# Chapter 7
# FAP and Feminist Therapies: Confronting Power and Privilege in Therapy

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> *My schooling gave me no training in seeing myself as an oppressor, as an unfairly advantaged person, or as a participant in a damaged culture. I was taught to see myself as an individual whose moral state depended on her individual moral will. My schooling followed the pattern my colleague Elizabeth Minnich has pointed out: whites are taught to think of their lives as morally neutral, normative, and average, and also ideal, so that when we work to benefit others, this is seen as work that will allow "them" to be more like "us."*
>
> (McIntosh, 1988, p. 1)

The quote by McIntosh (1988) reflects a theme that weaves together this chapter on Functional Analytic Psychotherapy (FAP) and feminist therapies. Briefly, psychotherapy is comprised of a series of social encounters fraught with sources of behavioral influence that are subtle, indirect, and generally undetectable by those involved. We will examine the characteristic sources of influence on social behavior (Biglan, 1995; Glenn, 1988; Glenn & Malagoid, 1991; Guerin, 1994; Parott, 1986; Zimmerman, 1963) and make the case that their role within the therapeutic process should be of interest to therapists. As therapists we inevitably bring with us distinctive characteristics that identify us as members of social groups including, but not limited to, our race, ethnicity, gender, and socio-economic class, and we work with clients of different races, ethnicities, genders, and socio-economic classes. The social group memberships of the therapist and the client are inseparable components of the emergent therapeutic context. In this chapter we will explore how social group memberships participate in the therapeutic context and the influences of these on the emergent therapeutic relationship. McIntosh's above quote highlights our theme by alerting us that markers of our memberships in social groups can work their way into the context of the therapeutic encounter silently and invisibly, potentially impacting our behavior and our clients' behaviors in ways we had not imagined.

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As McIntosh suggests, it is entirely possible to be unaware of how we contribute to a context that confers unearned advantage to some based on sex, race, immigration status, sexual orientation, or physical or mental health abilities. She also makes us aware that it is possible that our views of what constitutes "normality" and the ways we work with others to help alleviate suffering may lead us to act in ways that perpetuate and promote one privileged view of normality to the detriment of other people whose realities are different from our own. The other person's reality remains invisible because, as Caplan (1995) reminds us, "the people who have the greatest power to impose their views of reality on others are those who are most likely to uphold the majority view of reality and normality" (p. 50).

McIntosh's quote also touches upon the concepts of power and privilege, processes that perpetuate certain views of reality as "neutral, normative, and average" (McIntosh, 1988, p. 1). Many of us have received little, if any, formal training or practice in identifying instances where power and privilege are operating as sources of behavioral influence. If we have learned to become aware of the influences exerted by power and privilege on behavior, we likely have not been taught how we can challenge it. We argue that as therapists we should become aware of power and privilege in the therapeutic context because without intention or awareness we may be engaging in behaviors that promote inequality and injustice at the expense of our clients. Further, our unintentional promotion of oppressive practices may produce iatrogenic effects for clients, violating the ethical mandate of doing no harm.

Feminist theories and therapies grew from an acute awareness of the systemic nature and daily effects of social injustice in people's lives and a passion to change societal imbalances. Feminist theories can be successfully integrated with behavior analysis (cf., Ruiz, 1998) and we propose a similar integration of feminist therapies with FAP. In this chapter we will consider ways that the contextual and systemic awareness fostered in feminist therapies can contribute to and enhance the practice of FAP. We discuss the constructs of power and privilege from a behavior analytic perspective and present a functional analytic view of these processes that can clarify our understanding of how they function and suggest ways to counteract their influence. Finally, we propose an alteration to FAP case conceptualization that will increase the salience of sociopolitical factors in the therapeutic relationship and aid therapists in identifying and working with issues of power and privilege both within and outside the therapeutic relationship to advance the therapeutic process.

## Feminism and Behavior Analysis: Complementary Systems

Ruiz (1995) has discussed at length the points of convergence between the feminist perspective, broadly defined, and behavior analytic science. While the feminist community is highly diverse (cf., Herrmann & Stewart, 1994; Kirk & Okazawa-Rey, 1998; Reinharz, 1992), the orienting assumptions that guide feminist work and the themes woven through feminist discourse converge with the philosophical and conceptual terrain of radical behaviorism as articulated by Skinner (1945, 1953, 1969,

1974, 1978). For example, behavior analysts and feminists adopt a contextualistic view of behavior and reject psychological approaches that fail to take into account the conditions of people's lives. The two communities agree that scientific knowing is a relational process and reject the notion of the scientist as a privileged knower that is separate from the participant. That is, the perspectives the scientist brings to her work are important considerations given the social nature of scientific knowledge. Therefore, unlike models of science that search for universal and transcendental truths, feminists and behavior analysts agree that scientific work is a practical matter that aims at establishing effective solutions for the problems within a given context. The reader familiar with FAP will recognize elements of the foregoing discussion as "the conceptual foundations of applied behavior analysis [that] form the theoretical underpinnings for FAP" (Kohlenberg & Tsai, 1991, p. 7).

For years feminists have expressed the need for a feminist epistemology (Aebischer, 1988; Banaji, 1993; Harding, 1986; Marecek & Hare-Mustin, 1991; Unger, 1986) grounded in the experiences of women and other marginalized groups. Keller (1985), for example, has exposed the invisible but pervasive impact of gender ideology in science reflecting its masculinist perspective. As a result others have called for "woman-specific" knowledge (Aebischer, 1988) or feminist standpoint epistemologies (Harding, 1986) that recognize women's experiences as distinctly crucial in the development of alternative perspectives in science. The essential features of feminist epistemology include placing women at the center of inquiry, reducing or eliminating the boundaries between the scientist (knower) and the participant (known), and employing knowledge to challenge the subordination of women and other social groups marginalized on the basis of race, class, ethnicity, or other distinctions (Fee, 1986). Above all, feminist epistemology encourages the scientist to, in Keller's (1985) words, "listen to the material rather than assuming the scientific data self-evidently speak for themselves" (p. 134) because, she reminds us, the "data never do speak for themselves ... [as] all data presuppose interpretation" (Keller, p. 130).

In calling for a merger of feminist psychology and behavior analysis, Ruiz (1998) has noted the nature of transformative research that could emerge from the fusion. One such area is the study of gender as an "epistemological system" (Kaschak, 1992, p. 35). The behavior analyst's conceptual and methodological tools could be useful in this quest. One tool is the behaviorist's understanding of self-knowledge as being of social origin. Skinner (1974) stated,

> It is only when a person's private world becomes important to others [in the verbal community] that it is made important to him ... A person who has been made "aware of himself" by the questions he has been asked is in a better position to predict and control his own behavior (p. 31).

This understanding of self-knowledge and the focus of the analysis on the contingencies in the verbal community in its development may yield insights on the functions of gender (or race, class, sexuality, and other categories) as social and verbal classes. Moreover, a behavioral analysis of invisible social contingencies of discriminatory cultural practices and interpretive repertoires (see Hineline, 1992; Ruiz,

1998) of dominant (controller/scientist/therapist) and non-dominant (controllee/participant/client) participants in social encounters (work setting/scientific research/therapy) may reveal useful information on the functional dynamics of power and privilege.

## Feminist Therapies: A Brief Introduction

Feminist therapy emerged partially as a result of the consciousness-raising groups that arose within the women's movement of the 1960s and 1970s. In addition, feminists' criticisms of traditional therapy methods inspired the development of a therapy that was thought to better address the needs of women. Contemporary feminist therapy encompasses a wide variety of approaches. Unlike traditional forms of therapy, it does not have a standard, agreed-upon definition. It is a set of values or attitudes rather than a standard set of techniques or procedures. In fact, Marecek and Kravetz (1998) concluded

> Uniform standards of feminist practice would be nearly impossible to achieve. Just as there is no single definition of feminism nor one kind of feminist, there is no single meaning of feminist therapy, but rather a multiplicity of ideas about principles, processes, and therapy goals. (p. 35)

Despite the variability in forms of feminism and feminist therapy, several themes have been identified, including the importance of addressing sociopolitical factors, a focus on maintaining an egalitarian therapeutic relationship,[1] and balancing instrumental and relational strengths (Campbell & Wasco, 2000; Enns, 2004).

The emphasis on sociopolitical rather than intrapsychic factors as causes of women's psychological distress is central to feminist therapy (Park, 2004). Feminist therapists have been critical of traditional psychology for constructing women's symptoms as pathological. They reject the idea of individual psychopathology and instead endorse environmental or sociopolitical factors as potential causes of clients' distress (Gondolf, 1998; Walker, 1994). Thus, feminist therapists see women's symptoms as directly connected to their social and political contexts and as mechanisms for surviving within oppressive environments rather than as an individual "illness."

This emphasis on sociopolitical factors is reflected in a common idea from the second wave of feminist theory and activism, namely, that the personal is political (Gilbert, 1980). In the therapy setting, this view is bidirectional. That is, the client and therapist come to recognize that acting from their own received values about gender, ethnicity, class, sexual orientation, and other groupings affects society around them – that is, the personal is political. Conversely, they recognize that

[1] Establishing and maintaining an egalitarian therapeutic relationship are not accepted by all feminist schools of therapy (cf., Veldhuis, 2001). Some feminist writers have questioned the necessity and ethics of creating an egalitarian relationship, suggesting that it may inhibit successful therapeutic outcomes (Veldhuis, 2001).

these socially constructed values affect their personal lives – thus, the political is personal. In addition, the personal can become a direct part of the political realm when a person decides to take action toward societal change. This idea, which originated in the consciousness-raising groups of the 1960s and 1970s, represents quite a departure from traditional goals of therapy. Some feminist therapies promote social activism as a part of the therapeutic process for clients and consider activism integral to being a more effective feminist therapist (Enns, 2004). The connection between personal and political issues is core to feminist therapy, based on the fundamental belief that there is no real or lasting individual change without some type of social change (Sturdivant, 1980; Wyche & Rice, 1997). One criticism feminist therapists have of traditional psychotherapy is that therapists often encourage clients simply to adjust to their environment rather than challenge oppressive structures (Worell & Remer, 2003). Therefore, a major goal of feminist therapy is to help clients have an impact on their social and political environments, both for their own benefit and that of others.

Five techniques selected from feminist therapy procedures for highlighting sociopolitical factors include: (1) identifying and assessing the importance of clients' social locations (e.g., gender, ethnicity, social class, sexual orientation), (2) reframing clients' symptoms as strategies for coping with an unhealthy or oppressive environment (e.g., consciousness raising), (3) gender-role, cultural, and power analyses, (4) encouraging clients to initiate social change (at both macro and micro levels), and (5) therapist initiation of social change (Worell & Remer, 2003).

In addition, feminist therapists value an egalitarian relationship between the client and therapist (Brown, 1986; Enns, 2004; Gilbert, 1980; Marecek & Hare-Mustin, 1991; Park, 2004; Sturdivant, 1980; but see Veldhuis, 2001 for a dissenting view). Worell and Remer (1992) claim that power-sharing is a central concern for feminist therapy first because efforts to minimize the client–therapist power differential reduce the likelihood that therapy will serve as a further means of social control, and second, because the client–therapist relationship should not model the power differentials that women experience in their daily lives. Creating more egalitarian client–therapist relationships may also serve to keep clients in treatment, particularly those from "high-risk" groups who are reluctant to seek help from the mental health community due to prior experiences (and expectations of future experiences) of discrimination within psychotherapy (Worell & Remer, 2003).

Certain feminist therapy strategies are meant to reduce the power differential inherent in the therapy relationship and to increase client empowerment. Some of these strategies are (a) using appropriate self-disclosure, including making values explicit (so clients can choose to reject those values) and disclosing personal reactions and experiences when doing so is likely to be helpful to the client; (b) encouraging a consumer-oriented approach to therapy (i.e., demystifying the therapy process by informing clients of the process, rights, and responsibilities of therapy; encouraging clients to "shop around" for a therapist); (c) using caution in applying diagnostic labels, which may serve to position the client as "sick" and the therapist as "well"; (d) ensuring that goals are determined through a collaborative process; and (e) teaching clients skills that are consistent with the clients' stated

goals (Brown & Brodsky, 1992; Brown & Walker, 1990; Sturdivant, 1980; Worell & Remer, 2003).

Feminist therapists also value the balancing of instrumental and relational strengths (Enns, 2004). Instrumental strengths are behaviors that have a primary function of completing tasks, whereas relational strengths are behaviors that have a primary function of maintaining relationships. Instrumental strengths are stereotypically associated with males and relational strengths (also known as expressivity) are stereotypically associated with females (Bem, 1981; Enns, 2004; Steiner-Adair, 1986). Feminist therapists encourage behavioral flexibility in all clients regardless of gender by challenging them to incorporate both instrumental and relational behaviors in their repertoires. In addition, they help clients understand how gender-role socialization has shaped their perceptions of agency (instrumentality) and communion (relational skills) in their own behavior as well as the behavior of others. Finally, feminist therapists help clients identify and value the relational aspect of their personalities, since in our society the relational realm has been considered less important than the instrumental realm.

## Commonalities Between FAP and Feminist Therapies

Because functional analysis derives from a radical contextualist[2] worldview and feminist thinkers are deeply contextual by conviction, FAP and feminist therapies share aspects of an approach that differs fundamentally from mainstream psychology. The five feminist strategies to reduce power differentials listed above are also found in FAP (e.g., self-disclosure), though the rationale for pursuing them differs. The most theoretically salient of the commonalities is the endorsement of multiple causation for psychological difficulty, which in turn calls for a conceptual emphasis on function rather than topography. Both FAP and feminist therapies treat the person in context rather than treating symptom clusters or diagnoses.

As mentioned above, feminist therapists are critical of mainstream psychology's practice of assigning the causation of psychological difficulties to intrapsychic factors (e.g., personality factors such as aggressiveness and dependency) rather than to the sociopolitical contexts of which individuals are part. Radical contextualists also firmly reject intrapsychic models of causation for human behavior. Feminist therapists and behavior analysts recognize that intrapsychic models of causation may be useful ways of *describing* human behavior, but both deny that intrapsychic factors are causal mechanisms of behavior (Gondolf, 1998; Hayes & Brownstein, 1986; Park, 2004; Skinner, 1974; Walker, 1994). Instead, both feminists and radical

[2]In this chapter, the terms behavior analytic and radical contextualist will be used interchangeably. Both terms refer to the theory of behavior in which individual–environment relations, individual learning history, cultural history, and evolution are the proposed mechanisms of behavior change. This theory is often attributed to Skinner (1945, 1974), but has been expanded upon by Hayes, Barnes-Holmes, and Roche (2001), Sidman, Wynne, Maguire, and Barnes (1989), and many others.

contextualists propose models of behavior change that are based on multiple causation; that is, many factors and historical streams contribute to human behavior. As feminist writers Brown and Ballou (1992) state,

> Standard models of psychopathology have tended to look for a prime cause of the observed entity, rather than allowing for the possibility that similar phenomena may have multiple causations that interact with person and context in somewhat unique ways. (p. 113)

Behavior analysts propose that evolution (i.e., phylogenic selection), the environment, including an individual's learning history (i.e., ontogenic selection), and an individual's biology all contribute to determining behavior (Skinner, 1974), including the problematic behaviors that are typically seen in therapy.

In both FAP and feminist therapies this leads to an emphasis on function over topography. For example, Alice suffers from depression: a constant despairing mood, difficulty sleeping, loss of interest in food and favorite activities, withdrawal from social interaction, and difficulty thinking and concentrating. It came about in the context of her work environment, a welding company where she (the only female in the office) always finds herself in support-role tasks such as organizing company events, devising filing and tracking systems, and pacifying irate customers – in spite of the fact that she had been working there longer than the current management, had conceived and set up the business with her father, and often serves as management backup, where she performs admirably. A feminist might note one of the causal factors as the "glass-ceiling effect" – no matter how hard she works, Alice will not have access to higher positions in her company. Treatment then might focus on finding ways to address that form of workplace inequity. Note that this treatment does not address the topography of her presenting problem (e.g., sadness, sleeplessness) rather, the hypothesized function of her depression is withdrawal from an untenable situation rooted in long-standing societal patterns where Alice belongs to a subordinate group. In this case the hypothesis is that sexism is a systemic cause, and the glass-ceiling effect is the specific manifestation, so the problem is being addressed as a function of these phenomena.

A FAP therapist, on the other hand, may note that Alice treats him with considerable subservience during sessions, even though he is rather young and inexperienced. It is not that he thinks there is an intrapsychic cause (unassertiveness) for the depressive symptoms – rather, he may note that Alice is acting from a long history of being one of few women in a man's world, and has had no experience in changing what her experience tells her is "the way things are." Although this FAP therapist may shape assertive behaviors and direct communication in sessions with Alice (addressing what is apparently a problematic interpersonal pattern in her whole life), a FAP therapist with a deeper sense of the sociopolitical context might well combine such interactions with inquiry into steps Alice can take to remedy workplace inequities, while always noting her in-session reactions to him. For example, she may have difficulty articulating objections in the presence of a member of a dominant group.

Finally, both FAP and feminist therapies share the idea that the environment outside of therapy enters into the client–therapist interaction, as illustrated in the

vignette above. Feminist writers have focused more on how the sociopolitical environment and learning based on one's cultural position influence client and therapist behaviors. FAP writers have focused more broadly on how the entirety of the environment and learning history impacts client and therapist behaviors.

## A Rationale for Integration

By now, it is apparent that FAP and feminist therapies share a common foundation for a successful integration. Three additional reasons support this proposal. First, FAP therapists have recognized the need to identify and work with issues of power and privilege in the therapeutic situation (Rabin, Tsai, & Kohlenberg, 1996). In the first edition of the FAP book (1991), Kohlenberg and Tsai state,

> The therapist, however, as a member of the culture that supports subtle, and sometimes not so subtle, forms of prejudice and discrimination could have values consistent with the culture. Values refer to a person's reinforcers; this means that a sexist or racist therapist would continue to reinforce those client behaviors that have been shaped by a racist or sexist culture. We believe the most deleterious effect of oppression is that access to reinforcers is limited ... Consequently, a therapist who reinforces on the basis of sexism or racism would be interfering with repertoires that could increase long-term positive reinforcement and thereby compromise the goals of FAP. (p. 192)

However, FAP researchers and writers have been slow to take up the challenge presented by these suggestions; in the many years since the book was written, only one article on working with these issues has been published (Rabin, Tsai, & Kohlenberg, 1996) and only five presentations on the topic have been given nationally (Brown, 2009; Ruiz & Terry, 2006; Terry, 2005; Terry & Bolling, 2006; Terry & Bolling, 2007). Fortunately, feminist authors and therapists have written about issues of power and privilege since the 1960s and have proposed techniques for working with such issues in the therapeutic context. FAP could benefit greatly from the wisdom and methods feminist psychologists have developed in working with issues of power and privilege in the therapeutic encounter.

Second, the recommendations offered in the 1991 FAP text, although helpful, are neither exhaustive nor especially practical for therapists who lack time and resources to videotape and review sessions with "individuals sensitive to these issues" (p. 192). Finding such suitable consultants is actually more of a problem than anticipated, and is typically beyond the means of most therapists. Specifically, it is not sufficient simply to consult with a therapist who appears to belong to the same minority group as the patient one is treating. However well-intended, a request for this type of consultation based on the consultant's group membership is itself prejudicial (e.g., racist, sexist) and presumptuous. On the other hand, a colleague who specializes in sociopolitical issues would likely welcome a request for consultation. As noted below, many complex factors play into the sociopolitical position of every person. Incorporating the expertise of feminist therapists (conceptually and perhaps also in consultation) would be beneficial in dealing directly with these complexities.

Third, the 1991 recommendations presume that therapists are already aware of power, privilege and cultural contingencies in the groups to which the therapist and client belong. However, before a person can work with the "invisible knapsack" (McIntosh, 1988) of one's own assumptions about "the way things are," one must first become aware of those assumptions, and then realize that these issues will arise, however subtly, in the therapeutic relationship. FAP offers methods to specify which client and therapist behaviors that occur in daily life may enter into the therapeutic relationship and how those behaviors can be changed. Feminist therapies can enrich FAP by emphasizing the fact that the sociopolitical context is itself a source of clinically relevant behaviors, and as such will also inevitably enter into the therapeutic relationship. They offer techniques for becoming aware of and working with these issues as clinically relevant behaviors (see five of these techniques listed in the above section, Feminist Therapies: A Brief Introduction). As stated at the beginning of the chapter, everyone belongs to multiple socially constructed groups (in addition to our roles as client and therapist), and these groups' histories enter the therapy room as well. Thus, it is critically important that we become aware of the meanings inherent in belonging to socially constructed groups because those meanings will inevitably appear in the therapeutic context.

## Power and Privilege: A Behavior Analytic Reconceptualization

Because FAP is based on a radical contextualist theory it is crucial that we understand power and privilege, central constructs in feminist therapies, in a manner that is consistent with the theory on which FAP is based. We believe that a behavior analytic view of power and privilege has certain advantages for psychological work in that it traces the origins of behavior patterns into the environment, including the historical environment that includes societal and cultural histories. This view of power and privilege eliminates reified constructs and makes interventions more direct. A behavior analytic view does not refer to internal entities or other mentalistic concepts for good reason: If one had to change *capacity to influence* or *unearned advantage*, for instance, how might one proceed? The second advantage of a behavior analytic view is that measurement is more direct and concise: it is based on behavior and consequences that can be tracked and measured directly and tailored to the individual, as might be done with the FAP case conceptualization form which we will describe in a later section.

### *Power and Privilege: Feminist Definitions*

As stated earlier, feminist writers have focused on power and privilege as core issues in theory and practice. For example, feminists have addressed the impact of power and privilege in the lives of individuals, and how to change cultural and

therapeutic practices to mitigate their unexamined effects. When feminist writers[3] speak of power they typically include Eagly's (1983) definition that power is "the capacity to influence the other person in a relationship" (p. 971). This influence can extend through many different systems and contexts and can include power in dyadic relationships, in a group(s), or in a society or culture. Feminist writers generally have focused on the functions of power within and across social groups and the position of groups within a certain society or culture (e.g., United States) (cf., Brown & Ballou, 1992; Campbell & Wasco, 2000; Enns, 2004). We will retain Eagly's definition of power as *capacity to influence* as we develop a behavior analytic perspective on social power and its functions in human relations.

Privilege is discussed in the feminist literatures as "unearned advantage ... [and] ... conferred dominance" (McIntosh, 1988, p. 1). A consequence of power is that members of the dominant group accrue privileges. One such privilege is easier access to higher-status social positions, neighborhoods, employment, and governance. Privilege therefore affords members of the dominant group with certain advantages. One example of privilege is facilitating or fast-tracking group members into positions from which they can exert their influence over others. Because the dominant group is in a position to set up normative practices within a social system (see Ballou & Brown, 2002; Brown, 1992; Brown, 1994; Fine, 1992), the privileges accrued by its members blend into the normative practices of the larger social system. Thus, privilege typically operates invisibly, undetected as a source of influence particularly by those who benefit from it (see Ruiz, 1998, 2003). Privilege is often embedded within institutions such as government and schools and the cycle of maintaining power within certain groups is continued (see Fine, 1992 for a detailed discussion).

## *A Behavior Analytic View of Power*

The treatment of power and privilege by feminist writers is likely to be of interest to radical contextualists working to understand subtle forms of behavioral control. As discussed previously, Ruiz (1995, 1998, 2003) has made the case that merging feminist perspectives with the radical behaviorist conceptual framework promises a productive line of inquiry into important sources of social control. We believe that a feminist radical contextualist perspective has much to offer behavior analytic practices in its various domains of clinical work, including FAP. For example, one important line of questioning encouraged by a feminist radical contextualist perspective would be as follows. Consider a FAP therapist who is a Caucasian female, working with an African-American male client. This therapist may want to ask how

[3]Just as with feminist therapies, there is no one form of feminist theory, but there are common elements among the many feminist theories. One such shared element is the focus on socio-cultural contexts and how these contexts influence the behavior of women (cf., Campbell & Wasco, 2000; Enns, 2004).

her participation in one of the dominant groups (Caucasian) can potentially impact the social dynamics in psychotherapy with a client who participates in a social group (African-American) that has been marginalized in American culture. Additionally, the FAP therapist may want to ask how her participation in a non-dominant group (female) may impact the relational dynamics in therapy with the same client who is also a member of a dominant group (male). The FAP therapist operating from a feminist radical contextualist perspective could ask herself (and possibly her client) the following questions:

- What are the historical and current relationships between my ethnicity and my client's ethnicity? How might these relationships influence our therapeutic relationship? How might these relationships impact our ability to trust each other and to communicate with each other?
- What are the historical and current relationships between my gender and my client's gender? How might these relationships impact our therapeutic relationship? How might these relationships impact our ability to trust each other and to communicate with each other?
- How does the intersection of my ethnicity and my gender influence how I conceptualize my client's presenting problems, clinically relevant behaviors, and goals? How does this intersection influence my ability to form therapeutic relationships, maintain therapeutic relationships, and communicate with my clients?
- How does the intersection of my client's ethnicity and gender influence how he conceptualizes his problems and goals for therapy? How does this intersection influence his ability to form and maintain therapeutic relationships, engage in therapeutic activities, and communicate with the therapist?
- How do the intersections of my ethnicity and gender and of my client's ethnicity and gender impact the therapeutic relationship? How do these intersections influence therapeutic processes and tasks?

The above questions are just a small sample of the type of queries a FAP therapist informed by a feminist radical contexualist perspective might ask herself (and potentially her client) throughout the therapeutic encounter. Similar questions can be generated about other social group memberships (e.g., sexual identity) and about the impact of social memberships on other therapeutic processes and outcomes.

*Behavior analytic definition of power.* The behavior analytic theorist William Baum provided a concise interpretation of power as "the control that each party in a relationship exerts over the other's behavior" (2005, p. 235). The person with greater control over another individual's behavior is said to be the one "with power" and can be termed the "controller" (Baum; see also Skinner, 1974). The other person in the relationship, the one with less control over the controller's behavior, is termed the "controllee." Power is not an individual attribute, characteristic, or personality trait. Consistent with radical behavioral theory, power is found in the relationship between behavior and consequence, that is, the reinforcement relation. More specifically, Baum states that power is "the power of reinforcement relations by which that

party controls the other's behavior" (p. 235). Consistent with Baum's interpretation, Guerin (1994, p. 284) states the following: "For behavior analysis, power is where the control lies, in either who arranges the consequences, who arranges the stimulus conditions which select behaviors, or who determines which behaviors can be shaped." Similarly, Biglan (1995) tells us that "the power to influence a practice can be conceptualized in terms of control of the consequences for the practice ... [and a] person or group with power can control people's access to both unconditioned and conditioned reinforcers" (p. 119).

The power of a reinforcement relation is determined by two factors: the importance of the reinforcer to the individual and the precision of control over the reinforcer (Baum, 2005). The importance of the reinforcer "depends not on its absolute value but on its value relative to other reinforcers in the controllee's life" (Baum, p. 231). For example, if an individual's most significant source of reinforcement is from her family members, then the reinforcement relations in the context of her family life will have more power than reinforcement relations from her employer (including salary) or from her neighbors. In this example, the individual may call in sick to work to take care of her child, may leave work early to attend a family event, and so forth. This illustration reminds us that the value of the reinforcers (in this specific example, the amount of money earned), is relative rather than absolute, and determined by the context of the individual's environment and learning history.

People who are called "powerful" are those who control the more important reinforcers in a relationship between parties. This is exemplified in employment situations in which the employer (controller) is considered the "one with power" because the employer is in control of the more important reinforcers in the employee–employer relationship, such as access to employment, health benefits, and wealth for the employee. The employee (controllee) does have control over reinforcers for the employer, but these reinforcers are typically not the more important reinforcers for the employer (e.g., prestige, money, and advancement in career are not in the purview of the employee). Moreover, the employer likely has easy access to other potential employees (controllees) that could serve equivalent reinforcing functions, including completing work with accuracy, meeting deadlines, and satisfying customers. What Baum highlights in his definition of power is that in the relationship the person who "has power" is the one who has control over the more important (i.e., difficult to access) reinforcers, while the person with "less power" has control over less important (i.e., easy to access) reinforcers. It is the disparity between those who have vs. those who do not have control over the important reinforcers that are difficult to access that constitutes the term we call "power."

Power is not just defined by control over the more important reinforcer relation, but also by the precision of control over the reinforcer (Baum, 2005). If the reinforcer relation is delayed or is inconsistent, then the relation is less powerful even if the reinforcer is more important. In therapy, this principle applies to the therapist's consequating of a client's behavior. For example, if a therapist tells a client to wait until the next session to talk about an improvement that occurred yesterday the therapist has less control over the client's behavior than if the therapist timed the discussion closer to the event.

Although Baum's discussion of power is about a relationship between two individuals, power can also be examined in the context of relationships between organizations, individuals and organizations, and for the purposes of this chapter, the relationships between socially constructed groups such as races, sexes, ethnic groups, and cultures. To understand power in the context of groups and organizations, we treat the group or organization as an individual. Although a group or organization is often comprised of multiple individuals, the "organizational functionaries are replaceable" (Baum, 2005, p. 216). The latter phrase refers to the fact that organizational functionaries (e.g., CEO's, judges, presidents) are not specific to any one individual, but are positions that can be filled with other individuals. Second, groups can also be thought of as individuals because the group remains stable even if the people who comprise the group do not (i.e., individuals can enter and leave the group, but the group continues to exist and has the same functions). What remains stable more specifically is the group's "mode of operation," that is, the reinforcement and punishment relations of the group (Baum). As with the relationship between two people, the individual can affect the behavior of the group and the group can affect the behavior of the individual.

As with power in the relationship between two individuals, power between an individual and a group or between two groups is determined by whichever party has control over the more important, or difficult to access, reinforcers, as well as the precision with which these are delivered. Historically, certain social groups have controlled the more important reinforcers for other groups. For example, traditionally, women's roles in society have been limited in comparison to men's more variable social roles which make available, for men, a wider range of alternative contingencies or social roles of power (Biglan, 1995). Thus historically, domination of women by men has meant "being restricted to a limited behavioral repertoire through historical power over arranging contingencies" (p. 284).

Another example is that of Western Europeans and descendants of Western Europeans in the United States. In the United States, Western Europeans and those of Western European descent have historically controlled land, money, and freedom (through their positions as employers and in government) – important reinforcers to most individuals. Control over the more important reinforcers by Western Europeans (i.e., generally considered today as Caucasians) in relation to other groups of non-Western Europeans and their descendants (i.e., people of color) can be considered a relationship of power. That is, Caucasians generally have easier access to important reinforcers than individuals of color and their accrued privilege nets Caucasians greater leverage over the more important reinforcers. Furthermore, historically Caucasians, through their positions of power as employers and through governmental positions, have managed reinforcement delivery with sufficient precision as to create effective controlling practices. An illustration of an effective management practice in the workplace is the employer who pays employees commissions for sales they generate. The government similarly selects timely cooperation of its citizens through taxation practices and its tax returns programs. The main power-differentiated groups in mainstream US culture (controller or advantaged group/non-dominant group) are male/female,

white/non-white, adult/child, heterosexual/non-heterosexual, upper class/middle class/working class/unemployed-homeless, able-bodied/differently abled, English-speaking/non-English-speaking, Christian/non-Christian (Hays, 2001).

We have defined power as control over the more important reinforcers in a relationship between individuals, groups, or individuals and groups. Another aspect of power is the behavior of the individual termed the controller. Recall that the controller has control over and easier access to the more important reinforcers; additionally, the controller is reinforced for engaging in behaviors that influence or exert control over the other individual, the controllee. These may include behaviors such as silencing verbal expressions of beliefs that are not in agreement with the controller's, and asserting one's interests or needs at the expense of the interests or needs of others. The controller who has a history of being reinforced for exerting influence over individuals belonging to particular groups will be more likely to do so again in the future. Because our society tends to value members of certain groups (e.g., men, whites, heterosexuals) more than others, individuals belonging to these groups are more likely to be reinforced for exerting influence over others. These individuals have control over the more important reinforcers and have a history of reinforcement for behaviors that exert influence over others, therefore, these individuals are understood to "have power." In sum, power is the control over more important reinforcers and a history of reinforcement for behaviors that exert influence over others.

A final point to discuss that bears upon a behavioral understanding of power is the nature of social behavior and the social properties of contingencies that set the context for power relations. Behavior is considered social if "another person is involved as a stimulus context, a determinant of consequences or as part of the (group) behavior itself" (Biglan, 1995, p. 79). Social behavior is largely maintained by generalized social consequences and mediated by verbal contexts. Verbal behavior is a type of social behavior with powerful indirect effects deriving from extensive generalized social contingencies that emerge from our verbal communities. Social contexts are microcosms of the larger societal and cultural contexts, and as such they cannot be completely separated from them.

Therapy is a specific type of social context in which two individuals relate to each other and verbal contingencies are used to alter and maintain behavior. Therapy is a unique social context in that the relating behaviors of both parties are explicitly defined by each individual's role in the interaction (i.e., therapist or client) in addition to the goals of the interaction (i.e., to help the client get well or to behave in more adaptive ways). It is also a unique context in that it is viewed as one in which clients can reveal their innermost secrets and desires without the consequences that would be applied in most human interactions (e.g., rejection). The therapeutic encounter consists of social behavior and its context is vulnerable to the same cultural and societal practices that empower and privilege members of certain social groups while disempowering others. Therefore, therapy, as a social context, will inevitably evoke or elicit behaviors that are steeped in the societal and cultural context in which the therapy takes place.

*Behavior analytic definition of privilege.* Privilege is intimately related to power and as discussed earlier, is the result of certain groups "having power." Earlier

we defined privilege as "unearned advantage ... [and] ... conferred dominance" (McIntosh, 1988, p. 1). Privilege from a behavior analytic perspective can be understood as differential access to more important reinforcers. The greater the access, the higher the probability that one will come into contact with reinforcers. Members of certain social groups have greater access to more important reinforcers, such as money, safety (e.g., living in a neighborhood that has less crime), and leisure (e.g., taking vacations, working 40 hours a week instead of 50 or 60 hours). For members of certain social groups, the probability of contacting these reinforcers is greater than for members of other groups, and these individuals therefore can be understood to "have privilege." In the United States, men typically earn more wealth for the same job as women even if both have similar educational and professional credentials (Marini & Fan, 1997; O'Neill, 2003; United States General Accounting Office, 2003). Thus, men in the United States are understood to "have privilege." Additionally, and perhaps more importantly, these reinforcers are not always contingent on the "privileged" individual's behavior. Thus, the reinforcers are "unearned" and based on membership in a certain social group.

## Dealing with Sociopolitical Aspects of the Therapist–Client Relationship

As discussed earlier in the chapter, we believe that FAP therapists need to become more sensitive to how power and privilege can enter into the therapeutic context. To help FAP therapists become more aware of these phenomena, we propose that integrating FAP with feminist therapies will aid in increasing FAP therapists' awareness of their own participation as well as their clients' participation in systems of oppression and offer techniques for working with power and privilege in a therapeutic context. We now turn our attention to how FAP can be used specifically to help therapists identify and work with power and privilege in the therapeutic relationship.

In most writings about FAP the focus is on the client's behaviors, but in FAP trainings and in supervision sessions there is extended discussion, examination, and analysis of the therapist's behaviors in the therapeutic relationship (Callaghan, 2006a, 2006b; Tsai, Callaghan, Kohlenberg, Follette, & Darrow, 2008). These authors have suggested a nomenclature and model for tracking therapist problematic behaviors (T1s) and therapist improved behaviors (T2s). The categories T1 and T2 are parallel to CRB1 and CRB2 for classifying client behaviors: CRB1s are problematic client behaviors that occur in the therapeutic context, T1s are problematic therapist behaviors that occur in the therapeutic context. Similarly, CRB2s and T2s are improvements in client and therapist behaviors, respectively, that occur in the therapeutic context. FAP therapists are trained to become aware of their own problematic behaviors and improvements that occur in the context of the therapeutic relationship, although they are not a target of treatment in the therapeutic context itself. Thus, the FAP therapist is not an objective, all-knowing expert, but an individual engaging with clients to help them move toward their goals in therapy. Any engagement with a client using FAP can be deeply personal, and all client interactions in FAP can evoke T1s and T2s.

An example of T1s and T2s may help to illustrate this more clearly. The first author (CMT) was working with a client who was very talkative and tended to dominate the therapy session by talking over her, interrupting her, or simply speaking for long periods of time. These behaviors constituted a CRB1 for the client and functioned to distance him from relationships and to avoid feelings of vulnerability. CMT had great difficulty interrupting the client, which was increasingly interfering with her ability to work effectively with him (e.g., interventions were not implemented or only partially implemented). CMT's hesitancy and avoidance of interrupting the client was a T1, a problematic therapist behavior that was occurring in the therapeutic relationship. After recognizing this behavior as a T1, CMT was able to notice her avoidance, and in time was able to change her behavior and interrupt the client when the discussion became tangential, a T2 (therapist improvement in the therapy relationship). This enabled CMT to begin implementing therapeutic interventions that were targeted to the client's treatment goals.

Just as with CRB1s and CRB2s, T1s and T2s can include a variety of behavior classes. We believe certain classes of behaviors, however, deserve particular attention and a unique designation to help make therapists more aware of these specific behaviors as they are emitted in the therapeutic context. The classes of behaviors focused on in this chapter are based on power and privilege exercised in the presence of individuals belonging to groups that are systematically oppressed and/or underprivileged. As discussed earlier, we believe that therapists are unwilling participants in promoting systemic and institutionalized practices based on racist and sexist (as well as other forms of discrimination and oppression) values inherent in the dominant culture. Because this type of power and privilege is embedded in the very contexts of which we are part, it can be extremely difficult for us to recognize our participation in prejudicial practices.

We believe that FAP, with its emphasis on examining therapist behaviors in the therapeutic context, can provide a method of identifying and examining how therapists and their clients may be unknowing participants in discrimination and oppression. However, we believe that it is not enough just to hope that FAP therapists will include these practices in their examination of their T1s and T2s and of their client's CRB1s and CRB2s. Rather a specific classification and method for doing so must be articulated. We propose the addition of a class of T1s/CRB1s and T2s/CRB2s called Sociopolitical 1s (SP1s) and Sociopolitical 2s (SP2s) that are based on therapist and client behaviors rooted in power and privilege associated with membership in specific socially constructed groups (e.g., race, ethnicity, gender). We will discuss SP1s, SP2s, and preliminary methods of identifying them in the section below.

## *SP1s and SP2s*

SP1s are therapist or client in-session problematic behaviors (i.e., T1s or CRB1s) that reinforce or maintain power and privilege based on an individual's

membership in a specific socially constructed group. As discussed earlier in the chapter, power is defined as the reinforcement relation that includes the more important reinforcers, and privilege is defined as access to the more important reinforcers. SP1s are behaviors that maintain certain reinforcement relations, namely those determined by a sociopolitical context in which members of specific socially constructed groups have increased access to the more important reinforcers. For example, the first author (CMT) was a treating a middle age female who was struggling with her desire to have a family and her desire to be successful in her career (a more detailed examination of this case with respect to SP1s and SP2s is presented below). CMT subtly encouraged the client to focus on her career by spending more time in therapy sessions on the client's vocational struggles and by redirecting the conversations toward the client's career issues instead of her concerns about family. These behaviors constituted a SP1 on the part of CMT because they functioned to maintain power for a specific socially constructed group (higher-educated individuals) and to decrease the client's access to a certain class of important reinforcers (reinforcers that are available by relating with intimate others). In this very brief example, the client tacted two competing sources of reinforcers: reinforcers related to her career and reinforcers related to intimate relating. CMT unknowingly reinforced talk about her own values (career) and subsequently punished talk about family (a value of her client's). It is not known which of the two sets of reinforcers was more important to the client, but what is clear from this illustration is that CMT, without awareness, promoted her own value system and the dominant culture's value system and in turn, silenced her client and punished talk about relational values (i.e., wanting to start a family) and possibly limited her access to a class of reinforcers that she tacted as important.

Therapist SP1s can result in culturally insensitive behaviors toward the client. Research in the area of multicultural counseling and therapy has shown that culturally insensitive practices can lead to treatment drop-outs (Brach & Fraserirector, 2000) and may be associated with lower therapeutic alliance or decreased client trust of the therapist (Brach & Fraserirector, 2000; Sue & Sue, 2002). Yet, as argued above, therapists are often unaware of their culturally biased behaviors. Thus, identifying the therapist's potential culturally biased behaviors as they may occur in therapy sessions is a critical first step in reducing their occurrence. Identifying SP1s may serve as an intervention in and of itself in that it helps therapists tact their culturally biased in-session behaviors, which may lead some individuals to change their behavior. However, mere awareness of SP1s may not be enough to change an entrenched repertoire. Research on implicit racial bias, for instance, shows that even when individuals can tact their bias against certain racial groups, this does not necessarily change their behaviors toward that group (Lane, Banaji, Nosek, & Greenwald, 2007).

Sociopolitical 2s (SP2s) may be therapist improvements (T2s) or client improvements (CRB2s) that reduce behaviors maintaining power and privilege. SP2s are behaviors that attempt to broaden access to the more important reinforcers to members of non-dominant groups. Because therapists are embedded within a social (and perhaps an institutional) context that grants power and privilege to

particular groups of individuals and limits the power and privileges of other groups of individuals, shaping therapist SP2s is paramount. Although awareness of SP1s may not lead to behavior change, it may be a first approximation toward identifying and engaging in SP2s.

What can we as therapists do to remedy the situation, to avoid perpetuating the psychopathology of oppression? One element of a solution is to maintain a relentless emphasis on the functions of behavior in its context. If we can understand that a client's unhappiness or depression is, in part, an appropriate response to a larger social situation over which we and the client have little direct control, we may avoid blaming the victim for his/her suffering. Our interventions will acknowledge the self-maintaining nature of oppression and seek to focus the client's efforts (as well as our own) on areas and techniques for *effective* action in the given context.

Another critical element is to increase awareness of the sociopolitical antecedents of one's own behavior and the effect of those antecedents on others. Psychotherapy is a mainstream cultural phenomenon and as such participates in maintaining the invisible assumptions that *white color, male gender, educated, middle-to-upper-class, heterosexual values in general and Judeo-Christian views specifically* are normal and universally desirable. To the extent that these assumptions remain unexamined and unacknowledged as partial determiners of our behavior in session, we will remain blind maintainers of an oppressive system.

## *The ADDRESSING Model for Developing Therapist Self-Awareness*

One useful tool for identifying potential SP1s and shaping SP2s is Patricia Hays' ADDRESSING model, described in her book, *Addressing Cultural Complexities in Practice* (2001). This model promotes an awareness of the complexities of social relationships: an individual may be dominant in some contexts and subordinate in others. Thus, it is more true to the actualities of the therapeutic situation than a more simplistic one-up, one-down model of power relations.

This model covers major areas of socially constructed group difference and is most useful for helping us become aware of the complex and contextual nature of power and privilege in an idiographic way. The acronym ADDRESSING is a mnemonic for: Age (effects of generation), Disability (born and acquired), Developmental, Religion, Ethnicity, SES (socioeconomic status, including occupation, education, income, rural or urban, family name), Sexual orientation, Indigenous heritage, National origin (immigrant, refugee, international student), and Gender. Effects of membership and status within these groups are *systemic processes* that manifest *between and among* groups. One may be privileged in one context and not in another. Awareness of these complexities will help us to negotiate the complexities of the therapeutic encounter as well as to help the client deal skillfully with daily life situations.

## A Revised FAP Case Conceptualization Form

To further help with the identification of SP1s and SP2s, we have added columns to the FAP case conceptualization form for the therapist to note specific instances of each behavior class (see Fig. 7.1). The revised FAP case conceptualization form is intended to be a flexible working document that can be changed as evidence is gathered and hypotheses are tested, rejected, or kept. The two additions to the FAP case conceptualization form are the SP1 and SP2 columns, and the page containing Hays' ADDRESSING model as a means to identify SP1s and SP2s. Although our focus has primarily been on therapist behaviors as potential SP1s and SP2s, client behaviors can also be potential SP1s and SP2s, and therapists should note these along with their own SP1s and SP2s on the revised case conceptualization form.

## A Clinical Case Example

A clinical case example may help clarify how these additions to the FAP case conceptualization play out in therapy. A[4] was a 35-year-old woman seeking treatment for anxiety and depression with the first author (CMT). She had recently graduated from a Ph.D. program and was currently looking for a job in her new career field when she entered treatment. A was the middle daughter of Eastern European immigrants who she said were "old fashioned." Although currently married, A described struggles with intimate relationships because of difficulty trusting others, as well as anxiety about her new career. CMT conducted cognitive behavioral therapy for depression and anxiety, and the client reported significant reductions in most of her depressive symptoms and some of her anxiety symptoms. As therapy progressed CMT worked with the client to begin tackling her core beliefs about trusting others as well as her competence/worth (for a discussion of FAP's perspective of working with core beliefs please see the chapter on FAP-Enhanced Cognitive Therapy by Kohlenberg, Kanter, Tsai, & Weeks, this volume).

The therapy at this time became much more focused on the therapeutic relationship with CMT as a means of identifying, processing, and countering her maladaptive core beliefs about interpersonal relationships and her competence/worth. One of A's problematic clinically relevant behaviors (CRB1s) was not expressing doubts or any negative comments about the therapy or the therapist because she was fearful that CMT would judge her negatively and think of her as a "bad client." A also had difficulties expressing her needs, particularly if she believed that they would lead CMT to construing her as a "bad or uncooperative client." Another of A's CRB1s was her difficulty in disclosing her emotions to CMT, in particular strong negative emotions of grief and anger, even when CMT actively encouraged her to do so. CRB2s (clinically relevant behaviors that move the client toward their therapeutic

[4]The demographics of the client and certain facts about the case have been altered to protect the client's identity.

**For the Client**

| Relevant history (including sociopolitical factors that may affect the therapeutic relationship) | Daily life problems | In vivo problems/CRB1s | Daily life goals | In vivo improvements/ CRB2s |
|---|---|---|---|---|
| | | SP1s | | SP2s |

**For the Therapist**

| Relevant history (including sociopolitical factors that may affect the therapeutic relationship) | Daily life problems | In vivo problems/T1s | Daily life goals | In vivo improvements/ T2s |
|---|---|---|---|---|
| | | SP1s | | SP2s |

**Fig. 7.1** Revised FAP case conceptualization forms to include sociopolitical 1s (SP1s) and sociopolitical 2s (SP 2s). Adapted from the FAP case conceptualization form described in Kohlenberg, Kanter, Bolling, Parker, and Tsai (2002)

The ADDRESSING Framework can be used to help assess how sociopolitical histories may impact client's and therapist's behaviors (SP1s & SP2s).

A = Age and age-related factors

D = Disability

D = Development (psychological, social developmental factors)

R = Religion

E = Ethnicity

S = Socioeconomic Status

S = Sexual Orientation

I = Indigenous heritage

N = Nationality

G = Gender

**Fig. 7.2** The ADDRESSING framework (Hays, 2001, pp. 6–7)

goals) for A were being more open or more willing to contact strong emotions and to discuss her desire for avoidance of emotions. During this phase of therapy, A began to discuss an increasingly common conflict she experienced with her parents. The conflict was about her desire to have a career before having children, which was opposed to her parents' desires and beliefs that she should begin to have children in the near future and that she should stay at home to raise them. A described her desire to have both a family and a career, and expressed sadness about the effects of the conflict on her relationship with her parents, as well as the anxiety she experienced whenever she thought about the conflict.

CMT helped A examine the emotions of the conflict and promptly began working on ways to counteract any negative effects of the conflict on A's beliefs about her self-worth, working with A to help her come up with effective strategies to cope with the conflict. Soon after, A stopped discussing the issue and reported that although the conflict was still a source of anxiety, she did not wish to focus her time in therapy discussing it further. Although CMT wished to continue discussing the conflict and its effects on A, she refrained because she wanted to reinforce A for her CRB2 of expressing wants and needs. As CMT was preparing to give a presentation on SP1s and SP2s at a local conference, she returned to this case and began to realize that she may inadvertently have silenced the client. Upon further reflection on the interactions between A and herself, she realized that she focused more on the client's desire to have a career and did not investigate how the client's unique cultural standing and acculturation status may be influencing her understanding and reactions to the conflict. As discussed earlier, CMT's behaviors maintained power within a dominant group (higher-educated individuals) and may have denied the client access to important reinforcers (relating to others).

In addition to using the revised FAP case conceptualization form and the Hays' ADDRESSING model, therapists are encouraged to seek out information about multicultural counseling practices and research on diversity in clinical practices, and to talk openly with providers of similar and of different ethnicities, gender, and so forth to examine how their therapeutic behaviors are culturally biased. FAP practitioners often ask themselves "What is the function of the client's (or my) behavior?" and "Is that behavior a CRB1 (T1) or a CRB2 (T2)?" We propose that FAP practitioners also ask themselves the following questions: "Am I engaging in a behavior that is culturally biased toward my client?" "Am I making untested assumptions about my client based on my own sociopolitical background?" and "In what ways am I inadvertently silencing my client?" We believe the above actions will help therapists become more aware of power and privilege in the therapeutic context and help reduce the likelihood of engaging in behaviors that maintain oppression of specific socially constructed groups.

## *Additional Ways to Work with the Sociopolitical Aspects of the Therapist–Client Relationship*

A mere intellectual acknowledgement of our biases may do nothing to remedy the situation. Awareness of privilege and power needs to be constantly renewed. This is a *practice* of countering oppression. We also propose that FAP therapists use feminist therapy techniques to help work with power and privilege in the therapeutic context, as discussed earlier. For example, therapists may choose to ask their clients about their experiences with oppression, discrimination, and prejudice. Therapists may also choose to examine with their clients how oppression, discrimination, and prejudice currently operate in their lives; how these phenomena influence their difficulties, their participation in therapy and the therapeutic relationship, and their work toward goals and values. If deemed therapeutic (as based on the case conceptualization and discussions with the client), therapists may work with clients to help them become involved in community activism or activities that work toward reducing oppression and discrimination.

Using the framework of the five FAP rules, the integration of FAP and feminist therapies may appear in the following manner:

- Rule 1: Watch for CRBs. Increased awareness of the sociopolitical aspects of the therapist–client relationship, the sociopolitical history of the therapist, and the sociopolitical history of the client will help the therapist begin to notice CRB1s, CRB2s, T1s, and T2s based on sociopolitical contexts and histories. Methods of increasing awareness were described above and include use of the revised case conceptualization form (SP1s and SP2s), Hays' ADDRESSING model, and discussion with colleagues about our biases.

- Rule 2: Evoke CRBs. We believe that therapists will not need to evoke SPs intentionally because the therapist–client relationship and the context of therapy are microcosms of the sociopolitical contexts operating outside of therapy, so the behaviors will occur naturally. Nevertheless, if therapists choose to evoke SPs intentionally they may do so by asking some of the questions posed above (e.g., asking clients how they believe oppression, discrimination, and prejudice affect their participation in therapy).
- Rule 3: Consequate CRBs. Therapists naturally consequate all client behaviors, but with an increased awareness of the sociopolitical context of therapy, they may choose to reinforce client behaviors that work toward increasing equality and reducing oppression (e.g., reinforcing a client's discussion about her cultural experiences).
- Rule 4: Notice your effect on the client. With increased awareness of the sociopolitical context of therapy, therapists can be more aware of how their behaviors may reflect bias and effect a subtle oppression of their clients, and they can begin to discern the impact of interventions to decrease oppression and increase equality in the therapeutic relationship.
- Rule 5: Provide rules to promote generalization. Therapists can provide rules about oppression and power and their effects on clients that may help them generalize their awareness of these factors outside of therapy. These rules may help encourage client behaviors that reduce oppression, increase equality, and/or promote social change.

## Conclusion

Put simply, being human, therapists often unknowingly engage in behaviors that are culturally biased. This should come as no surprise to behavior analysts, as our behaviors are the products of long histories of reinforcement, our physiology, as well as ontogenic and phylogenic contingencies in the environment – contingencies that do not need to be tacted in order to affect our behavior. If we look more closely, we will see that it is not just our immediate environment that impacts our behaviors, but that larger social, political, and cultural environments – all with deep historical roots – impact our behaviors as well. We believe that FAP – in conjunction with feminist thinking – can offer practitioners interested in reducing culturally biased therapeutic practices a coherent and concise system with which to identify and modify problematic therapist behaviors that maintain the status quo in existing systems of oppression. We offer the beginning of an integration of FAP with feminist therapies and recognize that more can be done to further their integration. We agree with the feminist principle that the personal is political and the political is personal. It is time for FAP therapists to notice and act to decrease oppressive practices in the therapeutic context. It is time to work actively toward equal access to important reinforcers for all individuals.

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