Femenism, God's Will, and Women's Empowerment

C. Margaret Hall
Georgetown University

Follow this and additional works at: http://digitalcommons.wayne.edu/csr

Recommended Citation
Available at: http://digitalcommons.wayne.edu/csr/vol13/iss1/5

This Article is brought to you for free and open access by DigitalCommons@WayneState. It has been accepted for inclusion in Clinical Sociology Review by an authorized administrator of DigitalCommons@WayneState.
Feminism, God's Will, and Women's Empowerment*

C. Margaret Hall
Georgetown University

ABSTRACT

This study is based on clinical sociological principles derived from Durkheim's and Weber's theories, as well as from contemporary research findings which suggest that religion and feminism can be social sources of empowerment for women. The theoretical orientation therefore incorporates social and cultural influences on behavior, as well as the intrapsychic and interpersonal decision-making processes characteristic of other therapeutic modalities.

Two life histories show ways in which feminism and religion reinforce women's personal growth, and expand the scope of their contributions to society. Influences of feminism and religion on these women's beliefs are examined, as well as how redefining responsibilities during clinical sessions—by deepening and broadening understandings of "God's will"—changes their behavior. Sociological practitioners can benefit from understanding how feminism inspires some women to work for their individual and collective empowerment through engaging in religious practices (prayer and meditation) which give emotional support to their questioning of traditional beliefs defining patriarchy as God's will. Clinical outcomes suggest that feminism and religion can motivate women clients to redefine reality and change behavior by encouraging reassessments of their understandings of God's will and their individual and social responsibilities.

*An earlier version of this article was presented at the annual meeting of the Society for the Scientific Study of Religion (November, 1992) in Washington, D.C.
Although many feminist scholars (Christ, 1983; Daly, 1968, 1973), especially Marxist feminists (Eisenstein, 1979), have concluded that religion exploits and oppresses women, some clinical, research, and community life history data suggest that religion may be a source of empowerment for women’s interpersonal and collective struggles towards equality (Hall, 1992). Broad, social structural research has long documented that religion serves as a stabilizing influence during periods of rapid change (Durkheim, [1912] 1965), or as a meaningful source of motivation for bringing about change (Weber, [1905] 1958). More recently some feminist researchers have shown how women can empower themselves by employing religious beliefs and practices to add purpose and direction to their actions (Anderson & Hopkins, 1991).

Religion has undergone profound changes as a consequence of secularization in modern society (Bellah et al., 1985). Since the second wave of feminism in the 1970’s, many women and men define God and their relationships to God differently (Reuther & McLaughlin, 1979; Steinem, 1992). When God is understood as a reflection of society as a whole (Durkheim, [1912] 1965), secular changes can be thought of as predictably precipitating religious changes.

Beliefs in “God’s will” predispose men and women towards specific patterns of behavior, as moral values motivate much social action (Durkheim, [1906] 1961; Weber, [1905] 1958). Innovation results from new views of self and society, and new definitions of salvation and responsibility (Weber, [1905] 1958). For the purpose of making clinical reviews in this paper, “God’s will” is defined as religious or moral beliefs—of any denomination or sect—which define personal and social responsibilities. Throughout the clinical exchanges reported, the clinician and client focussed on defining limits of responsibility, thereby discussing both under-responsibility and over-responsibility as irresponsibility. Clinical findings show how clients may base much of their decision-making, and hence their behavior, on their understandings of God’s will as primary rationales for their own moral agencies.

In societies and cultural contexts where feminism has brought about increased life chances for women, new options may have special consequences for women who view themselves as instruments of God’s will (Christ & Plaskow, 1979). Secular changes may encourage women to believe that they can now serve God more fully than before (Hall, 1992), which has clinical consequences that women’s individual and social functioning are more effective.
Theoretical Orientation

For the purpose of these clinical analyses, feminism is conceptualized as a secular religion (Johnson, 1987). Durkheim’s hypothesis that religious beliefs and practices are the core of cultural and social organization, with God as the symbolic representation of society itself, is used as a frame of reference for documenting the causes and outcomes of changes in women’s definitions of God’s will and their related secular responsibilities. A valuable aspect of applications of this perspective to clinical work is that Durkheim consistently emphasizes the significance of religious values for everyday thought and behavior (Durkheim, [1906] 1961, [1912] 1965; Berger & Luckmann, 1966).

Unlike Marx, who views religion as an instrument of oppression of the ruling class, and as part of false consciousness (Marx, [1844-1875] 1964; Caute, 1967), Weber concludes that religion—particularly the belief that salvation is attained through responsible action—promotes secular change (Weber, [1905] 1958). Continuing in Weber’s train of thought, this study hypothesizes that secular religion (feminism) can change society as a whole, as well as serve as a source of motivation for women who want to change their understanding of God’s will and their everyday responsibilities.

Methodology

More than five hundred life histories of women—which were collected from clinical, research, and community settings over a twenty year period—form the data base (for source material and comparative context) of this study. The data derive from private practice in individual and family therapy, interview research on women’s identity and empowerment, and women’s empowerment discussion groups.

Although objectivity is difficult to achieve by using data which are collected from varied sources and for different purposes, all the life histories recorded are primary data. The author personally interviewed each individual and family in the pool of life histories, rather than used data collected by others.

Approximately one half of the five hundred life histories are constructed from clinical sources. These clinical cases have a range of presenting problems which include: women who are dysfunctional due to work pressures, depression, marital conflict, divorce, parenting problems, loneliness, loss through death, stress due to geographical relocation, retirement, health concerns, aging, etc.
Approximately one quarter of the five hundred life histories are constructed from research sources. These profiles are largely descriptive of patterns of behavior during the span of a lifetime. Research subjects volunteered to answer questions about the scope of their decision-making in changing social contexts throughout their lives.

Approximately one quarter of the five hundred life histories are constructed from women’s empowerment discussion group sources. Data from these discussion groups are influenced by the fact that these women’s exchanges are directed towards a shared goal of strengthening the everyday functioning of participants over the long run, rather than towards solving particular acute clinical problems.

Formal and informal reviews of these data, as well as content analyses of repeated patterns and themes in the life histories, suggest that women who think of themselves as religious or spiritual can expand their understanding of God’s will after experiencing secular changes precipitated by feminism. Clinical findings indicate that behavior shifts occur when feminism and religious or spiritual practices are questioned and discussed during a course of sociological practice. Clinical techniques include dialogues which heighten clients’ abilities to connect their interpersonal behavior to social issues (Mills, 1959).

Life Histories: Susan and Evelyn

Two life histories were selected from the pool of five hundred life histories in order to illustrate ways in which some women’s lives have been changed by feminism, redefinitions of God’s will, and clinical interventions. The data described below derive from clinical settings, where individual therapy using a sociological frame of reference was conducted.

Susan’s experiences show how feminism influenced her to move away from denominational Judaism, and at the same time to strengthen her cultural and domestic ties to Judaism. The changes that Evelyn made show how feminism supported her commitment to the Pentecostal church, and also broadened the scope of her contributions to the community. Both Susan and Evelyn were profoundly influenced by feminism, and through clinical explorations deepened their understandings of God’s will and redefined their daily responsibilities.

Susan

Susan is a thirty-five year old Jewish woman who lives in a suburb of a small city. Until the last ten years, she led a highly conforming life-
style, particularly with respect to her religious beliefs and practices. She was raised as a Conservative Jew, and did not question the social expectations of her roles as a wife and the mother of two young children until she sought clinical guidance to reduce the acute boredom, restlessness and aimlessness she felt due to accommodating others’ demands.

Through clinical discussions, everyday observations, reading, and reflection, Susan increased her awareness of feminist ideas and values. As she allowed herself to care more about her own needs, and about social conditions for women in general, she became less interested in participating regularly in synagogue rituals and activities.

After three months of sociological counseling Susan decided to continue the career in public service which she had started several years ago. She made many new women friends at work, including some of the disadvantaged women whose needs she served. Although Susan participated in religious ceremonies at home, where practices could easily be more flexible, she no longer derived meaning and direction from participating in traditional synagogue worship.

Susan’s individualized prayers and meditations helped her to gain the emotional strength she needed to work towards her chosen social causes. Her deepened understanding of God’s will changed her goals. She was promoted to the position of administrator in her non-profit organization, which represents the interests and concerns of homeless people, thereby gaining more opportunities to develop her professional skills in advocacy work. Susan’s quest for increased meaning in her life—the reason she initiated sociological therapy—was richly fulfilled.

_Evelyn_

Evelyn is a fifty year old single Black woman who is an active member of a Pentecostal church in an urban residential area. Evelyn’s religious life is of much greater emotional significance to her than her work life. She has been a clerk at a local post office for the last five years.

For most of her adult life Evelyn restricted her community contributions to supporting her church rather than reaching out to needy groups in the town where she lives. After suffering from depression for four months, and feeling worthless in spite of her religious activities, Evelyn decided to undertake a course of sociological therapy with the hope that this would relieve her symptoms of extreme listlessness and uneasiness.

Through discussions in clinical sessions and increased reflection about her everyday life, Evelyn became interested in the strengths of feminist values and the plight of poor Black women. In this critical pe-
period of questioning what she had previously taken for granted, Evelyn redefined and broadened her understanding of God’s will, and reassessed her individual and social responsibilities.

Through efforts to extend the scope of her social contacts, and to increase meaning in her life, Evelyn decided to give several hours each week to assist young single mothers in a nearby town. Although she continued to participate regularly in the Pentecostal services at her church, which give her much emotional support, Evelyn spent increasing amounts of time working in a non-profit organization which provides essential services for poor single mothers. For Evelyn, God’s will now meant that she should put aside her customary church maintenance work, in order to be able to respond more fully to the urgent needs of single mothers.

After several months of participating in this service to the community, Evelyn designed an educational program which aimed to prevent or limit single mothers’ economic hardships and social stresses. In order to implement her program, she gave up her clerical positions in the post office, and worked as a teacher’s aide and lay counselor in several local schools.

Evelyn’s continued church attendance and increased personal prayer and meditation maintained the energy and motivation she needed to meet her new social responsibilities. The changes she made in her emotional standpoint towards others, decreased her depressions, and she functioned much more satisfactorily than before. Thus Evelyn’s selective acceptance of feminist values, and her new view of God’s will, moved her out of confined church-related activities into broader spheres of community participation.

**Discussion**

The most distinctive pattern in the two life histories described, and in the content analyses of the five hundred life histories which document many different kinds of changes in women’s behavior, is the increased range and scope of individual and social responsibilities that women assume as a result of effective clinical interventions, especially where individual responses and choices in relation to feminism and religion are examined and questioned. During their courses of sociological therapy, both Susan and Evelyn expanded their definitions of God’s will and responsible behavior, rather than accepted God’s will as a moral imperative to conform to others’ demands and expectations (Hall, 1990).

Some research on women suggests that the ideology and internalized beliefs of feminism can provide rationales and justifications for
women to break through discerned rigidities in traditional patriarchal structures and processes (Lenz & Meyerhoff, 1985). Susan’s and Evelyn’s clinical discussions, reflections, and actions prompted them to think of egalitarian changes as manifestations of God’s will, and to orient their actions towards achieving increased equality for all women and men.

Prayer and meditation helped both Susan and Evelyn to act decisively in directions which directly express their expanded understandings of God’s will. Their behavior gradually modifies broad social assumptions about God’s will, thereby precipitating additional secular and religious changes (Luckmann, 1967). It can also be speculated that for Susan and Evelyn, as for other women, applications of either feminist spirituality or feminist theology would further increase changes in religious and secular patriarchal forms (Reuther, 1974; Stanton, 1972).

Although interactive processes, with their characteristic patterns of retreat, resistance, and advance, may be imperceptible (Durkheim, [1893] 1984, [1912] 1965), microsociological changes can bring about some awakening or enlightenment in both secular and religious terms (Gray, 1988). For Susan and Evelyn, as for many other women, an ethic of feminism is a new reality (Rowbotham, 1989) which necessitates reinterpretations of God’s will at both individual and collective levels (Haddad & Findly, 1985). Whether they are participants in clinical settings or not, both women and men must choose to accept, ignore, or reject feminism as a moving force of structural change (Lenz & Meyerhoff, 1985).

A feminist ethic includes modern independent and traditional supportive feminine values. Feminism is an important source of new beliefs (Berger & Luckmann, 1966), and a feminist ethic has the capacity to restore balance to social manifestations of overly dominant patriarchal values (Chafetz, 1990). However, when powerful interest groups resist feminism, traditional patriarchal beliefs become more firmly entrenched (Beauvoir, [1949] 1974; Faludi, 1991; Firestone, 1971). Only when societies or significant social groups are receptive to feminism can religious and secular forms incorporate more traditional feminine values or independent feminist values, with the effect that new feminist beliefs and theologies emerge and thrive (Anderson & Hopkins, 1991).

Life histories are microcosms of broad social processes (Bertaux, 1981). The life histories of Susan and Evelyn, for whom religion is salient, show that feminism and related secular changes deepen their understandings of God’s will in basic areas of their lives. Thus it is meaningful to analyze some of the changes in Susan’s and Evelyn’s interpretations of daily responsibilities, which are substantiated by the majority
of the five hundred life histories, in terms of shifts in their orientations to families, religion, social classes, culture, and society or history. These social contexts are selected for review because they represent many of women's shared interests and life situations, typical assumptions women make about human nature, and representative world views.

Families and Family Expectations

Increasing numbers of families are influenced by modern feminist values. These more egalitarian families are characterized by increased flexibility in women's and men's gender roles, as well as by increased contacts with older generations (Chafetz, 1990). As families largely determine early religious recruitment and socialization, some feminist values have a direct impact on religions, especially with regard to definitions of family expectations and responsibilities.

Susan redefined some of the more conventional aspects of her roles as wife and mother through feminism and religion, and Evelyn worked towards strengthening new generations of families, even though she herself was unmarried and did not have children. Clinical work which is based on a recognition of the critical interplay of feminism, families, and religion in women's lives, and related decreases or increases in women's empowerment, can be especially effective.

Religion as Direction

Religions and secular ideologies of feminism give meaning, purpose, and direction to their believers (Bernard, 1981). Feminist theologies provide orientations for both religious and secular changes, and suggest new social orders (Gray, 1988). For many people, including both Susan and Evelyn, only religion could meet their deep-seated emotional needs to transcend the pain of their everyday realities. Indeed, it is the unique transcendental characteristics of religion which make prayer, meditation, and other devotional practices powerful sources of empowerment, and powerful means to increase motivation for achieving egalitarian changes during sociological interventions.

Social Class and Mobility

Feminism is a valuable frame of reference for demystifying and clarifying injustices in stratification systems based on sex, resources, age,
ethnicity, or religion (Davis, 1983). Deepened understanding of social classes promotes reassessments of individual and social responsibilities, thereby modifying interpretations of God’s will. Increased knowledge about international class differences (Charles, 1990) also heightens clients’ awareness of what it means to be an agent of God’s will or an empowered woman.

Although conventional class mobility does not necessarily result from living according to feminist principles (Greer, 1971), sharing a goal of equal opportunity for all motivates some women to define responsibility or God’s will as working towards the betterment of life conditions for all. Feminism increases women’s autonomy and qualitatively changes women’s world views (Friedan, 1981), which enables them to more accurately assess their contributions in national and international contexts beyond local milieus (Mills, 1959).

Sisterhood is powerful only when less privileged women benefit from privileged women’s actions (Davis, 1983). Although neither Susan nor Evelyn were concerned about their own class mobility, Susan’s work out of the home provided her with increased economic independence and social mobility, and Evelyn contributed directly towards improving the status of poor single mothers. It can be speculated that a more inclusive class consciousness among women could rectify some of the inequities between women and men and among women. This is a fruitful theme to pursue in clinical exchanges during sociological crisis interventions in individual therapy or community settings.

**Cultural Contexts**

In the United States, as in other highly industrialized nations, there is increasing conflict between traditional and modern cultural values. For example, the United States emphasizes individual achievement and acquisitiveness rather than collective contributions to community well-being (Bellah, 1985). Unless individuals’ value and action choices become more deliberate and responsible, cultural conflicts will debilitate social institutions and weaken rather than strengthen society (Hall, 1990; Bellah, 1991).

Feminism emphasizes cooperative values which contrast with mainstream competitive values (Millett, 1970). Beliefs based on communal values necessitate examinations and redefinitions of individual and social responsibilities, as well as reworkings of assumptions about God and God’s will (James, [1902] 1961; Hammond, 1988).
New understanding precipitates changes in community and cultural responses. Sociological practitioners can increase their clients’ awareness of new options in value choices. Both Susan and Evelyn revised their assessments of their viability as actors contributing to the common good. Their life histories show how their community contributions brought maturation and increased life-satisfaction.

**Society and History**

Effective clinical interventions increase clients’ awareness of the interplay between broad social influences and their individual deliberations. Both Susan and Evelyn became more able to see themselves in a societal context during the course of their sociological therapies, which changed the basis of their value choices. As feminism expands women’s choices, both Susan and Evelyn were able to become historical actors who initiated change, rather than conformists to social expectations.

Feminism allows women to see many of their personal troubles as social issues (Mills, 1959), and to realize that God’s will must necessarily include societal as well as personal concerns. Women’s increased scope of responsibility is the essence of feminist enlightenment. Feminism provides a moral vision which redefines women’s identity and their contributions to society (Mol, 1978; Turner, 1976).

**Conclusion**

Feminism introduces new values into mainstream culture, as well as suggests new definitions of women’s individual and social responsibilities (Friedan, 1963; Rowbotham, 1974; Wollstonecraft, [1792] 1982). Susan and Evelyn exemplify how secular changes through feminism can change both religious observances and everyday behavior. Susan’s and Evelyn’s experiences also show how religion can provide meaningful support and inspiration during crises and rapid social change.

In the same way that feminist theologians within different religious denominations inspire some women to develop their own spirituality (Steinem, 1992), religion can be a means for women to attain freedom rather than a site of their oppression.

Sociological practice is enhanced when a feminist ethic is viewed as an important social source which brings about secular or spiritual enlightenment. As well as contributing towards the development of more humane religious institutions and improvements in the quality of secu-
lar life, feminism provides emotional standpoints and world views which open up the restrictions of orthodox views of God’s will (Kemper, 1990; Oatley, 1992).

The life histories of Susan and Evelyn show that feminism can inspire meditations on God’s will and galvanize women to work towards the elimination of social injustices. A feminist ethic extends boundaries of responsibility, and broadens horizons for enlightened social action. Both feminism and religion are important sources for women’s empowerment through clinical or community interventions and everyday activities. Feminist and religious values or beliefs provide meaning, direction, and increased motivation to build a just society. When practitioners discuss feminism and beliefs with their clients, they can heighten awareness of responsibilities and empowerment possibilities, thereby increasing the effectiveness of their sociological interventions.

Sociological Practice Applications

In order to clarify priorities among the diverse applications to clinical practice suggested by these analyses of life history data and case studies, three summary points are made. One assumption underlying each of the three categories of applications is that discussions of ideas between clients and practitioners can change, or at least challenge, clients’ thinking, their patterns of behavior, and their levels of functioning. Another assumption is that even though feminism as an ideology affects women more than men, feminism also ultimately affects men’s sense of identity and their behavior—that is, men’s definitions of God’s will and their empowerment.

1. Ideological movements are powerful sources of innovative values, which can orient many different kinds of personal and public behavior. Practitioners’ direct references to ideological substantive themes, such as belief in the equality of women and men, can precipitate deep levels of questioning by clients, as well as shifts in their behavior.

   E.g. Practitioners can precipitate constructive changes by asking such questions as, “How do you relate to feminism?” “In which ways do feminist values affect your life?” “Which feminist values have the strongest impact on your life?”

2. Participation in religious communities can provide meaningful support to clients, and the inclusion of key religious
concepts such as "God's will" in clinical discussions may orient clients' behavior differently, and have empowering consequences.

E.g. Practitioners can encourage clients' explorations of new world views by asking their clients direct questions such as, "Do you find religion meaningful?" "How do you pray or meditate?" "How do you apply religious ideals in your own life?" "How does feminism affect your understanding of God’s will?"

3. Women's empowerment can be a clinical result of extending or deepening women's understanding of God’s will. Clinicians are in a strategic position to help clients to articulate some of the connections they make between feminism, God’s will and women’s empowerment. By examining clients' families, religions, social class, culture and society with their clients, practitioners can broaden clients' views and life-styles.

E.g. Questions which serve the purpose of broadening clients' perspectives on self and society include, "How has feminism affected your world view and your beliefs about human nature?" "Which of your values are most important to you and why?" "What is your strongest identity like?"

This summarization of sociological practice applications remains suggestive rather than prescriptive. A significant overall task of the sociological practitioner is to engage clients in thinking and decision-making which affects both their interpersonal and public actions. Clients empower their identities through synthesizing micro- and macro-considerations of their life situations, and sociological practitioners achieve such constructive outcomes when they direct clinical discussions in meaningful and influential directions.

REFERENCES


