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# When the Personal is Political (is Professional)

Gretchen Kuback, Psy.D.



When I was four years old, I declared that I wanted to be a doctor--and the President! If it is true that our inherent nature/personality guides us to the appropriate theoretical orientation, then I was meant to find Relational-Cultural Theory (RCT), which has become one of my dominant theoretical references. RCT is a feminist therapy that originated at the Stone Center at Wellesley in the 1970s.

As a health psychologist and bereavement facilitator, I use RCT extensively with my clients to empower them to achieve greater health, better stress tolerance, improved coping mechanisms, and resilience for dealing with chronic or terminal conditions.

RCT states that "...an inner sense of connection to others is *the* central organizing feature of women's development" (Miller & Stiver, 1997, p. 16), and further posits that disconnection is the source of internal (psychological) distress. Part of the philosophical basis of RCT is that the therapist is NOT a "blank slate." When clinically relevant, the therapist is invited to self-disclose and to serve as an example through dissemination of professional knowledge as well as her personal experiences and choices. She is seen as an equal partner in the process of therapy, yet one who has more experience with which to assist the client in achieving specific relational growth goals and strengthening of internal as well as external resources.

Activism is the *a* of this issue and, as Michelle Fine states, "...feminist psychology presumes that social activism is the project in which we conduct our work" (Fine, 1992, p. viii). From the feminist therapy perspective, activism is both a way of enhancing relational connectivity, as well as a means for the therapist to model strength.

An essential tenet of all feminist therapies is the need to take the work out into the world, through disclosure, activism, and cooperative political action. Jean Baker Miller is a founder of RCT, and she poses the questions, "How do we conceive of a society organized so that it permits both the development and mutuality of all people? And how do we get there?" (Miller, 1976, p. 96). My answer, and the answer of feminist therapy, is that we get there by using our voices and our innate (feminine) relational skills to connect, to educate, and to create a new reality that supports a more relationally bound, cooperative way of being. This can only enhance the health of the community. RCT views the therapeutic relationship as a microcosm of the world--what is taking place in the room can be practiced and cultivated, taken out into the world, and thereby enhance the quality of living for all people, not just those engaged in the therapy. It is not exclusive to women.

What I'm about to describe truly illustrates that the personal is political and, in this case, comprises an essential part of the professional. Specifically, I have chronic health issues that my clients are often aware of. In fact, they seek me out specifically because of the personal/professional combination. They usually learn of my work through writings and interviews found on the

Internet, which are a form of activism. I am bringing awareness to some very un-sexy causes, conditions, and outcomes that impact physical and mental health. In speaking about my experiences and sharing my knowledge, I feel that I am fulfilling a moral and ethical responsibility which, if not met, would result in a loss of integrity, strength, and self-capacity, things I surely draw upon daily in my work as a psychologist. Carol Gilligan described failure to meet these responsibilities as a suspension of one's "...own interpretation of a morality of responsibility," and said, "suspending her interpretations, she suspends herself" (Gilligan, 1982, p. 143). In other words, if I fail to act on that in which I strongly believe, I have lost part of myself and part of my strength. This serves no one well and is a particularly poor model for my clients.

The therapist is also expected to carry a message of empowerment into the community, through her work with clients, her personal advocacy, and her professional commitments, teachings, research, and statements. In serving on the Board of Directors of LACPA, volunteering for the Survivors After Suicide program at Didi Hirsch Community Mental Health Center, and writing psycho-educational blog posts, I am furthering my commitment to activism. I also do this by public speaking on health-related issues, resilience, stress reduction, bereavement, and the capacity to change.

I regularly blog about Polycystic Ovarian Syndrome, infertility, suicide, coping strategies, and mood disorders. I take stances that advocate empowerment (however that may be defined by the individual), and I act in empowered ways myself when seeking and utilizing medical and psychological services. I write letters, sign petitions, call insurance companies, and file formal complaints as needed, consistently advocating from and modeling a position of strength. I contribute money to suicide prevention and research for various diseases/conditions. I informally educate people, frequently about health and suicide-related risks, prevention, and improvement strategies.

Feminist therapy not only legitimizes activism, but mandates it: "...Feminist activism explicitly constitutes our political work" (Fine, 1992, p. 173). Ultimately, while not seamless, this is a philosophical, social, ethical, and intellectual perspective on advocacy that is highly integrated with lifestyle, as channeled through the lens of feminist therapy.

References used in this article are available upon request from the LACPA office: lacpsych@aol.com. ▲

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