind of 'mass internalized misogyny' (1985:89), wherein infantile anxieties about being able to control the mother, through her body, become externalised and projected onto women's bodies wholesale, as something to be feared and controlled.

In their 1994 text, 'Eating Problems', Bloom et al from the New York Women's Therapy Institute offered a unique combination of critical and psychoanalytic theory to explicate how aspects of consumer culture enter into unconscious processes. Their argument is that consumerism is part of the 'relational matrix', a form of "maternal" matrix to which individuals consciously and unconsciously attach' (1994:xiii). This argument derives indirectly from Michel Foucault's discursive analysis of the ways in which modern societies 'subjectify' the individual through the ongoing process of investigation, pedagogy and examination. Foucault (1978) uses the concept of 'panopticons' (the design of prisons so that the inmates can always be observed) to describe how the private and public observation of self and other functions to construct and maintain particular notions of the self (Smith 1988). In this way, the modern citizen participates without coercion in a culture of discipline wherein power is not imposed from above but emerges through these 'subjectifying' procedures. The private concerns of the inner body, expressed as both physical and mental health, become a vehicle for participating in public life, in what can be thought of as a 'project of the self' (Featherstone 1991).

Susan Bordo eloquently describes how the feminine body is produced through specific disciplinary practices (1998, 1990a & b, 1993) such as size and shape control, control of movement and posture, while also providing an 'ornamental surface' (Bartky 1988:64). As Sandra Bartky suggests, 'In contemporary patriarchal

culture, a panoptical male connoisseur resides within the consciousness of most women: they stand perpetually before his gaze and under his judgement' (p.72). Moreover, as the experience of subjectivity depends on not just what one knows, but 'knowing what to do' (Bartky 1988:77), the insidiousness of modern discipline is that it provides the means for a sense of accomplishment, of being in control, of identity. Therefore, transgression brings with it the threat of 'loss of identity', of de-skilling and of nowhere to 'publicly' carry out one's life. Bloom et al argue that with regard to women's gender identity formation, 'a little girl's mandate to appear (rather than to act or be) and to focus on her appearance is confirmed as intrinsic to her being and equal to being an adequate female' (Bloom and Kogel 1994:49) (my emphasis). Bloom et al put forward a compelling psychosocial explanation (see Greenberg and Mitchell, 1983) of how women come to blame themselves for their feelings of failure in living up to 'the beauty myth' (Wolf, 1991), using Fairbairn's notion of 'moral defence'. The authors remind us of the failure rate inbuilt into reduction dieting which leads to additional 'work on the body' and additional 'work on the self' - both of which offer women gender-specific means to perform their subjectivity and keep attached to consumer culture.

Bloom et al's work is extremely useful in interweaving ideas from critical theory within a psychodynamic framework in order to understand how the gendered tensions within contemporary western society get acted out through women's bodies. They also provide psychoanalysis a much-needed way of shifting emphasis away from mother-blaming as, without denying the importance of early relations, the authors are able to embed these so-called private relations in their social context. However, here I want to explore some of the ways in which this feminist framework could be further revised. I doing this I am not attacking their work, nor positioning

myself as someone who has 'got it right'. One of the difficulties of texts such as 'Eating Problems', is that focusing on the issue of differences between women and men obscures assumptions that 'woman' is white, eurocentric, heterosexual, middle class and able-bodied. This results in reproducing particular norms and making universal claims about 'woman' and about women's bodies. Further, it also sets up a framework in which minority group women are always positioned as 'other'. This replicates implicit notions of 'normality', as well as to alternatively pathologise, or regard as special or even 'exotic' what differs. I'm sure there is no need to recount the ways in which these responses mirror gendered power imbalances.

Thompson (1994) takes up some of the implications of making universalistic claims in relation to the subject of women and eating disorders. First, not only does privileging gender exclude race, class and sexual orientation as equally important factors, it also skew notions of prevalence as well as the epidemiological profile of eating disorders; for instance, by presuming that 'other' women are less likely to be affected by the impact of the 'culture of thinness'. As such, large numbers of studies may simply reflect particular populations of women. Thompson argues that '[t]here is no monolithic "American" culture: the messages girls receive about body sizes and eating are shaped by ethnicity, nationality, class, race, and individual family members' personalities' (1994:371). The ways in which culture is understood and introjected cannot be dominated by theories of gender as this is only one salient factor. Intra-cultural variations in parenting suggest a need to rethink ideas about socialisation as a singular process (see, for instance Nakano Glenn, Chang and Rennie Forcey, 1994). In this sense, it is not simply enough to think about particular clients' 'special' circumstances – as black women, Asian women, lesbians or disabled women, for instance. This amounts to what Espín describes as 'add[ing]

women of color and stir[ring]' (cited in Brown 1994:64); that is, it belies the ways in which white women continue to position 'other' women as 'different' in relation to the norm of whiteness or heterosexuality or other privileges.

Trepagnier (1994) notes one further implication of privileging sexism over other oppressions, which is that white women do not then have to think about the ways in which we benefit from upholding the order. So, for instance, although women in general may feel coerced and constrained by 'the beauty myth' (Wolf, cited in Trepagnier 1994:201), Trepagnier reminds us that because this myth is based on the norm of whiteness. Further, she argues that white women may actually benefit by participating in the 'disciplines of femininity' (Bartky, 1988); that is, while white women may be both enticed and rejected by 'the beauty myth', they are at least being offered the chance to become 'real' women through social practices. In contrast, black women are simply being offered the chance to become 'more like white women' (Joseph and Lewis 1981, cited in Trepagnier 1994).

I now want to talk about two examples from my eating disorders therapy group to demonstrate how privileging gender and heterosexuality limits ways of understanding and articulating how aspects of privilege and exclusion operate in a clinical context. This was a short term (20 session) group I set up in the NHS in 1992 (as part of my PhD research), for women with eating problems – anorexia, bulimia and compulsive eating (ratio of 1:1:6). The model for the group was based on my adaptation of Susie Orbach's 'Fat is a Feminist Issue' (1988). It may help to know that while I was running the group as a therapeutic intervention, my retrospective analysis about the process drew on post-modern and post-structural thinking, attempting to deconstruct theory and clinical practice.

I was very conscious that the group was dominated by white women and I took particular care to explore the fears of the one African Caribbean member who I will call 'Hannah'. Not surprisingly, the white women were quite sensitive to 'Hannah's' upset about bingeing and her failed attempts at dieting, and were able to identify with her struggles. They strove to emphasise that: 'we're all the same love, underneath it all'. Indeed, when it came to discussing her difficulties with and despair about African Caribbean men in a context where she might realistically expect both overt and covert racist responses, the white women offered the same soothing refrain – 'I know just how you feel, my husband/father/brother is just the same' – or 'it doesn't matter what the colour, men have a lot to answer for'.

While having some private misgivings at a therapeutic level about the rush to eradicate issues of difference, I metaphorically patted myself on the back that the group had been able to facilitate Hannah's understanding of the links between her particular eating difficulties and her troubled relationship with her son's father. In turn, she was able to draw on the group's support in helping her deal with parenting her son almost exclusively on her own. While Hannah did benefit from therapy, I now want to reflect on why, as the (white) therapist, I so easily located 'difference' and 'inequality' as belonging to her. At the same time, I failed to develop a dialogue amongst the white women about their/our positions of power, and how these were implicitly articulated within ideals of beauty. As such, I missed an opportunity to facilitate the exploration of how privilege functions at both an intra-psychoic as well as social level. In hindsight, I believe my actions contributed to maintaining the dynamic of positioning the minority group member as different and special.

The second example I want to discuss concerns another issue of privilege, that of heterosexuality. While Bloom et al's idea that eating disorders are framed by



the underlying paradigm of a desire for more, accompanied by a need to restrain the desire (1994), I think that in some respects, the reason desire (for anything) so disturbed some of the women in the therapy group was because it was fuelled by an underlying sense of dissatisfaction with their heterosexuality. This was accompanied, not surprisingly, by feelings of hopelessness about the possibilities of change. Power imbalances in heterosexual parenting arrangements were certainly key factors in exacerbating and maintaining some of the women's eating difficulties and in turn, the disorders had a function in maintaining and reproducing these arrangements.

Unfortunately, my attempts to challenge the dynamics of these relationships were met with incredulity. The only way in which it seemed this matter could be taken up was in challenging the individual expectations the women had of themselves and their male partners in their current parenting arrangements, in the context of its impact on their relationship to food and body weight. Not surprisingly, these women were overwhelmed with the enormity of the fundamental psychological, as well as social rearranging, that would have to occur for their heterosexual relationships to be more satisfying to them. In addition, their actions functioned to maintain their identity as heterosexual women and maintained the status quo of their heterosexual relationships. One of the reasons I believe it was so difficult to articulate, let alone question aspects of sexuality in this context is that heterosexuality was so 'taken for granted' that its status did not come into question – much like the issue of white skin colour. However, I think the individualistic focus of psychotherapy meant that heterosexuality was subsumed within the wider notion of 'relationships', or 'marriage', or 'men'.

I am not suggesting that these women's sexual orientations were necessarily

confused; my point is that a psychodynamic framework constrained ways of questioning their identities to those that existed in terms of the possibilities available to them as heterosexual women. Indeed the fact that the issue of heterosexuality became framed discursively in my thinking says a great deal about my dual role in the group as a researcher and therapist. In turn, the fact that I never articulated sexual identity as a site for intervention, in the group, says something of both the limits on what can be questioned and explored in therapy, as well as the cultural taboos which inform psychoanalytic theorising. Moreover, the lack of discussion in the therapy group about sex itself perhaps belies the way in which, by positioning heterosexuality as an identity rather than a sexual act, talk about it becomes de-sexualised. In addition, it could also be suggested that one of the fears of desiring more from each other and myself may have been because of fears of underlying erotic feelings towards other women. O'Connor and Ryan (1993) must be credited here as those authors who have deconstructed the heterosexual bias of psychoanalysis – and feminist therapy.

I have used these clinical examples strategically in order to demonstrate the need for psychotherapists to think more carefully about the complexities of power and difference, whether it be gender, race, sexual orientation – or any number of 'differences'. While feminist and psychoanalytic theories have provoked a wealth of insights about various aspects of subjectivities, they fail to critique the assumptions that underpin their thinking. In this paper I have briefly touched on two aspects of this – first, the maintenance of difference through what Burman, Gowrisunkur and Shangha (1998) describe as the practice of 'racialising' the other'; second, the individualistic and heterosexual bias of psychoanalysis that constrains what can be thought about and articulated within therapy. Rather than enabling exploration of

what has been termed 'intersectionality' (Burman, Fernandes) or the interaction of power and difference, instead both function to retain notions of 'normality' – something both feminists and psychotherapists – well, many psychotherapists – seek to challenge.

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