Women & Therapy

Still Feminist/Together/Growing ... After All These Years

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The Counseling Center for Women is a feminist therapy organization established in 1988 as a collective of clinical social workers and psychologists. A vital principle of CCW, management by feminist principles, created dilemmas that reflect conflicting values within our feminist approach. Evolving from homogeneity, participatory democracy and communality to differentiation, specialization and a greater allowance for individualism are examples of dilemmas we have faced. The turbulent political reality and the western/traditional polarity provide additional areas of complexity. A presentation of these dilemmas and their handling through feminist practice in the broadest sense is discussed.

KEYWORDS *feminist dilemmas, feminist management, feminist therapy, Israel*

In September 1986, in a suburb of Jerusalem, a group of women therapists with a feminist perspective, most of whom were immigrants from English speaking countries and each one of whom knew one or two of the others, met with a vague idea of talking about how feminism impacted—or more often was thwarted—in the various places they were working including psychiatric hospitals, mental health clinics, the universities, and HMOs. We were inspired by the feminist therapy literature, the Stone Center writings, and by journals such as this one.

We discussed Jean Baker Miller (1976) and Carol Gilligan's (1982) redefinition of the undervalued qualities of women, we referred to Janet Shibley

Hyde's (1991) *Half the Human Experience*, we pored over Harriet Goldhor Lerner's (1988) *Women in Therapy*, Luise Eichenbaum and Susie Orbach's (1983) *Understanding Women*, and Rawling and Carter's (1977) *Psychotherapy for Women*. Debra Luepnitz's (1988) *The Family Interpreted* and Goodrich and colleague's (1988) *Feminist Family Therapy* influenced those of us who practiced family therapy, and Jean Shinoda Bolen's (1985) *The Goddesses in Every Woman* helped us expand our understanding of the different ways to be a woman. We felt a bit like we had in the consciousness raising groups of the late 60s and early 70s—very excited, and looking for a way to integrate our feminist outlook with our professional work. Of the twenty or so women who were present, eleven continued to meet on a biweekly basis. For two years, meeting alternately in the two largest cities in Israel, Jerusalem and Tel Aviv, we discussed how women's issues were not being addressed in our various workplaces and how we felt our perspective was reacted to with hostility—active and passive—by the conservative therapy establishment. We talked about psychotherapy, about ourselves and our inner and outer lives, about the similarities and differences between Israeli-born and immigrant therapists, and eventually about how we could bring feminist therapy to Israel. We had the models of the New York and the London Feminist Therapy Centers, and like them, had formed a study group through which we came to recognize that an understanding of women's psychology needed to include, in addition to the insights of traditional psychodynamic theory, the significant ways in which culture influences the development of personality. Each of us brought her unique history and her particular orientation to feminism, and in the small world of 1980s Israeli feminism, we wove the strands together to create an eclectic feminist therapy practice.

Today, having celebrated our 22nd anniversary with 28 clinicians, 12 student/trainees and 6 administrative staff, the Counseling Center for Women (CCW), which was formed by that group of 11 feminist therapists, can look back and see how we got here from there, what's changed and what's remained the same. The journey from the past to the present, from the abstraction to the concrete has not been easy. Along the way, certain dilemmas kept cropping up in different forms. We began with a general idea about how a feminist organization could be run, but the actual dilemmas we encountered challenged us to hold on to our ideals and values while remaining flexible enough to deal with the realities of the organization's growth and development. Indeed, I believe CCW has thrived with vitality because of the dilemmas and challenges, which force us to constantly re-examine ourselves, a dynamic we see as essential in any feminist enterprise. How flexible can we be in interpreting our principles and what degree of compromise would invalidate them? What needs to stay the same and what needs to change? We deliberated among ourselves and often utilized outside consultants to help us move from one stage to the next.

After describing the birth and development of CCW, I will discuss in greater detail some of the dilemmas noted in the description of our development, explore how we negotiated underlying values, conflicts and difficulties, and how we did so through implementation of our commitment to feminist practice in the broadest sense. Our evolution from homogeneity, total participatory democracy and communality to differentiation, specialization and a greater allowance for individualism are examples of the dynamics that occurred as CCW grew from a small collective to a (relatively) large organization. This developmental process inevitably influenced our internal structure and each milestone presented dilemmas, which emerged slowly until they became the focal point and demanded our attention.

All organizations change over time, in part with shifting membership. Similarly to what Cindy Bruns and Colleen Trimble describe in the American context (Bruns & Trimble, 2001), younger therapists who joined our staff over the years, many of whom are Israeli born, came of age in a different reality than the Founding Mothers. Many of the issues the older generation struggled to bring to the awareness of Israeli society, such as abuse of women and children by Jewish men, issues that were defensively met with denial in the 1980s, have become accepted truths within the mainstream society in which younger feminists grew up.

Over the years, Israeli society has drifted from an emphasis on communality as a predominant value to one that gives greater status to individualism. In parallel, the older and the younger generations had different emphases for their feminism. This difference has been a major factor in the dilemmas that arose. Resolution always comes after continuous debate in which we to try to respect both/all points of view and expand our definition of who we are. It hasn't been easy nor has this been process acceptable to everyone. There are many frictions and internal contradictions that we have to live with. But these are inevitable aspects of the organization as a living, breathing and growing entity. The alternative would have been to lose our vitality and stagnate.

OUR BEGINNINGS

While we were on a mission to familiarize women in Israel with feminist understandings, analyses and redefinitions of our social and cultural environment, it was no less important for us to create and maintain an organization run according to feminist principles. (For a bibliography relating to feminism in Israel, see the website *Feminism in Israel*; Schuster, 1999. Tzafi Saar's, 2010, article in *Haaretz* describes the ambivalence regarding feminism in late 70s Israel.) As Meredith Gould states, "for radical feminists...formalized power must be checked by control inherent in the very composition of the organization itself; organizations cannot be hierarchical and therefore must be structured to facilitate participatory democracy" (Gould, 1979, p. 245).

In the beginning, maintaining feminist structure was relatively simple: we identified ourselves as a collective, and met on a regular basis, sharing our personal lives, trying to get to know each other from the outside in. We knew that this was the glue that would hold us together through whatever lay ahead. We also knew that the professional was the personal, especially in our line of business. If we were going to share the procreation, birth and development of a feminist therapy center, we would have to know each other and trust each other. We invested much time and emotional energy in opening up—to each other and ourselves. We had personal sharing and consciousness raising sessions on homophobia, friendship, feminism and whatever issues seemed relevant to our lives and our work. We swam naked in one of our colleague's pool, and accompanied each other through major life events—births, deaths, bar/bat mitzvahs, marriages and divorces.

We also discussed clinical and functional issues, and tried to arrive at decisions by consensus, including the administrative procedures required to become a recognized non-profit organization and the running of the clinical component. We were lucky to be offered free space by WIZO—a large women's organization founded in 1920 to address the needs of women and children in pre-Israel Palestine. As a token of our appreciation we facilitated free workshops in WIZO-run social clubs for disadvantaged women in the community and gave supervision to the group leaders running these programs. From these women we learned how life, family, gender roles, etc. looked from a point of view that was not part of our own personal experience. This proved invaluable to us in our continuing work with women from the poorer and more traditional sectors of Israeli society, both Jewish and Arab, and from countries as diverse as Morocco, (then Soviet) Georgia and Ethiopia. It is noteworthy that when we were offered the space, the building was virtually empty, but by the time we left to a rented office, the Center for Prevention of Family Violence, the Battered Women's Shelter and the Rape Crisis Center had moved in, and needed many of the rooms we had used, making it necessary for us to find larger quarters to accommodate our work with groups as well as individuals. Despite our regret at having to leave, we felt gratified as it signified the rising voice of advocacy for women. The period when we were all under the same roof was a wonderful opportunity for cross-fertilization and mutual endeavors.

The collective framework seemed like a natural vehicle for our undertaking, as we were all familiar with the kibbutz model in the Israeli experience, which along with other large-scale, successful collective enterprises, enjoyed high public esteem. Many of us had had some kibbutz experience and some had been active in socialist youth movements. We were idealistic in our belief in social justice and the value of cooperation over competition.

We started out by paying monthly dues, which covered running expenses, and began seeing a few clients for a minimal fee, dividing the income equally among us per hour's work. But as we grew, things became

more complicated. Arriving at decisions by consensus for every issue—from the shade of purple on our stationery to the fees we would charge—was time consuming and not always the most efficient way to run a "business." Impatience with the process led to frustrations that resulted in headaches and a sense that we weren't moving forward. As Suzanne Staggenborg (1995) points out, "Feminist organizations that stress collective decision making and empowerment of individual members often focus on group process at the expense of other goals" (p. 343). Eventually, we divided our meetings by topic—each one dedicated to professional, administrative or personal issues. We rotated the facilitation and tried to conduct all sessions by the rules of consciousness raising: no interruptions or arguments, an opportunity for each person to air her views and the arrival at decisions with which everyone could live.

Meanwhile, we needed to get the word out to our colleagues in order to increase referrals as well as to find our respectful place among the professional establishment. At the same time, we set in motion fundraising strategies in order to accomplish our goal of making feminist therapy available to all women, including those who could not afford even the minimum rates on our sliding scale. We were and still are very fortunate that one of our founding members was able to provide financial backing, without which we might not have been able to continue, although this backing inevitably raised questions of unequal influence that arise out of dependence on a financial source. Such a question was one reason we didn't accept governmental funds at the outset.

The next developmental stage we struggled through was an outcome of the realization that we couldn't all do everything (paralleling the dilemma of third wave feminists described in the web log Varieties of Feminist Theory: The Third Wave; Kaplan, 2007). We were fortunate to have on our Advisory Board a woman with considerable organizational experience who suggested that for reasons of efficiency, as well as effectiveness, we needed to have more structure. As Joreen (1972) observes in *The Tyranny of Structurelessness*, any group will eventually structure itself in some fashion, so "for everyone to have the opportunity to be involved in a given group and to participate in its activities, the structure must be explicit and not implicit" (p. 287). After endless discussions, and with a certain sense of sadness and frustration, but with the understanding that it was a necessary effect and cause of growth, we decided to organize ourselves into a committee system—clinical, administrative and eventually, financial and educational to deal with ongoing issues, as well as forming various ad hoc committees to deal with immediate problems. During this time, we had monthly all-day "marathons" working on professional concerns, talking about our personal lives and making sure to have fun and share food, which enhanced group cohesion and resulted in deep friendships that have lasted until today. In our present day staff meetings, we still have a category called

personal-professional where we address the reciprocal effects of these aspects of our lives, discussing topics such as burnout, termination, negative countertransference, vicarious traumatization, motherhood and divorce.

Parallel to our administrative growth and division from a single collective unit to specialized areas, we underwent a far more difficult transition on a personal-personnel level. The original members of the collective had decided to close its membership in order to continue deepening the intimate, personal level, which, we were concerned, would be weakened if we were to add new members. However, after a short time, and many requests from clinicians to join our group, we decided to create a category we called adjuncts (which eventually morphed into "associates") to accommodate four new therapists who were recommended by specific collective members. We unwittingly found ourselves in a two-tier situation where some members were more privileged than others. We struggled with this situation until we finally decided to transform the adjuncts into collective members. But as we grew, the integration and acculturation of new staff was and still is a challenge. We knew that every new person would affect the whole group, but it was vital to us to keep our core values central. This was to become more complicated as additional people joined, bringing with them diverse political positions reflecting the heated situation in Israel, as well as a diversity of religious sensibilities. This increased multiplicity of perspectives raised the question: When there is a conflict, is our first commitment to the individual members or to our original ideological principles?

After about ten years of running ourselves (often ragged), we came to the most difficult dilemma we had faced up until that point. We needed a central figure who could coordinate and have an overall view of all aspects of the Center, as well as interface with the local public and with potential funders abroad. Generally, this is the role of the Executive Director. For about a year we debated back and forth the need for someone in that position, while at the same time expressing our hesitations, concerns, and resistance to such a radical change. How could we maintain a non-hierarchical structure while creating a situation that puts so much power in one person's hands? We were all effective in our clinical work, but in order to grow and develop from a small, tightly knit, but primarily-inner directed, collective into a prominent organization that reaches out both to individual women, as well as to population groups who could benefit from a feminist approach, we needed someone who would organize the administrative components, promote public relations and develop and implement effective fundraising strategies. We felt that not taking this risk would effectively keep us marching in place.

Our experience with the first director we hired was an important lesson for us. We were looking for someone to take care of whatever might be necessary to enable us to get on with our clinical and social goals, in effect, an idealized mother. In many ways our first director did an impressive job of getting CCW on the map. She expanded fundraising and public relations,

created the position of Director of Educational Programs in the Community, formalized the organizational structure, and brought professionalism to the administration of the organization. Paradoxically, as we grew and expanded our clinical and social goals, as well as our reputation as the center of knowledge on the psychology of women in Israel, the staff felt a stronger need and ability to be more involved in the process. A conflict developed between the director's professional concept of the role and the therapists' desire for a more shared leadership, which produced one of the most difficult periods in the Center's existence. After much internal turmoil, it became clear that we would need to find a different model of directorship, with which we could all feel comfortable. We were drawn to the concept of a "cooperative director," which meant that the clinical staff would share as many aspects of running the Center with the director as were feasible. The move to such a structure was initiated by the first director but its full development was realized under our second director, who came into a more clearly defined position after the staff clarified for itself its expectations. We pursued what Judith Rosener (1990) describes as "interactive leadership," which refers to women who "encourage and facilitate participation in decisions, power and information sharing (and) enhancing self worth of others" (as cited in Calas & Smirich, 1993, p. 75). We eventually hired a "cooperative director" (which might also be described as a "relational director") who coordinates all our activities, is present in all staff meetings, committee meetings, has overall responsibility for our budget, but except for day-to-day issues, makes all major decisions in consultation with the staff. In addition, she is very attuned to the nuances and emotional tenor of the staff as a whole and each of the individual members. Perhaps the fact that she grew up on a kibbutz made this model more familiar and natural to her.

A FEMINIST APPROACH TO COPING WITH DILEMMAS AND TURNING POINTS

Growing vs. Staying Intimate

Joyce Rothschild-Whitt, in enumerating conditions that contribute to collectivist democracy, includes "limits to size" (1976, p. 82). Having started as a small, closed and close knit group that emphasized the personal as much as the professional and valued the intimate setting that fostered this approach, we faced our conflicting desires to spread our feminist idea to the widest possible population without losing the personal "glue" that held us together. How could we maintain an "ethics of care" (Taylor, 1995, p. 229) while expanding our core group? Each time we opened up, at first to include four new members of the collective, then to add associates, then to add more clinical and administrative staff, we had to go through a letting go and mourning process. One way that we eased new therapists into our staff

was through a feminist therapy journal club that both attracted potential therapists and gave us an opportunity to get to know them before inviting them to join our staff.

Debates around opening new branches in other cities, reflecting our desire to become the preeminent feminist therapy center in the country, conflicted with the concern that our organization would become unwieldy. From its inception, CCW was comprised of sister branches in Jerusalem and Tel Aviv, which over the years have taken on different personalities. The Jerusalem branch has older, English-speaking, politically left leaning founders on staff although the city of Jerusalem itself is actually a more conservative and religiously influenced city than Tel Aviv. The Tel Aviv staff is composed largely of younger Israeli born feminists. We already had differences to bridge in order to maintain our integrity as a unified organization. Opening new branches, some feared, would give us less control over what was being done in our name, and would weaken the personal connections among the staff that were already being frayed by our growing numbers. Some felt that while we were becoming better feminist therapists and more sophisticated in our techniques, we were losing our soul. We face similar dilemmas presented by our dual mandate—to provide individual therapy as well as outreach projects to as many communities and populations as we can. When there is a conflict, for instance having to cancel clients in order to facilitate a workshop or deliver a lecture, what is our priority? For a while we developed an educational unit whose sole mission was doing this kind of community outreach. That idea dissolved for a number of reasons including a feeling of exclusion among the educational workers because many of us felt we are primarily a therapy, rather than an educational center. Today, when all the individual therapists also do educational work, we have more projects than we can handle but we feel committed to do the work ourselves. We believe that therapists need to step outside of the therapy room and be involved in community work, both in order to learn from women who don't define themselves as feminist and to teach about women's issues from a feminist perspective. In parallel, we foster our own growth as we learn to overcome our personal inhibitions around lecturing, leading workshops or making public appearances.

In summary, we resolved the issue of growing vs. maintaining the status quo by keeping to two branches with the occasional addition of staff as needed, continuing to have 'personal' and 'personal-professional' agendas at our staff meetings and at our yearly marathons, while at the same time increasing our influence on professionals and paraprofessionals and by expanding our outreach programs to all parts of the country.

Everyone Doing Everything or the Best Woman for the Job

The principle of participatory democracy is a core value for us. Participatory democracy strives to create opportunities for all members of the group to

make meaningful contributions to decision-making. We took this one step further and aspired to an ongoing process whereby all—or at least, most members would rotate in and out of key positions and committees, in clinical as well as administrative capacities. At the same time, we wanted to build a first-class clinical organization that would be the preeminent center for Feminist Therapy. That implies finding the best person for the job—be it lecturing or creating a budget, organizing a conference or being interviewed on a radio talk show. And to add to the complexity of this situation, there was a paradox within the dilemma. It was as important for us that there would be a mutual relationship of growth and development between the individual members and the organization so that one would enhance the other. This implies that each of us would take up challenges in areas in which we didn't feel we had expertise. So should the most experienced person be chosen for the job or the one who wanted to develop this area of expertise? In the beginning stages, when everything was more amorphous and roles and tasks were less clearly defined, it was less of a problem. Even the least mathematically inclined and organized person could handle the monthly income—and the division of the ''wealth.'' (We were charging about $10 a session and earning that amount minus running expenses.)

We still struggle with this dilemma—and with the complementary problems of sometimes having no one volunteer (for a modest fee) to do committee work, give lectures, or partake in community projects.

We resolved this dilemma by generally looking for the most appropriate person for the job, while encouraging anyone who wants to become more accomplished in that area to observe, accompany or receive supervision from the more experienced person and eventually do it on her own.

Two-Tier Hierarchy

As I already noted, originally the group who formed the collective decided to close itself to new members in order to consolidate our relationship and guard the principles by which we wanted to run the Center. But by 1991, after receiving media attention and reaching out to other organizations, we had more client hours than we could handle. Since our earnings reflected the fees we charged (very low) we all were still working in other settings (our ''day'' jobs). With the growing number of groups, workshops and public education activities we facilitated, we decided to add four new members, two in each city, though at a lower wage than the founders were receiving and without the right or responsibility to sit on the Steering Committee. The pay differential was explained by the fact that the collective members had formerly paid into the organization. The control the collective maintained on the Steering Committee was a result of our need to safeguard the core principles on which the Center was founded, but paradoxically this created a system of privilege which was antithetical to our principles. After many passionate and tumultuous

discussions we arrived at what was our most difficult decision. In our desire to diffuse a de facto elitist situation, we decided to do away with the collective as an organizational structure. It has been an ongoing struggle, as Joyce Rothschild-Whitt (1976) warned us, because of the fragility of participatory democratic systems, to be aware and mitigate their tendency to become oligarchic. Recently, similar concerns have arisen between administrative and clinical staff. For example, while administrative as well as clinical staff attend our clinical staff meetings, our yearly two-day marathons and other Center activities, there has been a growing voice among our administrative workers to be represented in the Steering Committee which has hitherto been composed of clinicians (and Board members who had been clinicians) and the director. From the opposite direction, there has been questioning whether or not it is necessary that the director sit in on the Clinical Committee meetings. These issues are being deliberated at present.

Differentiation vs. Homogeneity

As the Center grew, we have continually undergone a process of differentiation—with all the pains and pangs that accompanied each separation from the original unity. From general meetings with everyone deciding everything, we moved to differentiating meetings by topic (personal, professional and administrative), we created committees, we acknowledged differences between the Jerusalem and Tel Aviv branches that reflected the differences in age as well as local culture, we hired secretaries, fundraisers, educational coordinators, accountants, lawyers and administrative directors. Some of the original collective members felt we were betraying our original model and nostalgically looked back to the "good old days" when we were small enough to oversee everything ourselves. Others felt we needed to look to the future and aspire to greater growth and development as an organization. Differentiation has often been accompanied by a feeling of alienation—everyone doesn't know everything all the time, and there is often a sense of administrative top-heaviness.

Our current system is one of committees with rotating membership and a Cooperative Director who helps the system operate both more efficiently and more cohesively. We presently have a Steering Committee, which is composed of two clinicians from each branch who rotate in every three years, the Cooperative Director and one Board member. Except for the Clinical Committee, which deals with internal staff problems and conflicts as well as client-therapist issues and which is separate in each branch with periodic joint meetings, all other committees—education, development, training and finance are made up of staff from both branches. Each of the two branches has autonomy regarding local decisions, but every major decision is brought up to the entire staff. We feel this structure both recognizes commonality but respects differences (Leidner, 1991).

We also found that while arriving at decisions by consensus was our aspiration, it often was not only time-consuming to get a group of strong willed women to agree, but created a profoundly unfeminist atmosphere of the stronger voices "steamrolling" the quieter ones. There was no room for a 'minority opinion.' We still try to arrive at decisions that are agreeable to everyone but if consensus is not reached, we now either postpone and reopen discussion at a later date or decide by majority rule, especially when we are in a large forum.

Communality vs. Individualism and Volunteerism vs. Payment

The dilemma this raises is one of women demanding to be paid adequately vs. a commitment to our mission and the gratification of doing being a reward in itself. This issue cropped up more sharply with our younger therapists who saw financial remuneration for women's work as a basic tenet of their feminism as opposed to the older therapists who gave freely of their time and energy, especially during the founding years, in order to advance collective self-interest. The Founding Mothers' attraction to Israel was to a large extent for the old Israeli commitment to social justice and socialism exemplified by the kibbutz. It was with frustration and sadness that we found ourselves living through the transition that embraced and encouraged privatization with a simultaneous decline in the esteem for communal enterprises. Many of the younger generation of feminists came of age at the time when individuality and subjectivity were a reaction to communality, in the world and specifically in Israel where this had been a dominant societal value. They are understandably critical and skeptical of unified definitions of feminism, and the value of sacrificing oneself for the common cause. For many, what is foremost in their minds is individual rights. Pitting these opposing worldviews against each other only created more conflict and so we are constantly working at finding compromises that take into consideration both individual and organizational needs. And so we have therapists who work less than the minimum number of hours, don't travel within the country to facilitate groups, miss meetings for personal reasons, and ask for payment for work that we used to volunteer. We are generally very forthcoming in our response to individual needs as long as they are expressed explicitly. While this takes a certain toll on the organization and the other group members, we have found that flexibility within bounds gives everyone a stronger sense that she doesn't just belong to the organization, but is a significant part of it.

A related dilemma is whether and to what extent doing the work is a right or a responsibility; that is, can any member choose not to participate in a project or does she have the responsibility to the Center (which has a responsibility to the community) to contribute to its success. We often have either many people competing to do the work—or not enough who want to do it at all. In the past ten years, we have increased the pay for lectures,

projects and other educational programs, which has been a motivating factor. But we still face the ongoing challenge of continuously enlarging our definitions to include our younger therapists' points of view, while trying to imbue them with the generosity of spirit.

As with the question of whether commensurate pay or volunteering for the greater good is more reflective of a feminist perspective, and if they both are, how can the conflict be resolved, we have had an unspoken conflict around 'intellectual property.' Explicitly, we have asked everyone who has given lectures and workshops to submit their notes or outlines to a central file where other therapists can use them to develop their own versions of lectures and workshops on the same topic. Only recently was there outright objection to this request. Previously, no one actively challenged this guideline, but very few offered their notes and outlines voluntarily. So perhaps this represented the ambivalence even our collective-oriented members felt about uncompensated giving. What we all need to remember is that if everyone contributes to a central information bank, we each will have many more topics for potential presentations. Cooperation always trumps competition.

Political Issues

Israel is a highly polarized country, whose politics are debated daily across much of the world, and many people's experience of the political is intensely personal. Matters of local concern include the social and economic issues facing most developed countries—globalization, privatization, immigration, inequality, the dismantling of welfare state policies, the environment—and feminists in particular are concerned with the impact of these issues on women. In Israel, none of these concerns is completely separate from the politics of the occupation of the Palestinian territories since 1967 and its historical antecedents. During the years that CCW has existed, there has been a gradual but continuous and significant shift rightward in the national polity. The personal impact of these politics, especially the central position of the army in society, compulsory conscription, and the Jewish settlements outside the Green Line (which demarcated the country before the 1967 war), created a number of dilemmas for CCW. When we started, most of us had left wing political views, we recognized the underlying connection between racism, sexism and economics, and were aware of its impact on women's lives. From the beginning we made a formal decision that we would not work in settlements or military bases established by Israel in the occupied Palestinian territories.

By the time we drew up a statement of policy, ten years later, the clinical staff had grown to twenty-five and although our core values still reflected a left agenda, there was more political diversity among us. Despite our agreement on the need to offer our services to women of limited economic means, we did not all agree on our political perspective regarding the Jewish

settlements. We declared that our goal was to offer feminist therapy and coun-
seling to all women, and to abide by feminist principles in discussions and
decisions around all issues regarding the work of the Center, including our
relationship with the people living in the Occupied territories—Palestinians
and Jews. Our Statement of Policy declared that "we recognize the connection
between sexism and racism and denounce oppression and occupation in
any form." But there was no consensus around making an unqualified state-
ment about the connection between the oppression of women and the Occu-
pation. We did reiterate our decision not to travel into the occupied territories
to work with Jewish settlers, although we would cross the Green Line if
invited by Palestinians. Nevertheless, we would not refuse to see settlers
coming to the Center as clients.

Our relationship to the Occupation came to the fore when we agreed to
work with women soldiers involved in the Israeli disengagement plan from
the Gaza strip, providing psychological counseling to these women who par-
ticipated in the forceful eviction of Jewish settlers from the Gaza settlements
as described in this journal (Brenner & Savran, 2009). The political issue was
itself complex; while many on the left felt that any withdrawal from occupied
territory was a move in the right direction, others felt that a unilateral,
non-negotiated disengagement would have deleterious effects in the long
run. A number of staff members opposed working with the army under
any circumstances. We resolved this issue by allowing whoever was disin-
clined to participate to follow her conscience. More generally, some mem-
bers feel that we have compromised our integrity by becoming more
mainstream and less political. On the other hand, a number of staff members
who identified with the settler movement thought we were discriminating
against settler women by not offering those who were removed from Gaza
similar services to those we offered the women soldiers. Although feelings
ran and still run high, we resolved the specific dilemma by agreeing that a
staff member who was so inclined could specifically invite "disengaged" set-
tlers to partake of our services at the Center. Nevertheless, we decided that
even if funding by outside sources would make it financially worthwhile,
we would not offer services to organized groups of settlers.

A more general dilemma that we resolved relatively easily involved the
offer of a hefty donation by a Christian fundamentalist "friends of Israel"
organization, which supports a right wing position in Israeli politics. Though
no explicit strings were attached, and we could have rationalized the use of
the money to promote our values, we decided against being financially
attached to any organization whose worldview is diametrically opposed
to ours.

Today, in contrast to our original starting point, which included joining
with other feminist and social justice organizations for demonstrations and
other political action, as an organization we have essentially divested
ourselves of any clear political position not directly related to women. Many

individuals continue to do political work on their own. There are those who feel this has compromised our values as well as those who believe that we should function only as a professional therapy organization, leaving national politics aside.

The F(eminist) Word

Whether or not to use the "f" word in our brochure for local public relations and fund-raising purposes was a controversy we struggled with intensely from the beginning. The dilemma did not center on the 'experienced' vs. 'emerging' feminists as discussed by Sharon Horne and colleagues (2001). In Israel of the 1980s labeling anything feminist was perceived in a highly negative way by mainstream society. While all of us were clear about our feminist identification, we were divided over whether using the word would alienate parts of the public because of their negative emotional associations to the word. Some felt we need to be outspoken about our feminism as part of the process of creating a change in public attitude, while others felt it might hinder such a change because of the negative emotional impact of the word. This created a dilemma between the principled desire to declare our feminism vs. the potentially aversive effect it would have on clients, our relationship with the therapy establishment and our supporters abroad. We resolved this dilemma by choosing when to use the word "feminist" directly and when to talk about a "woman's perspective" or more recently, "gender sensitivity." We also realized that describing what we mean by feminism, and then attaching the label, created less resistance than using the word by itself. Additionally, the recent interest and acceptance of inter-subjectivity in psychotherapy, which emphasizes the importance of mutuality in the therapy relationship and recognition of the subjectivity of each partner, has contributed legitimacy to the practice of feminist therapy. Thankfully, by now the word "feminist" has become common enough even in mainstream society that while it still evokes sharp responses, it is no longer taboo. This dilemma seems to have been resolved by the collective efforts of feminists in all personal and professional settings to integrate the word into everyday discourse.

Bringing a Feminist Approach to Working with Traditional Communities

Despite a widespread perception that women in Israel have achieved equal status (a former woman prime minister, women in the army, a supposed liberal, historically socialist society), Israeli women have to cope with having relatively little political influence in a society largely controlled by male-dominated religious and militaristic authorities. So while in many ways Israeli

society sees itself as both traditional and modern-western-technocratic, women often are caught between the conflicting demands of both.

Working with women from traditional communities has been an expression of feminism's commitment to inclusion and non-discrimination. Besides discrimination against Christian and Muslim minorities in Israel, the majority Jewish population is itself divided, reflecting deep differences in identity, memory, and access to economic and political power. A basic social subdivision with long historical roots exists between Ashkenazi Jews, whose families had lived in Western and Eastern Europe, and Sephardi Jews, whose families had lived in southern Europe and the Muslim societies of North Africa and Asia. An equally important division, cutting across ethnic-cultural issues, involves religious identities and affiliations that run the gamut from extreme orthodoxy to liberal pluralism, with many stops in between. Although religious orthodoxy is often presumed to imply a thorough commitment to certain patterns of traditional behavior, one can find extremely religious women in non-traditional settings, such as a group on sexuality. On the other hand, we find young professional women who maintain an externally secular appearance but observe rules that prohibit unmarried women and men from touching each other at all, and permit contact between married couples only during the fertile time of their menstrual cycle. These women often see their primary role and religious responsibility to bring as many children as possible into the world.

These religious convictions raise complex issues related to the therapists' respect for women making life style and relationship choices that seemingly disempower them. We try to address these issues in a number of ways. For those of us who are secular in outlook, we have had to challenge our own "one size fits all" assumptions, that is, the presumption that my idea of feminism is appropriate for all women. Every choice, in order that it be a real choice has to be made with conscious intent and without coercion. So while we encourage our clients not to uncritically accept self-limitations on their freedom, we also believe that the essence of feminism is that a woman makes her own choices. We have also realized that to work with women from these populations, it is necessary to include in our staff therapists from these communities who regard themselves as feminist. Having religious therapists on staff helps the secular therapists understand the religious perspective as well as accommodate religious clients who feel more comfortable with a therapist with similar religious convictions. Paradoxically, many extremely orthodox (Haredi) women who come to CCW do so in order to have the anonymity they could not have in their own community.

Similarly, we must be especially sensitive to cultural imperatives when working with Arab clients who often come from a more gender-traditional community. As with working with women from all staunchly patriarchic families, we have to consider the consequences for her if she rebels against the status quo.

Another dilemma we have agonized over is our connections, or lack thereof, with Palestinian colleagues. Although we have repeatedly deliberated over the possibility of including a Palestinian (Israeli or non-Israeli) therapist in our staff, this would create a number of predicaments: Would she only work with Palestinian clients? If she, like all our therapists, were to work with our general client population, the great majority of whom are Jewish, would we be placing her in a position to be rejected by Jewish clients based on her nationality, given the rampant hostility in this society between Palestinians and Jews? Would this be fair to her? As we have relatively few Palestinian clients, some of whom prefer going to a therapist outside of their community, who would be her clientele? Could we make this connection work professionally beyond the political statement? We have tried in the past to work with Palestinian therapists on women's issues, however given the sensitive political situation, including the outbreak of the Intifadas, ambivalence on both sides and a lack of funds to motivate such meetings, these well meaning intentions did not materialize. We have recently resolved this issue, at least partially, by starting to train and supervise colleagues in Palestinian East Jerusalem on feminist issues through a municipally sponsored program. So far the program has been successful and has been extended into the coming year.

In our commitment to inclusiveness, we have been compelled to expand our understanding of feminism to take into consideration the situation of traditionally oriented women and incorporate it into a new context. We can challenge the client's traditional assumptions regarding women but if we cannot respect her constraints and her choices, we will not be able to work with her. Either we compromise our own values or we redefine our original formulation so that it takes account of a broader way of seeing women's behavior. This is true for women with traditional outlooks, and equally true for clients who see themselves as post-feminists. For example, while in Jerusalem, we see many religious women who will not touch a man before marriage, in Tel Aviv, a young woman might express her sexual liberation by agreeing to casual sex in the restroom with a man she has just met in a dance bar. We are aware of having imported the Western-feminist experience into the Middle East, bringing with us a set of feminist principles, as well as a set of implicit expectations about specific choices women will make in living feminist lives. As feminism develops in Israel, women may choose to empower themselves in ways that are not easily recognizable to my generation of Western feminists, and we must maintain a willingness to acknowledge decisions that are consistent with essential feminist principles.

Being Our Own Boss

Most non-profit organizations (in Israel) are founded by a Board with a mission to accomplish who hire a staff to carry it out. CCW started with a group

of women who had a mission and wanted to carry it out by ourselves. This put us in the position of both employer and employee. While in some ways this is an ideal situation, it does not eliminate the frictions that are inherent between the two roles. For example, we can't demand a pay raise (we presently earn $30 per clinical hour and $10 per administrative hour) without looking at the budget and figuring out where it would come from. Do we raise client fees? How would that affect our mandate to provide affordable therapy? By being responsible for every aspect of the organization, its staff and its clientele, we are constantly dealing with the question of priorities. A feminist perspective demands that we take women's economic situations into account when making financial decisions. But by looking out for our economically disadvantaged clients we limit our ability to look out for ourselves, and vice versa. Another related conflict of principles centers on the therapy groups that we offer. As a feminist therapy organization, we want to promote working in groups. However we have found that groups are almost never self-supporting, especially when all the preparatory administrative and interviewing work is taken into consideration. While we still struggle to provide affordable groups at the Center, we have found that offering our services to pre-existing groups, in community centers, workplaces, or other community based venues may be a more viable alternative.

When we first started, we had a dream that we would all work full time at the Center, but that is a financial impossibility for most of the staff who need to work privately or in other jobs to augment their income. We are constantly looking for ways to accommodate the staff's (and clients') personal needs while maintaining basic ground rules, such as minimum number of client/hours, unpaid attendance at staff meetings, participating in committee and community activities, etc. When these conflict, we try to maintain a nurturing environment, to be more fluid than formal, and to be case-sensitive and attentive to individual needs as well as the Center's. We have developed what we think of as relational organizational management—which takes into consideration not only individual situations, but the general group morale as well. When we started out, our dictum was 'ask not what CCW can do for you, ask what you can do for CCW.' Today we say that since we are CCW, the relationship is one of mutuality, and if one partner isn't satisfied, neither will the other.

Presently, CCW is a multifaceted organization with diverse roles – some open for rotation to the entire staff and some permanent specialized jobs. We enrich each other and ourselves through in-house training and peer supervision in which we include psychology and social work students. In addition to individual, couple and group psychotherapy, we are doing more community work than ever, holding biennial national conferences on issues related to feminist therapy, and working with other professionals. This past year we began a year-long course training program in feminist therapy for therapists. We still have dilemmas both large and small, from the question

of should there be a special library for professional books exclusively for therapists or should all our books be available for clients to borrow, as well as the major policy question regarding seeing male clients (presently we see men only at the request of our woman client), and the associated question of whether our staff could include a male therapist who considers himself a feminist. We have difficulty with mutual and self-criticism (Rothschild-Whitt, 1976), and we are constantly challenged by the diversity of individual personalities and perspectives, personal, political and professional. However, we are still guided by the principle that every worker has influence on the organization, and is a partner to decision-making and responsibilities of the organization.

All of us feel that as much as we've helped CCW grow, we ourselves have grown from our inter-relationship with the Center. Besides the many friendships that have developed among us, and despite the diversity and the differences, we still feel the binding power of sisterhood after all these years.

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