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Challenges and possibilities in providing care to women in psychotherapies influenced by Behavior Analysis

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Research Article

Keywords: women, Behavior Analysis, Psychotherapy, feminism

Posted Date: November 3rd, 2026

DOI: https://doi.org/10.21203/rs.3.rs-11367748/v1

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Additional Declarations: No competing interests reported.

Abstract

Given the growing literature on psychotherapy models adapted for women, integrating these discussions and findings is timely. This study aims to examine the limitations of psychotherapy for women and propose practices to address these challenges through a literature review from the perspective of Behavior Analysis-based psychotherapies. We searched the CAPES Periodicals and PsycNet databases using keywords relevant to the study's objective. The search identified 2,628 items; after screening, 11 were selected for analysis. The results indicate steady growth, with a slight acceleration after 2017. Two broad analytical categories were established: (1) “Challenges in psychotherapeutic care for women” and (2) “Possibilities and suggestions for psychotherapeutic care for women.” The first category comprised the following subcategories: (a) Challenges related to the therapeutic relationship and skills; (b) Challenges in skill acquisition and application; and (c) Contextual and structural barriers to psychotherapy. In the second category, the subcategories analyzed were: (a) Possibilities related to the therapeutic relationship and skills; (b) Incorporation of social, cultural, and biological dimensions; (c) Possibilities for psychotherapeutic interventions; (d) Skill development within the psychotherapeutic context; and (e) Benefits of psychotherapeutic interventions. The findings reinforce the need for a Behavior Analysis-based psychotherapeutic practice sensitive to sociopolitical and cultural contingencies; however, further research is needed to evaluate the efficacy of behavior-analytic interventions adapted for diverse groups of women. Furthermore, it is important to reinforce the idea of integrating a feminist perspective into Behavior Analysis; while challenging, this is essential for building a fairer and more equitable psychology.

Introduction

This work is presented from a feminist perspective, with feminism defined by bell hooks (2023) as “a movement aimed at ending sexism, sexist exploitation, and oppression” (p. 13). In this sense, when we speak of oppression from a feminist perspective, we refer to a society based on patriarchy, which is defined as a power structure sustained by a sexist and patriarchal ideology that maintains and legitimizes the domination and exploitation of women by men, resulting in inequality and asymmetry of power between genders (Saffioti, 2004/2015).

This inequality is evident in global and national data. According to the World Economic Forum's 2022 global report, at the current rate of progress on gender inequality, parity between men and women would be achieved in 132 years. Some data need to be highlighted regarding the global and Brazilian realities of gender disparity across the following factors: (a) work and income; (b) political representation; and (c) stress and violence.

Regarding work and income, women had a higher unemployment rate worldwide in 2022 (World Economic Forum, 2022). This pattern was also observed in Brazil, with a labor force participation rate of 53.3% for women (employed or seeking work), while the rate for men in the same context reached 73.2%. Furthermore, Brazilian women's income, according to the Brazilian Institute of Geography and Statistics

(IBGE), was equivalent to 78.9% of men's income (IBGE, 2021). Another important data point concerns differences in unpaid and domestic work. According to the World Economic Forum (2022), women of working age spend 54% of their time on unpaid work, compared with 19% for men. In Brazil, women spend about 21.3 hours per week on housework, while Brazilian men spend 11.7 hours per week (IBGE, 2021).

Another important data point is the gender disparity in political representation. Globally, women hold 16.1% of ministerial positions, and 22.9% of parliamentary seats (World Economic Forum, 2022). In Brazil, in 2021, women represented 17.9% of federal deputies, 16.1% of city councilors, and 12.1% of mayors (IBGE, 2021). Furthermore, it is relevant to address data related to gender-based violence in Brazil. According to IBGE (2021), the proportion of women who suffered some violence in the last 12 months, and whose most serious aggression was committed by an intimate partner, was 6.0%. The reality of gender disparity significantly affects women's mental health, as the stress reported by them exceeds the stress level reported by men by 4% (World Economic Forum, 2022).

This data shows how economic and social differences between men and women affect mental health in our society. Psychological science can address the contours and forms that shape the suffering of being a woman in our society. However, psychology has not prioritized the study of women's mental health. According to Eagly et al. (2018), a survey of psychological research on gender issues found that priority areas of research have been social problems, personality psychology, and developmental psychology. Thus, mental health and prevention have not emerged as a focus of psychological research on gender issues. According to a 2021 report by the Brazilian Ministry of Health, although men are at higher risk of dying by suicide, women account for 71.3% of victims of self-inflicted injuries (Ministério da Saúde, 2021).

In this context of persistent inequalities and their impacts on women's mental health, it is important that psychology can effectively address this issue across the full diversity of psychological approaches. This is even more important because understanding human behavior requires analyzing the three levels of selection, as Skinner (1953/2005) points out: phylogenetic, ontogenetic, and cultural.

Historically, feminism has maintained productive dialogues with various sciences, influencing critical revisions and new ways of analyzing human behavior, including in psychology (Couto & Dittrich, 2017). Feminism, as a political theory and social movement, offers an indispensable critical lens for analyzing power relations and the oppressions of gender, race, and class that permeate women's experiences (Akotirene, 2019; Couto & Dittrich, 2017). Intersectionality, a concept coined by Kimberlé Crenshaw, highlights the structural inseparability of racism, capitalism, and cis-heteropatriarchy, showing how Black women, for example, are affected by the intersection and overlap of these oppressions (Akotirene, 2019). Understanding these dynamics is fundamental to ensuring that psychological practice does not reproduce these oppressions but instead facilitates women's emancipation (Backschat, 2024; Lira, 2023), thereby reducing this population's psychological suffering and improving their quality of life.

Behavior Analysis, like many other psychological approaches, can engage with political theories and feminist social movements by interpreting this knowledge through its conceptual framework and applying it to professional practice (Nicolodi & Hunziker, 2021; Pinheiro & Mizael, 2019; Ruiz, 1995; Silva & Laurenti, 2016). However, behavioral-analytic work on overcoming gender inequalities has been timid, despite an increase in recent years (Couto & Dittrich, 2017; Oda, 2023).

Backschat (2024) examined feminist aspects in national behavioral-analytic studies and found that although Behavior Analysis has addressed women's issues, its engagement with feminism remains limited. However, feminist perspectives are increasingly integrated into Behavior Analysis, with 90% of the selected texts with feminist aspects published from 2014 to 2023, suggesting that early national feminist publications have significantly influenced how the field studies female behavior (Backschat, 2024).

Despite these advances, fully integrating feminism into Behavior Analysis still faces challenges. Couto and Dittrich (2017) note that although feminism analyzes human relations through a gender lens and seeks to transform them, its influence is not consistently evident in behavior-analytic production. Psychology, in general, has been criticized by parts of the feminist movement for helping establish norms that reinforce gender stereotypes (Couto & Dittrich, 2017). Silva et al. (2024) reinforce this perspective, highlighting the need to train researchers and psychology professionals in the job market to adopt a gender perspective and attend to cultural-level contingencies in their analyses.

On the other hand, the science of Behavior Analysis has been fruitful in shaping the development of various psychotherapeutic models to reduce human suffering and improve the quality of life for people seeking this service. In the United States, Functional Analytic Psychotherapy (FAP) (Kohlemberg & Tsai, 1991), Acceptance and Commitment Therapy (ACT) (Hayes, Strosahl & Wilson, 1999), and Dialectical Behavior Therapy (DBT) (Linehan, 1987) are examples of therapies heavily influenced by Behavior Analysis and have become popular worldwide. In Brazil, psychotherapy has also originated from Behavior Analysis, such as Behavioral Analytic Therapy (TAC) (Meyer et al., 2010).

Pinheiro and Oshiro (2019) highlight how an unequal society amplifies the suffering of certain minority social groups, maintaining systems of domination and perpetuating inequalities. The same mechanism operates within patriarchy, perpetuating differences between men and women, both in society at large and in the context of psychotherapy itself. Lira (2023) emphasizes that women's demands in clinical settings are shaped by the oppressions directed at the female sex, resulting from patriarchal contingencies. The author argues that effective and ethical clinical work requires therapists to be sensitive to the coercive contingencies women experience, aiming to facilitate women's emancipation and prevent the reproduction of such oppressions (Lira, 2023).

In this same vein, Manpetit and Fonseca-Júnior (2025) conducted a literature review and observed that the main clinical demands presented by women can be categorized as: (a) depression or anxiety; (b) the role of women in the family and patriarchal society; (c) romantic relationships; (d) aesthetic pressure; (e) loss of virginity; (f) other.

Oshin and Rizvi (2024) offer a practical perspective on how Dialectical Behavior Therapy (DBT) can address the aftereffects of oppression. They argue that DBT, in its standard form, can incorporate oppression as a treatment target, providing clients with skills to identify oppression and its impact while responding effectively. This principle-based approach allows clinicians to ideographically tailor treatment to the client's needs, presentation, and identities, positioning DBT to be effectively adapted for use with individuals from historically oppressed groups.

Scardino (2025) proposes integrating FAP with feminist therapy. The author then outlines changes that can be made in the daily practice of psychotherapy, such as: incorporating awareness of social variables by asking questions in the psychotherapeutic context; the importance of cultural literacy on the part of the psychotherapist; presenting the professional's values at the beginning of the intervention; empowering the client by asking which of the objectives raised they wish to begin therapy with; and the professional's self-disclosure as a way of redistributing power between therapist and client.

Furthermore, Scardino (2025) points out alternative practices that can address feminist issues, such as using artistic expressions and narratives to evoke behavioral change in the psychotherapeutic context, allowing clients to process emotions and feelings. The author also highlights the importance of professionals engaging in social and political activism, which helps them recognize the limitations of their experiences.

In this scenario, Behavior Analysis, by adopting a feminist gender perspective, can understand female behavior as the result of a personal history intertwined with cultural contexts of gender inequality, thereby prompting questions and calls for changes in professional practices, such as psychotherapy, that make psychology more just and egalitarian (Backschat, 2024; Scardino, 2025). Some authors have described adaptations of psychotherapeutic intervention strategies that address gender inequality to propose more effective interventions for women (Pinheiro & Oshiro, 2019; Lira, 2023; Oshin & Rizvi, 2024; Manpetit Fonseca-Júnior, 2025).

The investigation of the limits of intervention within a clinical context and the proposals for practices to address the challenges encountered are, therefore, the central focus of this work. It aims to conduct a literature review on the limits and possibilities of psychotherapeutic care for women from the perspective of psychotherapies based on Behavior Analysis and to carry out a theoretical-conceptual analysis based on the literature gathered.

Method

1.1. Data source

This literature review drew on articles from the CAPES Journals portal and PsycNet as data sources. The following search terms were used: “women”, “gender”, “feminism”, and “feminist”, combined with the Boolean operator AND; “behavior analysis”, “behavior therapy”, “behavioral-analytic therapy”, “behavior modification”, and “applied behavior analysis”. On the CAPES Journals portal, the “Title” and “Subject”

filters were used, along with the “is (exact)” filter. The researchers also accessed CAFe through their affiliated institution. On the PsycNet portal, the search terms were placed in quotation marks and searched in the “Keywords”, “Title”, and “Abstract” fields.

1.2. Selection criteria

The following inclusion criteria were used: the works should: (a) be in Portuguese, Spanish, or English; (b) present contextual psychotherapies influenced by Behavior Analysis; (c) address the care of women; (d) present psychotherapies applied partially or entirely individually; (e) be scientific articles or book chapters. Regarding the exclusion criteria, articles would be excluded from the analysis if: (a) they were in languages other than those mentioned above; (b) they were from other approaches, without the influence of Behavior Analysis or prior to behavioral psychotherapeutic proposals; (c) interventions were carried out exclusively in groups; (d) they did not address psychotherapy; (e) they were in formats other than those mentioned above; (f) they were randomized clinical trials or a similar format.

1.3. Data analysis

After searching in February 2025, we compiled materials into an Excel spreadsheet and removed duplicates. Next, the authors conducted a cursory review of the abstracts, titles, and, in some cases, descriptions, selecting materials based on language and format. We then conducted a more in-depth review of the abstracts, excluding articles on other therapeutic approaches, clinical trials (randomized or not), and interventions applied only in groups (without an individual psychotherapy component).

After this process, the selected articles and chapters were read in full. At this stage, materials that did not meet the previous criteria were also excluded. Articles and chapters unavailable for reading were also excluded.

The selected materials were then analyzed using the following categories: (1) Limits and challenges to psychotherapeutic care for women; (2) Possibilities and suggestions for improving psychotherapeutic care for women.

Accordingly, excerpts were selected that, according to the first author's analysis, described limitations, challenges, or possibilities for psychotherapeutic care. The researcher then selected each excerpt, read it, pasted it into an Excel spreadsheet, assigned it to the corresponding category (1 or 2), and wrote a justification for each selection. The justifications were grouped into subcategories and are presented in the following section.

Results and discussion

We identified 2628 materials. At the end of the selection process, 11 materials were selected for analysis, as shown in Fig. 1:

The first publication appeared in 1992, and the second in 2004. The results show stable growth, with a slight acceleration after 2017. The increase in publications after 2017 aligns with a trend also observed

by Backschat (2024) and Manpetit and Fonseca-Júnior (2025), which may reflect increased interest among behavioral analysts in the political dimensions of their analyses.

2.1. Limits and challenges to psychotherapeutic care for women.

The categories created after analyzing the texts on Limits and Challenges to Psychotherapeutic Care for Women were: (a) Challenges related to the therapist's relationship and skills.: this category included excerpts that presented difficulties in the relationship between therapist and client, as well as the therapist's lack of skills to deal with the various demands of care for women; (b) Challenges in the acquisition and application of skills: this category included excerpts that presented difficulties on the part of the client in learning and/or applying the interventions that were carried out or proposed; (c) Contextual and structural barriers to psychotherapy: this category included excerpts that presented both barriers from the external environment to psychotherapy that could interfere with its functioning and contextual or structural issues of the psychotherapy itself (or the intervention) that were interfering with its functioning.

2.1.1. Challenges related to the therapist's relationship and skills.

One of the important challenges in the relationship between psychotherapist and client is the potential for an unequal or oppressive dynamic between those involved. This can occur when the psychotherapist does not attend to sociopolitical variables and ends up reproducing an oppressive relationship with the client (Carneiro & dos Santos, 2021; Cunningham et al., 2004; Terry et al., 2010).

The professional can therefore contribute to maintaining power and privilege relationships and to psychotherapy's role in maintaining the status quo. The psychotherapist, then, can be controlled by their personal values (and those of the oppressive groups to which they belong) rather than by the client. As a result of this entire process, psychotherapy can have detrimental effects on the client (Terry et al., 2010).

In this vein, Tsai et al. (2012) point out that, in principle, there is an unequal relationship between therapist and client; in this sense, the professional should always be concerned with the well-being of their clients. The professional needs to pay attention to how gender differences may interfere with the client's demands, so the therapist should observe their own behavior to prevent the reproduction of gender stereotypes (Pinheiro & Oshiro, 2019; Manpetit & Fonseca-Júnior, 2025).

Terry et al. (2010) propose that functional analytic psychotherapy could incorporate aspects of feminist therapy, given their similarities, such as an emphasis on the context and function of behavior. The authors then propose expanding the analysis of FAP to include sociopolitical issues.

Before delving into the authors' proposal, it is important to remember that FAP proposes analyzing behaviors in the psychotherapeutic context, including Clinically Relevant Behavior (CRB) and therapist behaviors (T). CRBs are client behaviors that are the target of therapy and occur both within and outside the intervention context. They therefore include problem behaviors (CRB 1), improvement behaviors (CRB 2), and behaviors related to self-analysis (CRB 3). Ts refers to psychotherapist behaviors within the intervention context: T1 (problem behaviors) and T2 (improvement behaviors) (Kohlenberg & Tsai, 1991).

Terry and colleagues' (2010) proposal, therefore, builds on what was presented by FAP, including analyses that enable understanding and intervention in power and privilege relationships. The authors present Baum's (2005) definition of power, which refers to the control each person in a relationship exerts over the other's behavior. The authors also define privilege as differences in access to reinforcers considered more significant, which may not depend on the behavior of people in privileged groups.

Thus, Sociopolitical Behaviors (SPs) are presented based on the client's and psychotherapist's behaviors, grounded in power and privilege relations and considering membership in socially constructed groups. In this sense, SPs 1 would represent behaviors that contribute to maintaining power and privilege relations, as previously presented, and SPs 2 would be behaviors that improve these aspects. This category can be used to analyze the behaviors of both clients and psychotherapists.

The convergence of feminist therapy and FAP has also been examined by other authors in the field (Lira, 2023; Scardino, 2025). Scardino (2025) emphasized the importance of considering political issues in psychotherapeutic intervention, noting that integrating feminist therapy principles offers a promising avenue for identifying Clinically Relevant Behaviors (CRBs) typical of women in our society.

Another key point in the analyzed material is that attention to gender, race, and class should not be limited to instances when these issues are raised as a direct request by the client (Carneiro & dos Santos, 2021); rather, they should also be considered as part of the analysis of the client's reality. Similarly, some authors emphasize that the various contingencies of patriarchy, such as invalidation, unequal demands, abuse, and violence, are part of women's clinical demands and should not be disregarded (Manpetit & Fonseca-Júnior, 2025; Pinheiro & Oshiro, 2019). Furthermore, a behavioral-analytic clinical approach, as an anti-racist practice, must also consider issues of race in its analysis (Manpetit & Fonseca-Júnior, 2025), as well as other cultural characteristics that may affect the client's behavior (Vandenberghe, 2008).

Other challenges in the therapeutic relationship include difficulty addressing the client's emotions, which may be restricted (Skinta et al., 2018), as well as difficulty requesting commitment to behavior change that may serve an emotional-regulation function (Segal et al., 2015). Another challenge is how the psychotherapist requests changes from the client while validating emotions. Regarding emotions, Pinheiro and Oshiro (2019) emphasize that invalidating emotions, feelings, and thoughts is a gendered process; therefore, clients may present with emotional difficulties stemming from this process.

Some of the difficulties identified earlier proved even more pronounced in group interventions. Another issue identified in the analyzed group interventions was the psychotherapist's apparent lack of experience, which diminished the group's confidence in the procedures used (Skinta et al., 2018). This work focused on interventions that included individual components; therefore, the analysis of challenges encountered in the group context was limited.

In this category, issues related to the therapeutic relationship and skills that may interfere with the intervention process were observed. It is worth noting that, according to Skinner (1953/2005), the relationship between the psychotherapist and the client should be based on a non-punitive audience; therefore, it is essential that the professional pay attention to the points raised throughout this topic so as not to become aversive by ignoring or even reproducing oppressions, which can have a detrimental effect on psychotherapy.

2.1.2. Challenges in acquiring and applying skills

One of the challenges in relation to the acquisition and application of the skills taught in the interventions carried out was difficulty in understanding what was being taught; in addition, difficulty was also noted in applying the knowledge taught, possibly due to a lack of auxiliary repertoires, such as problem-solving (Carneiro & dos Santos, 2021; Cunningham et al., 2004; Segal et al., 2015; Victuri & Bolsoni-Silva, 2022).

In this sense, when teaching behaviors from a Skinnerian perspective, it is essential that instructions be very clear to learners. Furthermore, according to the author, skill instruction programming must include planning for the generalization of the skills taught (Skinner 1968/2003).

Other difficulties noted in the studies included: challenges in using auxiliary intervention resources, such as DBT telephone consultation (Cunningham et al., 2004); time limitations of the intervention; and difficulty with client compliance with treatment adherence, especially among clients diagnosed with eating disorders, as observed by Segal et al. (2015). The authors note that it is worth considering difficulties and non-adherence to treatment not as a client characteristic but as behavior functionally related to the contingencies present in the therapeutic context (da Silva Brandão, 1999).

Furthermore, some limitations of FAP-based interventions have been noted, including the difficulty therapists have in applying this model, which can be especially challenging for those who belong to a sexual or gender minority (Skinta et al., 2018). In this sense, it can also be challenging for psychotherapists to treat clients from the same minority group, which does not guarantee equal treatment (Terry et al., 2010), a point also raised by other FAP authors (Vandenberghe, 2019). In this regard, Vandenberghe (2019) argues that therapies based on interpersonal interactions, such as FAP, struggle to adapt this model to cultural differences and are even more vulnerable to cultural influences. Thus, it is necessary to reiterate the importance of psychotherapists being attentive to their own behavior and values, as previously mentioned.

Another crucial point concerns the potential effects of the intervention itself in eliciting problem behaviors. As Harned and Linehan (2008) observed, the intervention may elicit intense emotions and worsen self-harming behaviors. Thus, it is important for the professional to conduct a careful functional analysis of the case, aiming to understand challenges that encompass social, political, and structural issues (Terry et al., 2010). Furthermore, the professional must be attentive to the function of the interventions to be carried out, relating them to the case conceptualization, assessing whether they are under the control of what is reinforcing for the client, and considering the gender issues involved (Tsai et al., 2012; Pinheiro & Oshiro, 2019; Manpetit & Fonseca-Júnior, 2025).

Therefore, teaching skills in the clinical context should follow the principles of behavioral-analytic teaching programming to ensure acquisition, maintenance over time, and generalization. Furthermore, it is essential to conduct a functional analysis that includes sociopolitical issues for both the client and the professional and emphasizes the reinforcers that matter to the client.

2.1.3. Contextual and structural barriers

One important barrier concerns the target audience of intervention research, as the method of access may limit the sample to a specific segment (for example, female university students), as noted by de Oliveira and da Silveira (2021). In this sense, the results of the interventions studied may not generalize to other audiences facing different socio-political issues, which aligns with the idea that psychotherapy has an elitist character (Lira, 2023).

Furthermore, psychotherapy is a vulnerable context for the maintenance of oppressive social and cultural practices. Therefore, it is a challenge for the psychotherapist to be aware of their role in perpetuating prejudiced practices (Terry et al., 2010). In this sense, as Vandenberghe (2008) notes, recognizing the role of privilege, power differences, and majority views in one's own behavior and the client's can evoke discomfort, along with patterns of avoidance and escape from that recognition.

Furthermore, clients may arrive with stigmatized self-perceptions due to a history of social oppression (Skinta et al., 2018), and they may also present with difficulties related to gender inequality in their complaints, such as problems in the division of domestic tasks with their partners and family members (Victuri & Bolsoni-Silva, 2022) and even a history of sexual abuse (Segal et al., 2015). This analysis aligns with other authors' analyses, who highlight gender inequalities in clinical complaints (Pinheiro & Oshiro, 2019; Manpetit & Fonseca-Júnior, 2025).

Another important barrier in the literature is a prior history of communication difficulties (Levatti et al., 2018) and interpersonal relationship difficulties (Segal et al., 2015; Terry et al., 2010). These communication difficulties consisted of non-assertive behavioral patterns and interfered with family (Levatti et al., 2018; Victuri & Bolsoni-Silva, 2022) and work relationships, as well as with the expression of emotions (Victuri & Bolsoni-Silva, 2022). Furthermore, difficulties in interpersonal relationships were observed among sexual and gender minorities in a patriarchal, heteronormative, and cisnormative society (Skinta et al., 2018). Living in a patriarchal system can influence access to social reinforcers

related to the development of autonomy (Lira, 2023), which can interfere with the development of social skills and, therefore, the client's interpersonal relationships.

The influence of external factors on psychotherapeutic intervention (Terry et al., 2010) can be considered another observed limitation. This influence can relate to both worsening (Harned & Linehan, 2008) and improvement in target behaviors. However, it can also occur in ways that hinder evaluation of the procedures used (Kirchner & dos Reis, 2021). In this view, Vartanian (2017) notes the limitations of assessment in psychotherapy, since multiple variables operate simultaneously, making precise functional analysis difficult.

Another limitation is that the intervention itself may cause problem behaviors to emerge outside the intervention, interfering with the client's life beyond the application context (Harned & Linehan, 2008). Behaviors taught and reinforced during the intervention session may be punished in other social contexts (Kohlenberg & Tsai, 1991). Thus, as previously noted, a functional analysis of behavior is necessary and should account for aspects of the client's reality to reduce the likelihood of harmful interference for her (Manpetit & Fonseca-Júnior, 2025).

Furthermore, a limitation encountered in accessing additional psychotherapy data was related to participant intervention data, both in terms of limited access to data (Shearin & Linehan, 1992) and the fact that, in psychotherapeutic interventions, data are based on client self-reports (Kirchner & dos Reis, 2021), which can reduce their reliability, a point also analyzed by Follete and Bonow (2009).

Furthermore, therapeutic interventions may present other barriers to implementation, such as extensive procedures for participants, which may lead to higher dropout rates (Harned & Linehan, 2008; Victuri & Bolsoni-Silva, 2022). In addition, some interventions may have specific characteristics that hinder their application, such as the intervention carried out by Harned and Linehan (2008) for Post-traumatic Stress Disorder, which has contraindications that should be analyzed.

Therefore, contextual and structural barriers include issues such as the research target audience, which limits the generalizability of the findings and highlights the elitist nature of psychotherapy. Furthermore, the possibility that the psychotherapeutic environment may be a vulnerable context for the maintenance of oppression, and the influence of cultural context on the development of clients' skills, are highlighted. Other important aspects include the need to analyze how external situations interact with the interventions carried out, as well as the effect of the intervention on behavior outside it, while also considering the limitations of the data, which are based on client reports.

2.2. Possibilities and suggestions for psychotherapeutic care for women.

The categories of possibilities and suggestions for psychotherapeutic care for women were: (a) Possibilities related to the relationship and therapeutic skills: this category analyzed key aspects of the relationship between the psychotherapist and the client as possibilities for effective intervention. In

addition, professional skills considered necessary for the care of women were examined; (b) Incorporation of social, cultural, and biological dimensions: this subcategory analyzed how interventions integrated these dimensions; (c) Possibilities for psychotherapeutic interventions: interventions carried out or suggested in the analyzed studies were considered; (d) Development of skills in the psychotherapeutic context: skills developed or suggested for clients in the analyzed studies were included; and (e) Benefits of psychotherapeutic interventions: this category included the benefits found in the analyzed material.

2.2.1. Possibilities linked to the relationship and therapeutic skills.

One of the fundamental aspects of psychotherapy is that it should be an environment with less aversive control. In this sense, the relationship between the psychotherapist and the client should be based on non-punitive listening by the professional (de Oliveira & da Silveira, 2021). Skinner (1953/2005) discussed this principle of psychological care as a fundamental part of the behavioral control the professional exercises.

Thus, the relationship should be characterized by minimal judgment and disapproval, while also providing validation, affection, and understanding from the psychotherapist (Cunningham et al., 2004; Levatti et al., 2018; Shearin & Linehan, 1992; Segal et al., 2015). Similarly, Pinheiro and Oshiro (2019) emphasize the importance of validating the client's perceptions and feelings, as well as empathy, throughout the therapeutic process.

The psychotherapeutic relationship should also balance control with promoting the client's autonomy in a dialectical manner. To this end, the professional should also receive psychological support for their own complaints (Shearin & Linehan, 1992). In addition to individual psychotherapy, the group trainer must apply the skills they learn in their own lives to teach effectively (Cunningham et al., 2004), according to the DBT model (Linehan, 1987). Similarly, other authors highlight the importance of professionals observing and analyzing their own behavior, since the therapeutic relationship is a fundamental aspect of clinical intervention (Vandenberghe, 2008).

Another way to reduce aversiveness in psychotherapy is to involve the client in interventions that may be aversive. In this sense, Segal et al. (2015) point to techniques that increase client willingness, such as having the client participate in conducting a chain analysis of a problem behavior.

Another fundamental point in psychotherapy with women is equality in the relationship between the psychotherapist and the client (Carneiro & dos Santos, 2021; Cunningham et al., 2004; Segal et al., 2015; Terry et al., 2010). Through bell hooks' feminist values, equality is defined as "...seeking an ethics of reciprocity and interdependence" (Carneiro & dos Santos, 2021, p. 70). Therefore, the psychotherapist and client should work together in the treatment process (Cunningham et al., 2004), respecting the client's pace in determining the progress of treatment (Harned & Linehan, 2008). In this regard, Fideles

and Vandenberghe (2014) emphasize the importance of a horizontal relationship in therapy, with participation from both parties, which supports client empowerment in the clinical context.

Furthermore, Terry et al. (2010) note that to avoid perpetuating the psychopathology of oppression, professionals must attend to the function of behavior, particularly its relationship to the client's social context, and identify their culturally biased behaviors. Other authors also challenge the notion of therapist neutrality, given that therapists are influenced by cultural factors, including gender and race (Lira, 2023; Manpetit & Fonseca-Júnior, 2025).

Other authors also emphasize the importance of the psychotherapist being attentive to their own values and those of the client, and to how these may influence their practice, as well as recognizing their role as an important variable in the clinical context (Carneiro & dos Santos, 2021). From this perspective, Manpetit and Fonseca-Júnior (2025) note that one behavior the psychotherapist should avoid is imposing the professional's personal values on the client. Carneiro and dos Santos (2021) suggest attending to the feminist values presented by bell hooks to guide interventions.

Another important point raised by Skinta et al. (2018) is that the psychotherapist should discuss their minority status, especially regarding gender identity and sexuality, to promote client identification. Thus, clarifying personal values is essential to the therapeutic relationship (Tsai; Kohlemberg & Terry, 2009), but it must be done carefully, as the professional must distinguish their own values from those of the client (Pinheiro & Oshiro, 2019). Therefore, the client's personal values should always be analyzed in their context (Lira, 2023).

Terry et al. (2010) offer recommendations for psychotherapists to avoid perpetuating oppression, including: i) seeking information from other multicultural counseling practices and from clinical research on diversity; ii) engaging in dialogue with colleagues from oppressed minorities to investigate possible culturally biased behaviors; iii) analyzing these behaviors in relation to the maintenance of oppressive and privileged relationships. Furthermore, exposure to diverse social and cultural contexts would help the professional develop flexibility and openness to other experiences (Vandenberghe, 2008). Scardino (2025) also emphasizes the importance of the professional participating in activism, considering its relationship to their values and personal context.

Thus, the importance of reducing aversive control and oppression in the therapeutic relationship can be highlighted by promoting a more egalitarian relationship between client and psychotherapist and by seeking greater client participation in the intervention process. Furthermore, professionals must be attentive to their own values and those of their clients, and to how these may interfere with the process, especially in psychotherapy, which can be a space for maintaining power and privilege relationships.

2.2.2. Incorporation of social, cultural, and biological dimensions.

Incorporating social, cultural, and biological dimensions is fundamental to conducting a functional case analysis and to understanding how gender, race, and class can influence a woman's complaint (Carneiro & dos Santos, 2021; Terry et al., 2010). Similarly, Pinheiro and Oshiro (2019) emphasize the importance of not neglecting cultural variables, which should be considered throughout the therapeutic process. Thus, the therapist should help identify circumstances in which clients' behaviors are impaired by patriarchal contingencies (Manpetit & Fonseca-Júnior, 2025).

Feminist theorists' contributions to behavioral therapy can help the professional observe and assist the client in understanding how interactions among social markers shape and maintain behavior within the contingencies of a patriarchal society (Carneiro & dos Santos, 2021). In this sense, Scardino (2025) notes that clinical decision-making is influenced by what the professional knows about the client's context as well as their own, making it necessary to recognize the political nature of these decisions to effect the necessary changes. Feminist therapy would be a valuable contribution to the case analysis. Furthermore, the professional must seek literature that addresses the different forms of violence to which the client may be subjected, beyond gender (Dittrich, Strapasson & Zilio, 2023).

Carneiro and dos Santos (2021) argue that, based on the value of Conscientization, as articulated by bell hooks, and the centrality of the psychotherapy process, the influence of patriarchal control variables on the client's behavior becomes explicit. Thus, over time, the therapist becomes an environment for identifying and modifying the client's relationship with certain stimuli, as noted by other authors (Pinheiro & Oshiro, 2019; Manpetit & Fonseca-Júnior, 2025; Scardino, 2025).

However, despite the importance of considering different variables, this research found inconsistencies in how variables were reported and considered in the case descriptions. Thus, of the 14 articles evaluated, seven present interventions or case reports that allow for an analysis of the variables described for the clients/participants.

All articles reported participants' ages; however, Kirchner and dos Reis (2021), Levatti et al. (2018), and Shearin and Linehan (1992) provided only age ranges. Participants ranged from 18 to 59 years, with a mean age of 37.5 years. Research and interventions show gaps for both adolescents and older women. Older women stand out in particular, as ageism may also affect their interventions and needs (Drossel & VanPutten, 2022).

In five of the analyzed studies, data on education level are reported (de Oliveira & da Silveira, 2021; Harned & Linehan, 2008; Kirchner & dos Reis, 2021; Segal et al., 2015; Victuri & Bolsoni-Silva, 2022), with most participants having completed or being enrolled in higher education. This pattern may reflect how participants are recruited for research, often within universities themselves (de Oliveira & da Silveira, 2021).

In four of the analyzed articles, data on family situation were also reported, including current relationships or marital status (Harned & Linehan, 2008; Levatti et al., 2018; Segal et al., 2015; Victuri & Bolsoni-Silva, 2022) and children (Harned & Linehan, 2008; Levatti et al., 2018; Victuri & Bolsoni-Silva,

2022). Of the eight participants, six live with their husband or boyfriend, one lives with a colleague, and another lives with family members. Of the participants who lived with their partners, five also live with their children. Regarding children's ages, only one participant has preschool-aged children, three have pre-adolescent children, and one has adult children (Harned & Linehan, 2008; Segal et al., 2015; de Oliveira & da Silveira, 2021; Victuri & Bolsoni-Silva, 2022). Regarding relationship status, five participants were married, three were single, and one was engaged (Harned & Linehan, 2008; Segal et al., 2015; de Oliveira & da Silveira, 2021; Victuri & Bolsoni-Silva, 2022). Assessing the family situation, including relationships and children, is essential for a functional analysis that considers the context in which the woman is embedded and enables contextualized interventions.

Only two of the evaluated materials described participants' ethnicity, and in both cases the participants were Caucasian women (Harned & Linehan, 2008; Segal et al., 2015). These findings also highlight the importance of considering clients' race, especially when discussing oppressed minorities, to implement anti-racist practices (Manpetit & Fonseca-Júnior, 2025).

Another important variable to analyze is participants' employment and income. Only five studies provided information on participants' current employment or sources of income (de Oliveira & da Silveira, 2021; Harned & Linehan, 2008; Kirchner & dos Reis, 2021; Levatti et al., 2018; Victuri & Bolsoni-Silva, 2022), describing the situation of 11 participants in total. Of these participants, eight were employed, two were unemployed, and one was a student. Although mental disorders are more prevalent among people of low Socioeconomic Status (SES) than among those of higher SES, access to treatment is lower for people of low SES (Niemeyer & Knaevelsrud, 2022).

Regarding diagnoses, six of the analyzed materials provide some information (Harned & Linehan, 2008; Kirchner & dos Reis, 2021; Levatti et al., 2018; Segal et al., 2015; Shearin & Linehan, 1992), and of these, only one is unrelated to the study's objective (Victuri & Bolsoni-Silva, 2022). Despite these reports, only three studies address medication use (Kirchner & dos Reis, 2021; Levatti et al., 2018; Victuri & Bolsoni-Silva, 2022). In addition, four studies provide other relevant medical history information for analyzing the presented case (de Oliveira & da Silveira, 2021; Harned & Linehan, 2008; Kirchner & dos Reis, 2021; Victuri & Bolsoni-Silva, 2022). A diagnosis is not essential to carry out an intervention based on Behavior Analysis, and some authors even discuss the need for and usefulness of diagnosis in behavior-analytic clinical practice (Banaco, Zamignani & Meyer, 2010; Meyer et al., 2010).

Finally, to conduct a contextualized functional analysis, it is necessary to consider clients' political and social dimensions that may interfere with their demands and the application of interventions. Furthermore, feminist theorists and other authors can broaden the analysis of the relationship between social markers and clients' complaints, increasing awareness of related variables of oppression. Thus, according to Manpetit and Fonseca-Júnior (2025), psychotherapists need political training to work with women.

2.2.3. Possibilities for psychotherapeutic interventions

This topic will address both collective intervention strategies and individual-level strategies described in the analyzed material. Carneiro and dos Santos (2021) discuss the need for collective resistance strategies centered on creating a feminist verbal community, which would enable recognition and subsequent modification of oppressive strategies within patriarchal society. Thus, in addition to individual work in the clinic, a collective effort is necessary to develop a liberating ideology that enables change by creating alternatives for the client within their context, thereby reducing oppression (Lira, 2023; Manpetit & Fonseca-Júnior, 2025).

Given the context of oppression and violence experienced by women, one intervention strategy presented in the analyzed material was by de Oliveira and da Silveira (2021) and consisted of using a booklet called "*Namoro Legal*," which provided guidelines for identifying abusive relationships. This booklet was used in the context of Behavioral Analytic Therapy (BAT) and helped clients identify abusive interactions more precisely, expanding the account of these interactions in session. Similarly, Lira (2023) highlights the need for professionals to commit to the rights of the women they serve and to provide psychoeducation on the laws that protect them.

This type of intervention allowed clients to assign new functions to the stimuli present in the description of their relationships (Carneiro & dos Santos, 2021). Thus, the primer – or similar interventions – can serve as rules about relationships of oppression and power, helping generalize knowledge to the client's life and resulting in reduced oppression, increased equality, and, eventually, significant social change (Terry et al., 2010).

Another important aspect of the interventions suggested – or carried out – in the analyzed material is the use of Love as a mediator and support in the fight against the patriarchal system. Love can enable empowerment and resistance against patriarchy by fostering relationships of joint development that can arise from an equitable relationship between psychotherapist and client (Carneiro & dos Santos, 2021; Terry et al., 2010). In Functional Analytic Psychotherapy (Tsai et al., 2011), Love is a vernacular term that can guide therapists to offer natural reinforcement contingent on responses to behaviors considered appropriate that arise in the therapeutic relationship. In a broader context, Love would guide the psychotherapist to reinforce empowering and resistant behaviors in both the psychotherapeutic context and the client's other relationships.

To build an equitable relationship with the client, one possible alternative is to conduct an orientation phase at the beginning of treatment, during which important aspects of the process are clarified, initial skills for managing risky behaviors are developed, and the client's commitment to the intervention is secured (Segal et al., 2015). Thus, the therapist shares information about the interventions with the client, and the client's goals are developed jointly, consistent with the FAP approach (Tsai et al., 2011).

Because one goal of psychotherapy is to increase reinforcers in the client's life (Skinner, 1953/2005), the proposed interventions may offer strategies to support this goal, including expanding and improving interpersonal relationships (Cunningham et al., 2004; Victuri & Bolsoni-Silva, 2022).

Victuri and Bolsoni-Silva (2022) emphasized the importance of interventions that strengthen interpersonal relationships to reduce depression risk factors. These interventions included expanding social skills to cope with family and domestic demands, reducing interpersonal problems, and developing coping and problem-solving skills, which may be linked to decreased environmental aversiveness and increased positive reinforcers. This analysis underscores the importance of teaching clients skills that enhance their autonomy and independence (Manpetit & Fonseca-Júnior, 2025). Furthermore, it is necessary to program the generalization of the repertoires taught in the intervention context by expanding the client's support network, given the likelihood of aversive control in her life (Lira, 2023).

Another approach to expanding interpersonal relationships was implemented as part of the intervention by Cunningham and colleagues (2004) through a skills-training group. As a result, clients reported positive outcomes, highlighting the importance of connecting with people who have similar needs. The skills-training group is one of the interventions foreseen by DBT (Linehan, 1987) and allows for the teaching of skills beyond the context of individual psychotherapy.

Furthermore, FAP is presented in two materials as a therapeutic alternative for addressing gender issues (Skinta et al., 2018; Terry et al., 2010). Terry and colleagues present an adaptation of the five rules of FAP based on the proposed analysis of integrating Feminist Therapy.

Thus, Terry et al. (2010) adapt the FAP rules as follows: (a) Rule 1 - Observe CRBs: the psychotherapist would have greater knowledge of sociopolitical issues in both their own history and that of the client, thus analyzing the CRBs and Ts that arise during the intervention, considering aspects of this history; (b) Rule 2 - Evoke CRBs: behaviors related to sociopolitical issues do not necessarily need to be evoked, as they may arise during the intervention. However, if necessary, they can be evoked through questions about the impact of oppression on the psychotherapy process; (c) Rule 3 – Consequence CRBs: the psychotherapist can reinforce behaviors that contribute to greater equality and reduced oppression; (d) Rule 4 – Note its effect on the client: broader knowledge of SPs would allow for wider observation of how the psychotherapist's behavior could reflect social biases and be oppressive; (e) Rule 5 – Provide rules to promote generalization: the psychotherapist can talk about oppression and power, which can function as a rule, allowing the generalization of this knowledge to the client's life and an eventual change. The FAP proposal brings interesting contributions to work with minorities, as it is based on the principle that the client's life problems may appear in the therapeutic relationship, with the intervention occurring through the relationship between the psychotherapist and the client and, from there, influencing the client's behaviors outside the clinical context (Kohlenberg & Tsai, 1991; Scardino, 2025).

Another contribution presented by Terry and colleagues (2010) is the suggestion to use the ADDRESSING system (proposed by Hays, 2001), an acronym that describes the following variables: A: Age; D: Disability (congenital or acquired); D: Developmental; R: Religion; E: Ethnicity; Ses: Socioeconomic status; S: Sexual orientation; I: Indigenous heritage; N: National origin (immigrant, refugee); G: Gender. Using this system would allow analysis of various sociopolitical variables and

observation of power and privilege structures in the psychotherapeutic space. Other authors also point to the ADDRESSING system as a way to broaden analysis of the client's behavior and help the professional attend to these variables in intervention (Lira, 2023; Scardino, 2025).

The analyzed material highlights a range of interventions in clinical practice based on Behavior Analysis, including the development of individual and collective strategies. Among the practices, it is important to emphasize the use of psychoeducational materials to identify abuse and the use of the FAP model as a possible individual intervention for oppressed minorities. Furthermore, the need for an equitable relationship between the client and the psychotherapist is reiterated, and it should be established from the beginning of the intervention. Another relevant aspect is teaching skills that allow the client greater autonomy.

2.2.4. Development of skills in a psychotherapeutic context

One aspect presented in the analyzed materials concerns the contributions of feminism and feminist therapy to behavior analysis-based psychotherapies, particularly in goal setting and client skills training.

In this sense, Carneiro and dos Santos (2021) present how bell hooks' feminist values could be applied in the clinical context. One of the values presented is Conscientization, which involves teaching about social and political issues in a way that helps the client identify and describe the variables of patriarchal society that control her behavior, thereby expanding her self-knowledge. Therefore, teaching "knowing" involves developing new behavioral repertoires based on descriptions of the aversive control to which the client is subjected, enabling changes in power structures, as addressed by other authors (Lira, 2023; Scardino, 2025).

Thus, the behavior analyst helps clarify the effects of gender and race relations, both from the client's perspective and through descriptions of related contingencies. This process makes the psychotherapist part of an environment that favors identifying and transforming clients' relationships with oppressive stimuli and events, and it should be carried out after establishing the relationship between the professional and the client (Carneiro & dos Santos, 2021).

Furthermore, Pinheiro and Oshiro (2019) present some advantages of discussing gender inequalities, namely: a) an evocative function that allows the client to describe other similar situations and to establish new relationships of control over their behavior; b) validation of the client's feelings, emotions, and thoughts; c) the ability to discriminate similar situations and generalize what has been learned to different contexts.

Another important value Carneiro and dos Santos (2021) highlight is Confrontation, defined as “seeking resistance to particular sexist socialization, aiming at individual transformation and political action through new habits and ways of experiencing the world in opposition to the oppressive forces of domination” (p. 70). This teaching is possible by discriminating among stimuli in the client's sexist context; this discrimination changes the function of these stimuli, allowing the emission of new behaviors. Furthermore, the client needs to learn social skills that help them confront these issues. This

aspect would break with socio-emotional and relational characteristics, such as being understanding, loving, and caring, associated with the concept of femininity (Pinheiro & Oshiro, 2019). Another important aspect, as Lira (2023) notes, is that each client's repertoire of coping skills will vary based on their life history, requiring careful analysis and the teaching of different skills by the professional.

Carneiro and dos Santos (2021) also present the value of Liberation, defined as "seeking individual, social and political freedom as a form of positive equality, providing opportunities for the transformation of healthy and communally productive destinies" (p. 70). Therefore, it is necessary to show the client that she can change her environment and that this change can begin by establishing repertoires that enable her to confront patriarchal rules (Lira, 2023).

Another feminist value applicable in psychotherapy is Sharing, defined as "taking responsibility for sharing knowledge and experiences to avoid exclusionary intellectual and anti-intellectual biases" (Carneiro & dos Santos, 2021, p. 70). This value supports teaching technical knowledge in the field while sharing responsibility for treatment with clients, aligning with feminist values to fight for liberation and to intellectually strengthen the oppressed (Carneiro & dos Santos, 2021), thereby fostering greater client autonomy, as previously mentioned. Tsai et al. (2012) note that deconstructing power differences between therapist and client enables the development of skills that help clients modify their environment. Similarly, to promote autonomy, Scardino (2025) proposes an intervention in which the client chooses which objectives to begin with, allowing for greater protagonism.

Terry and colleagues (2010) propose applying feminist therapy principles to FAP, with the addition of a functional analysis of sociopolitical factors, as previously mentioned. In this context, when considering the skills to be taught, the authors address SP2s, which reduce power and privilege relations and increase the client's access to reinforcers. Scardino's work (2025) also suggests that integrating feminist therapy with FAP is highly beneficial for identification and intervention in clinical contexts.

Another important point observed in the analysis of the materials was the importance of teaching social skills. Carneiro and dos Santos (2021) present the value of Power of Speech as "verbally expressing oppressions that silence speech, whether about oneself and one's pain, or responding when questioned by others" (p. 70). This value highlights the importance of developing social skills to liberate the voice and help women become subjects of their own history, making it essential to reinforce verbal behavior that supports this liberation from oppression. Furthermore, Victuri and Bolsoni-Silva (2022) point out that teaching social skills matters because it can replace contingencies related to depression and anxiety through skills such as negotiating the division of domestic tasks.

Thus, some articles taught clients social skills such as effective communication, assertiveness, learning to say no, empathy, and expressing negative feelings (Cunningham et al., 2004; Kirchner & dos Reis, 2021; Levatti et al., 2018; Segal et al., 2015; Victuri & Bolsoni-Silva, 2022). One skill Segal et al. (2015) highlight is "Alternative Rebellion," an interpersonal effectiveness skill in DBT in which clients learn to rebel against people who judge them while also practicing assertiveness and the ability to say no.

Other skills taught to clients included: problem-solving (Cunningham et al., 2004); radical acceptance (Cunningham et al., 2004; Harned & Linehan, 2008); recognition and regulation of emotions and feelings (Cunningham et al., 2004; Segal et al., 2015; Skinta et al., 2018; Victuri & Bolsoni-Silva, 2022); psychoeducation about the diagnosis (Kirchner & dos Reis, 2021); functional analysis (Kirchner & dos Reis, 2021); self-control (Harned & Linehan, 2008; Victuri & Bolsoni-Silva, 2022); wise mind; mindfulness; and distress tolerance (Segal et al., 2015).

In this sense, teaching skills to clients should be based on their functional analysis and also consider important aspects of their social reality as an oppressed minority when making decisions about interventions. As authors in the field point out, feminist therapy could provide valuable alternatives for the clinical context based on Behavior Analysis (Fideles & Vandenberghe, 2014; Lira, 2023; Manpetit & Fonseca-Júnior, 2025; Scardino, 2025).

2.2.5. Benefits of psychotherapeutic interventions

This category offers additional benefits beyond those previously mentioned. The first point to highlight is the positive outcomes of the interventions. In Victuri and Bolsoni-Silva (2022), participants evaluated the interventions used during the session positively and reported favorable results. Analysis of participants' responses identified three prevalent categories of gains: resolution of interpersonal problems and difficulties; improved self-awareness; and better quality of life.

Similarly, Kirchner and dos Reis (2021) conducted an assessment of the participants and observed an improvement in the participants' symptoms in relation to the behavior targeted by the intervention. They considered that the reduction in pain, related to the diagnosis of fibromyalgia, may be linked to the improvement in sleep quality observed.

Another important benefit was observed in the work of Segal et al. (2015), which used "Building a life worth living" as one of its interventions. This approach is based on a collaborative construction between the client and the psychotherapist that goes beyond symptom improvement. This intervention is part of DBT protocols (Linehan, 1987).

The additional benefits mentioned here, such as skill development, symptom improvement, and changes in quality of life, relate to psychotherapy's role in modifying reinforcement contingencies and expanding the behavioral repertoire, as noted by Skinner (1953/2005).

2.3. Other important aspects

Psychotherapy has many limitations when intervening with oppressed groups because it focuses on individual change; for effective progress, collective change is also necessary, a point discussed by various authors in the field (Lira, 2023; Scardino, 2025).

This study has limitations, including the use of keywords and inclusion criteria that may have made it difficult to identify studies involving older women and adolescents. Furthermore, the analysis excluded studies with only group interventions, which may have introduced bias. Additionally, the research may

have interpretative bias because the first author conducted the analyses alone. Therefore, it is suggested that the search terms be broadened and that group interventions be included in the analysis. Furthermore, a search of theses and dissertations would be beneficial.

Conclusion

This study aimed to conduct a literature review to investigate the limits and challenges of clinical interventions from the perspectives of psychotherapies based on Behavior Analysis and to present a theoretical-conceptual analysis based on this review. The review observed a slight increase in the integration of feminist perspectives into Behavior Analysis, mainly from 2014 onward.

Regarding the limitations and challenges found in the analyzed material, difficulties related to the therapeutic relationship and skills were observed, including the possibility of reproducing oppressive relationships, especially when sociopolitical variables are not adequately addressed, which can harm the therapeutic process. Furthermore, the psychotherapist needs to be mindful of their own values and their membership in oppressive groups, avoiding the maintenance of the status quo.

Regarding the challenges clients face in acquiring skills, some contexts showed unclear instruction, a flawed teaching program, and a lack of planning for auxiliary teaching resources.

About the contextual and structural barriers, the analyzed research and interventions had a very limited target audience, which may limit the generalizability of the results to more diverse audiences. This result has analytical limitations, as the analyzed material shows inconsistencies in the description of the sociodemographic variables of the clients and participants, representing a significant gap in understanding women's needs.

Based on the possibilities and suggestions analyzed, the importance of a therapeutic relationship grounded in a non-punitive approach was observed, with validation, affection, and understanding on the part of the professional, to seek a more egalitarian relationship that promotes the client's autonomy.

The need to incorporate social, cultural, and biological dimensions into the functional analyses underlying the interventions was also examined, since these aspects permeate women's complaints in different ways and can affect the psychotherapy process.

Furthermore, the use of individual and collective intervention strategies is highlighted, including the use of psychoeducational materials. Another possibility is adapting psychotherapeutic approaches, as in FAP (Functional Analytic Psychotherapy), by integrating sociopolitical analysis. Additionally, psychotherapy interventions provide an important space for developing social skills, which are crucial for liberation from oppression and for female empowerment.

The findings reinforce the need for a psychotherapeutic practice grounded in Behavior Analysis that is sensitive to socio-political and cultural contingencies; however, research is needed to evaluate the effectiveness of behavioral-analytic interventions adapted for diverse populations of women. Studies are

also needed to develop strategies for training therapists to identify and manage issues related to gender, race, class, and other factors.

In short, it is important to reinforce the integration of a feminist perspective into Behavior Analysis, which would not only enrich understanding of human behavior in its social context but also offer powerful tools for promoting women's autonomy, well-being, and liberation from patriarchal oppression. This path, although challenging, is essential for building a more just and equitable psychology.

Declarations

Author Contribution

A.A.R.P. conducted most of the research and wrote most of the manuscriptV.S.F. helped with the research, wrote parts of the manuscript, and reviewed the manuscriptJ.C.T. reviewed the manuscript

Acknowledgement

AI was used to review grammar and spelling.

Data Availability

All materials analyzed in this study are available in the published literature cited in the manuscript.

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Figures

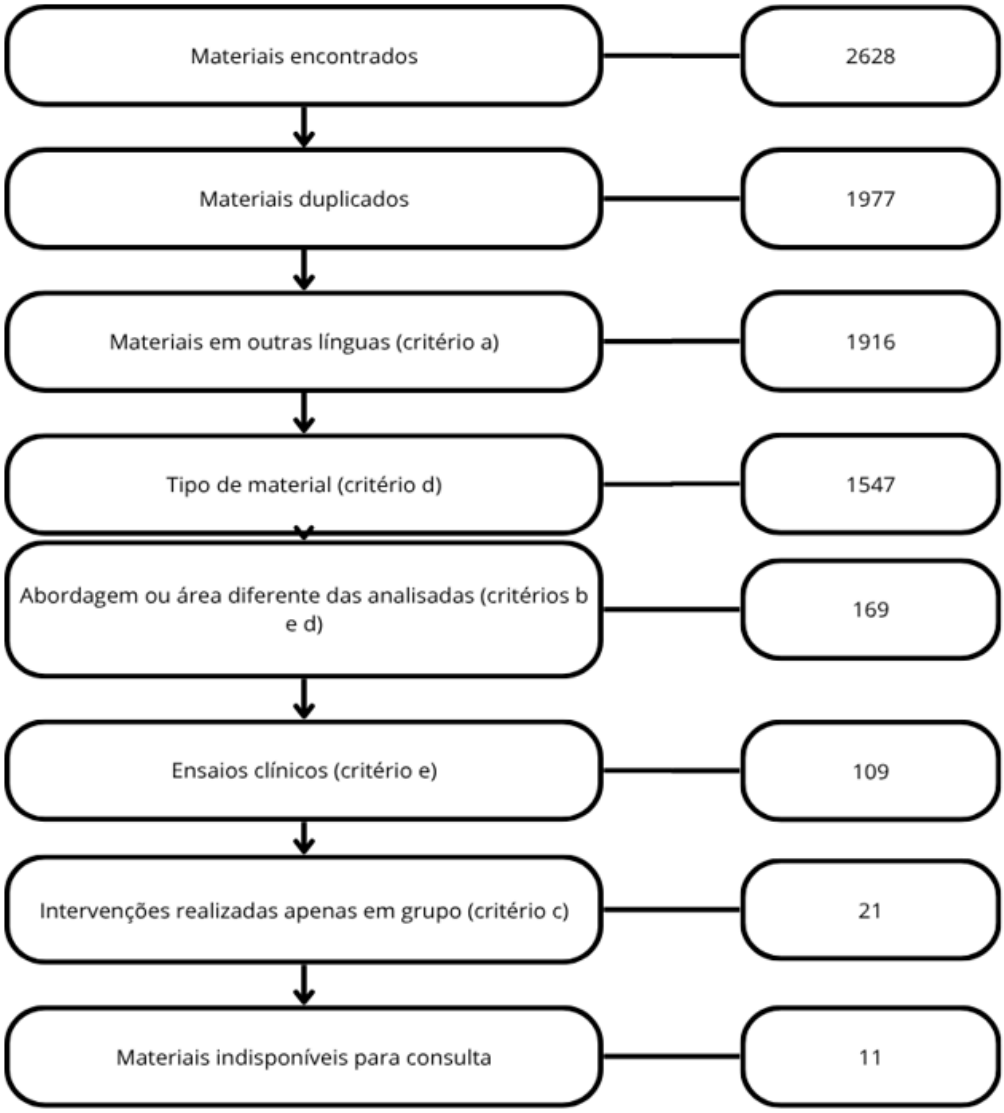


Figure 1

Number of materials and material selection process for analysis.