

**Book Reviews**


This small volume, edited by Marcia Hill, a psychologist and Co-Editor of the journal *Women & Therapy*, is not a book in a true sense, but a collection of nine papers on “feminist therapy as a political act.” These papers were copublished simultaneously as an issue of the journal *Women & Therapy*.

According to various authors of these articles, “feminist therapy as it exists is a philosophy of psychotherapy, not a prescription or technique.” It was “conceived in the early 1970s in the oppositional spirit of the Women’s Liberation Movement.” “Feminist therapy remains for the most part outside the academy, its voluminous writings mostly outside the canon of the mental health professions,” and “... its original anti-establishment flavor persists.” “Feminist therapy has been a political act: Feminist therapists proclaim that women are not sick, but society is.” Finally, “feminist therapy is a multifaceted approach to the therapeutic process. Its core, however, incorporates a philosophy that therapy explores individual issues within a broader social framework. The goal of feminist therapy is to create change through empowerment. For women, often disenfranchised by the society in which they live, empowerment includes promoting social change through social action.” The first responsibility of feminist therapy is to allow clients “to speak, in their own voices, naming their own experience[s] and realities” [sic]. Hopefully the reader can extract from these quotations what feminist therapy is about.

The first article, “Making therapy feminist: A practice survey,” by M. Hill and M. Ballou, discusses the principles of feminist therapy and the structural elements of the therapy situation itself first. The authors claim that feminist therapists “have restructured the practice of therapy to return power to the client as much as is practical.” The article further discusses the issues of rape, childhood abuse, domestic violence, and male violence. The second part of the article summarizes the results of a two-question (open-ended) survey about feminist therapy conducted by the authors. The questions were sent to the members of the Feminist Therapy Institute, with a less than 30% “usable” response rate. The authors claim that the “results showed strong support for a variety of ways on which feminist therapists enact these (feminist therapy) principles, with particular attention given by respondents to power in the structure and relationship of therapy.”

The second article, “Putting politics into practice: Feminist therapy as feminist praxis,” by J. Marecek and D. Kravetz, again present results of another “study,” in which the authors “explore the interviews of three experienced feminist therapists drawn from a large set of interviews” they collected. The authors emphasize the heterogeneity of feminist therapy and feel that the field will be “better served if diverse ideas and discourses are brought into abrasive interaction.” The third article, “Feminist therapy: Integrating political analysis in counseling and psychotherapy,” by S. L. Morrow and D. M. Hawxhurst, discusses the principles of feminist therapy from the point of the authors’ experiences as feminist activists, therapists, and trainers for over two decades (“reclaiming our roots”). These principles include the following: 1) The personal is political; 2) A critique of conventional systems of psychotherapy; and 3) Feminism is therapy. The second part of this article discusses empowerment and using its principles in psychotherapy. The authors also focus on the concept of internalized oppression, “in which misogyny, racism, classism, heterosexism, and other forms of prejudice or hatred are incorporated into an individual’s own self-concept, effectively restricting the possibility for empowerment at a personal level.” The fourth article, “Contextual identity: A model for therapy and social change,” by S. E. Barrett, focuses on the importance of integrating group identity into a personal understanding of oneself and one’s connections. The author’s ideas are “filtered through her own identities as a white, middle-class, able-bodied lesbian in a bicultural, biracial family.”

In the fifth article, “Japanese feminist counseling as a political act,” M. Matsuyuki provides information about the Japanese Association of Feminist Counselors. It is an interesting treatise that provides some valuable transcultural insight. The sixth article, “Politicizing survivors of incest and sexual abuse: Another face of healing,” by...
J. Oppenheimer, describes the author’s own experience and development as a feminist therapist and political activist in Israel. The content of the seventh article, “Border crossing and living our contradictions: Letters between two feminist therapists about doing therapy with men,” by N.S. Javed and N. Gerrard, is evident from its title. The authors claim that “men who come for therapy in our clinic are often marginalized because they have trouble in assimilating to the cultural norms of patriarchy.” The eighth article, “Fostering resistance through relationships in a feminist hospital program,” by R. Spencer, discusses the author’s experience implementing a feminist hospital-based program for women. Finally, the last article, “Tools for change: Methods of incorporating political/social action into the therapy session,” by K.M. Weiner, provides the ways to “incorporate political action into a client’s therapy process so the client may incorporate it into her/his life.” And a “framework for defining this as ethical, therapeutic and necessary to the client” is presented.

This is a provocative and very opinionated volume, suggesting that psychotherapy should be politicized, and that it should be a method for creating political, social, and individual change. It brings our attention to a very special and narrow niche of psychotherapy. I feel that the volume is poorly edited and not well tied together. As noted, it is basically a collection of articles by feminist therapists, from so-called studies to personal experiences, without any interconnecting and explaining commentaries by the editor. Dividing the book into sections and connecting the articles through commentaries would have provided a better service to an ordinary reader. This is a volume for feminist therapists and for those who may want to learn about feminist therapy. Others may not find it very interesting nor amusing and may consider spending time and money on something else.

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THE BUSINESS PART OF EVERYDAY CLINICAL PRACTICE has become more and more complicated lately. We are all facing the demands of third-party payers for more extensive documentation of services, coding, completing insurance forms, authorizations, preauthorization, verifications, explanations of claims, and other paperwork or phone calls. One of the most important and permanent parts of billing and collection activities is procedural coding. Procedural coding is the basis for reimbursement for services provided. Unfortunately, the field of procedural coding has been rapidly developing and thus, as Chester Schmidt Jr. points out in the “Introduction” to his book on procedural coding, many practitioners possess limited knowledge about coding. Thus, Chester Schmidt Jr., a foremost expert on procedural coding in psychiatry and chair of the APA’s Committee on RBRVS, Codes and Reimbursement, put together a small practical volume, CPT Handbook for Psychiatrists. The book is now coming out in its second edition. For those who are still not sure about the title of this book, CPT stands for Current Procedural Terminology.

The book is divided into “Preface,” eight chapters, and three appendices. In chapter one, the author explains the rationale for good coding and warns that the constantly changing system, documentation requirements, and different payment policies of payers set the scene for “confusion at best, catastrophe at worst.” He also warns the reader that work such as reviewing records or results, writing notes, telephone calls, and other not face-to-face services is supposedly “comprehended” in pre- and postservice time of the services and procedures defined by CPT and RBRVS (Resource-Based Relative Value Scale), and thus is not reimbursed by Health Care Financing Administration (HCFA) and commercial payers. Chapter two, “Basics of CPT,” provides background information about CPT coding, the format of the CPT manual, organization of Physicians’ CPT, 4th Edition, CPT committees and their procedures (AMA CPT Editorial Panel and CPT Advisory Committee), and explains the procedure of CPT updating. The author provides one important caveat—that inclusion or exclusion of a procedure in CPT does not guarantee reimbursement. “Insurance companies voluntarily use the system but are not legally bound to pay for any procedure listed in the coding system.” Chapter three, “Codes for Psychiatric Services,” describes the codes most frequently used by psychiatrists, and provides guidance on how to select and use them. For psychotherapy, the appropriate code is selected based on face-to-face time spent during psychotherapy, interactive versus insight-oriented, behavior-modifying, or supportive psychotherapy, with or without evaluation.