

due to women's revaluing of their status and rights in society, change was irresistible and undeniable. Women first changed the workplace and union by challenging the rights of managers and their male co-workers to control how they worked. In recent decades, women have changed the workplace by challenging where women work, and the pay received for that work. Women have taken stronger participation and leadership roles in the union. This contributed to making change happen.

This book is strongly recommended reading for students of labour relations, people working in the area of labour relations and for those who want to understand the process of change in society and its impact in the workplace and unions.

This is a story of one union's and one industry's struggle with gender politics. The story is well told and, though historical in nature, told in a manner that is lively and interesting. Information provided in the book is based on solid research and sensitive analysis. Ms. Sugiman's point of view and approach are original and daring. A thorough analysis is provided through tracing a group of women's lives. This approach is fresh and adds flavour and personality to the analysis.

---

---

**Bonnie Burstow**, *Radical Feminist Therapy: Working in the Context of Violence*. Newbury Park: Sage Publications, 1993, 301pp. US\$24.95 (paperback).

Reviewed by Carolyn Campbell  
*Maritime School of Social Work*  
*Dalhousie University*

In the introduction to her book, writer, activist, therapist and teacher Bonnie Burstow states: "Violence against women is central to our existence as women and as such is an issue that we can no longer afford to marginalize" (p. xiv). *Radical Feminist Therapy: Working in the Context of Violence*, offers an in-depth exploration of the implications of this thesis as it relates to therapy with women. In the first four chapters of the text, Burstow offers an explanation of the theoretical perspectives that "combine to shape the understanding and guidance offered" (p. xv) throughout the text. The remaining ten chapters illustrate the implication of these perspectives in relation a wide range of therapy situations.

Motivated by a unique analysis of the problems and shortcomings of much of current feminist therapy, especially as it relates to psychiatric theory and intervention, Burstow grounds her work in the broad perspective of structuralism. The tenets of radical feminism, radical therapy and

anti-psychiatry are all encompassed within this broad perspective which is, in turn, tempered by an existentialist understanding of human freedom.

Burstow presents the foundation of radical feminism as the analysis of the oppression of women via the objectification and exploitation of our bodies and minds. Citing both the physical and labour exploitation of women, the specific nature of women's upbringing and the strength of society's concerted efforts to divide women from each other, she concludes that *all* women internalize oppression as a result of living in such a patriarchal society. The problems in living which many women experience are then seen as a result of these structural factors and as an expression of internalized oppression.

Burstow explores the potential of radical feminist therapy to problematize, co-investigate and deconstruct the effects of this internalized oppression. Categorizing this deconstruction as "empowerment work", she presents three themes which should guide empowerment work with individual women. While emphatically stating that the client must always be in control of the content, speed and process of therapy, Burstow sees it as essential that therapists understand and focus on the oppression[s] experienced by each individual client, learn how the client internalizes these oppressions, and discover and validate the modes of resistance that the client has chosen.

Burstow offers concrete suggestions for the implementation of these themes in relation to a wide range of problems women many face. Specific chapters address issues such as race, sexual orientation, abuse, troubled eating, self-mutilation, drinking problems and childhood sexual abuse. Although this coverage is fairly comprehensive, one notable lack is any discussion of age as a specific locus of oppression for women. Given the subordinate position of girls and young women, and our society's fear of aging, this omission is surprising.

Burstow's intervention suggestions are consistent with her central thesis that varying degrees of physical, emotional and sexual violence and oppression are the common experience of all women. When discussing work with women who are disabled she considers the physical exploitation of all women:

empowerment counselling with disabled women begins with an understanding of the situation of disabled women in our society. Such an understanding in turn brings us back to the body, its function, and the social constructs and meanings in which bodies exist. (p. 92)

Similarly, her work with survivors of childhood sexual abuse is grounded in the belief that all women have experienced some form of childhood sexual abuse (which she conceptualizes as a continuum of behaviour ranging from occasional sexual comments to extreme ritual abuse):

the foundation for work with adult survivors of childhood sexual abuse is an understanding of the childhood sexual abuse that is our common plight as women" (p. 113)

Her commitment to reframing so-called pathological behaviour as an indication of women's strength, coping and their will to survive is clearly evident. When discussing women who mutilate she stresses that we must see, and validate, such behaviour as an act of resistance. "Whatever we may feel about what is occurring, it is wonderful that this unvalidated woman has found a way of validating her humanity" (p. 194). Understanding women's problems with eating as an expression of the oppressive ideology of "Woman As Body", Burstow sees an individual woman's decision to restrict her eating as follows:

This is resistance — an insistence on scope and freedom. The sexist blight needs to be acknowledged. And the importance and value of that resistance need to be affirmed. At the same time, it is critical to help our anorexic sister redirect her resistance to the outside world. (p. 209)

The linkage of radical feminist therapy with an anti-psychiatry stance is one of the unique aspects of this text and may likely be the most controversial. Although other feminist writers have been critical of psychiatry's treatment of women, few have presented such an uncompromising condemnation of the very essence of psychiatric theory and practice. Stating that: "Psychiatry has no viable scientific or even conceptual foundations" (p. 21), Burstow invites feminist therapists to publicly declare themselves as being anti-psychiatry, to avoid any involvement in agencies that are not prepared to question psychiatry, and to resist any co-operation with the psychiatrizing of clients.

The strength and clarity of Burstow's convictions leads, at times, to categorical statements which may invoke a resistant response from the reader, especially a reader unfamiliar with such a political analysis. Such statements could have benefitted from further support and seem to deny the possibility of any alternative perceptions or explanations. For example, when discussing the concept of woman as object she states that the "objectifying stance on which all this is based is celebrated as the scientific method and seen as the *sine qua non* of human progress" (p. 3). Although such a conclusion has been well supported in a variety of other writings, further explanation would have been useful at this point.

Stating that the "patriarchal father-daughter relationship exists on what might be described as an *incest continuum*" (p. 13), Burstow seems to deny any possibility of the existence of a healthy father-daughter relationship. The intra-psychic development of father-daughter and mother-

daughter relationships that is postulated by Burstow is, in my opinion, not well supported.

Similarly, in the chapter about working with lesbian women, she states that all women are attracted to other women. Is this always true? Again, when discussing mutilation, she describes any intervention attempts on the part of professionals as an excuse to intrude on women's freedom of choice. Are there no other possible explanations for such intervention?

A beginning understanding of a structural perspective often leads to the tendency to simplify the analysis and to see the world as consisting of victims and oppressors, with little overlap between the two groups. Presenting women's behaviour as a function of internalized oppression leaves open the possibility of a uni-dimensional conclusion, seeing women only as helpless victims. Burstow's understanding is not simplistic and she counters this conclusion by consistently stressing women's strength and resistance. However some discussion of how women's behaviour is also influenced by their roles as oppressors would have been helpful. Women are *not* oppressors in relation to men, but white women can internalize racism, heterosexual women can internalize homo-phobia, able bodied women can internalize ableism, etc. These oppressor scripts also influence women's lives and a structural analysis of the resultant behaviour would have been enlightening.

In an excellent article<sup>3</sup> written shortly after the publication of *Radical Feminist Therapy*, Burstow states:

Feminist therapy, like all therapy, has overstated the importance of therapy. Curiously, there is an assumption floating around . . . that people really do "need" therapy . . . people *do not need therapy*. Therapy is a professional intervention — not a basic human need. (p. 22)

In this article Burstow laments that the "feminist" in "feminist therapy" is getting lost and challenges feminists to be vigilant in keeping the political context of their work at the forefront. The article is an excellent critique of the therapy industry and it is disappointing that such a critique was not presented within *Radical Feminist Therapy*. The inclusion of such a chapter would have done precisely what she is asking therapists to do in their work with women — situate their work and struggle in the broader political context, in this case the political context of therapy itself.

Feminist writer and activist Robin Morgan, in speaking of her attempts to challenge the sexism within the left movements of the 1960s, commented that she was often accused of "going too far".<sup>4</sup> Many would say that Burstow's book does just that — goes too far in her condemnation of psychiatry, goes too far in her analysis of women's oppression, goes too far in her insistence on client self-determination. However, I found Burstow's book both helpful and challenging and would highly recommend it

to anyone seriously interested in feminist therapy. I, for one, am grateful she has "gone too far".

NOTES

1. Bonnie Burstow, "Problems in Paradise: Feminist Therapy and The Women's Movement(s)," *The Womanist*, 4 (Spring 1993), pp. 23-26.
  2. Robin Morgan, *Going Too Far: The Personal Chronicle of a Feminist* (New York: Vintage Books, 1978).
- 
-