

THE PHENOMENOLOGICAL EXPLORATION
OF FEMINIST-INFORMED
THERAPY PRACTICES

By

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ABSTRACT

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This phenomenological, qualitative study explores the experiences and practices of female and male therapists working from a feminist-informed perspective. The study explores the process of becoming a feminist-informed therapist and the practice of feminist-informed therapy. This study adds to a growing body of literature on feminist-informed therapy in general, adds to the discourse on training, supervision, and practice of feminist-informed therapy, and provides ideas for additional research on feminist-informed therapy.

A Phenomenological Exploration of Feminist-Informed Therapy Practices

CHAPTER ONE Introduction

For years I have had a framed quote adorning the walls of whatever office I happened to be using. Just now I do not remember how I came by the particular quote, but I remember being quite struck by it – so much so that I spent a considerable amount of time and money to have it professionally framed. I cringe inside with a bit of embarrassment when I think of just *how much* money I spent in framing *a photocopy* - that's right *a photocopy* - of the quote instead of having someone rewrite in on something a bit more fitting for the frame it was to enjoy. Clearly, this is evidence of something not so well thought out – a reminder of my younger years.

As I began working on this project, the quote began to take on meaning in new and unimagined ways. It reads:

The illusion that one can unilaterally control other people underlies many problems that bring clients to therapy. My dilemma as a therapist is how to free people from this illusion without buying into it myself.

-Lynn Hoffman

Unfortunately, I have no information about the source of this quote. And, up until this last two years, I did not even know if “Lynn” was male or female. I have since learned that “Lynn” is female as well as feminist. Interestingly, in my earlier training and in the ensuing years, I do not recall ever coming across any of her other work. I find that especially curious given the place I am today. At the outset of this project, I had no idea

that this quote and my project would come together, nor how. Now, I see that they had to.

For the moment, I am aware of how Hoffman's quote speaks to me on two different levels. Like those I have interviewed for this project, her quote harkens to *my own process of becoming* - as a therapist and as a feminist. Indeed, it is about claiming both my identity and my voice.

My earlier training was in chemical dependency and family treatment. Officially, my title upon completion of that program was: Chemical Dependency Counselor, not therapist. So why was it that the above mentioned quote struck a deep enough chord within me that I would take the time and money to frame it – especially when it did not even actually apply?

On one level, I would like to think now that it was a premonition of sorts - known only to my unconscious - that spoke to my own process of becoming. A potentiality buried, hidden from view, awaiting discovery in my own life journey. I can remember feeling a bit uneasy in hanging it up, especially since it was not exactly “the truth” about my role or me in working with clients. Yet, something moved me to take the various steps to keep it close to me, even despite the discomfort of its incomplete application to my life. Why did I do that? What was it about this quote and not others that moved me to such lengths to make sure that it stayed close? What was its meaning for me and my life? Why did it touch me so? Could it be that a deeper part of me knew about my own process of becoming long before it actually occurred? Who was it I was meant to become? What was my spirit calling me to do and be? What form would this emerging identity, this calling take?

The truth is, if you talked with those who knew me early on, I'll bet none of them would be surprised as to how this identity has unfolded, nor the form it has taken. Yet, for me this potential remained seemingly dormant for many years. But, perhaps instead of it being dormant it was smoldering, just below the surface, patiently waiting for the right moment to ignite. All of the roles I have played as daughter, friend, wife, mother, and counselor have led me to this new moment in time.

Beyond this premonition lay yet another, almost more interesting, layer to my becoming. This layer had to do with the content, or more aptly, the sentiment portion of the quote. There, implicit within her words is the implication of the power present in every client - therapist relationship. This was *another* sort of becoming that was occurring simultaneously, though again known only to my unconscious mind. This time, however, it was my feminist identity being sparked through the quote's implications of power. I resonated to Hoffman's words. I knew of my own desire not to be controlled by anyone or anything, and I knew that in my role as counselor there was an immediate and inherent power differential between me and those with whom I was working. How could I both acknowledge the power differential and down play its control? What would this look like in actual practice? What would happen if in my work with clients we came together respecting each other's knowledge and experience, if it were a given that we each were experts of our own experiences? What if we both believed that from this place of sharing ourselves, our knowledge and experience, that healing and resolution to some of life's hurts and hardships could be accomplished together?

Intuitively, I was seeking a more egalitarian model in which to work. Although I had no idea of its origin, it is clear that I was giving birth to my own version of a

collaborative, partnership model. It would be many years before I would name it and claim it as feminist, finally recognizing the implications as feminist in such a development. Looking back, I now see clearly the influence of many, fine and wonderfully wise women who assisted in shaping and guiding that development of my own process in becoming a feminist-informed therapist. They comprise the feminist role models that have shown me the way. For each and every one of them, I am most grateful. I happily credit Lynn Hoffman and her quote for stirring my spirit toward unimagined development and achievement, or as Aristotle would say in moving me from potentiality to actuality.

CHAPTER TWO

Literature Review

What does it mean to be a feminist-informed therapist? What does feminist-informed therapy look like in actual practice? What are the unique experiences of female and male therapists who work from this perspective? What meaning does this work hold for them? These are just some of the questions used to explore the meaning and lived experiences of feminist-informed therapists.

Professionally, I aspire to bring a feminist-informed perspective into my work. One step toward accomplishing this was taking a peek at what a feminist-informed perspective looked like in actual practice, that is, how they are experiencing this and what this means to practicing therapists.

In this study I explored the experience and practice of feminist-informed therapists in therapy. I was curious about how and why therapists have come to incorporate this perspective into their work. I was interested in their stories, their processes of *becoming* feminist-informed therapists.

Terms

At the most basic level of exploration, this study contains a struggle with terminology. The term “feminist” tends to carry with it a host of definitions, varying levels of understandings, and at least some negative connotations. Faludi (1991) echoes this sentiment by stating that the public’s misconceptions about feminist and gender-based values of our society generate misunderstandings and tension that often surround the subject of gender based values (cited by Haddock, Zimmerman, & MacPhee, 2000, p. 154). In an effort to clarify a working definition, and to disconnect from negative connotations, misconceptions, and misunderstandings, the term “feminist-informed” was

used to guide the discussion throughout this study. The term feminist-informed seemed to best clarify and conceptualize what I was trying to capture from actual practice. Some background on this decision seems warranted.

I first came across the term feminist-informed in Avis & Turner's (1996) citation of a Delphi Study. Delphi Technique is "an interactive survey that allows a panel of knowledgeable participants to generate ideas and respond to each others' opinions" (p. 158). This technique was applied by Wheeler (1985) and Avis (1986) in twin studies, to discuss and explore feminist goals (as cited by Avis & Turner, 1996, p. 150). The goals were then used to poll 36 feminist family therapists about their feminist practices in therapy. Wheeler (1985) focused on feminist-informed approaches to family therapy, and Avis (1986) explored feminist-informed approaches to supervision and training (p. 158). These were the first feminist studies in the field of family therapy and they represented an initial effort to bring together the thinking of feminist family therapists (Avis & Turner, 1996, p. 158). These studies were considered feminist in their collaborative process, focus on gender and power in practice, supervision and training, and in the social action goal to increase visibility and impact of feminist ideals on the field (Avis & Turner, 1996, p. 158).

Closely related to the term feminist-informed is what Haddock et al. (2000) have termed "gender-informed" family therapy (p. 154). According to these authors, "Practicing from a gender-informed perspective means being attentive to the power differentials between clients and their outcomes, and making efforts to facilitate shared power and equality in relationships" (p. 154). This gendered-informed perspective puts feminist principles into practice, offers a good example of how to disconnect from

negative misconceptions and misunderstandings associated with the word feminist, while still addressing feminist concerns.

What is Feminist Family Therapy – What are its Goals?

Just as many feminist researchers do not consider feminism a method, but rather a perspective (Reinharz, 1992, p. 241), many feminist therapists do not consider feminist-informed family therapy a distinct model of therapy or set of techniques, but rather a philosophical and political perspective (Leslie & Clossick, 1992, cited in Haddock, MacPhee, & Zimmerman, 2000, p. 154). This being the case, a general definition of feminist theory was accepted as the underlying assumption for this study. Feminist theory acknowledges the importance of understanding the influence of social (gender, race, class, and sexual orientation), political, economic, and historical contexts on the experiences and behaviors of men and women (Goldner, 1989; James & McIntyre, 1983, cited in Leslie & Clossick, 1992, p. 257). If one accepts the assumption about the influence of social, political, economic, and historical contexts on the experiences and behaviors of men and women, then it follows that the influences will show up in how an individual functions in larger society, in the family, and still further in therapy. Drawing from feminist family therapy, I focused on the social construction of gender and power as organizing principles for family therapy.

The goal of feminist-informed family therapy as stated by Haddock et al. (2002) “is to understand and address client’s problems in a societal context that is organized by gender and other social divisions (e.g. race, class and sexual orientation)” (p. 156). The social divisions of race, class, and sexual orientation, though equally valid, are beyond the scope of this study. However, it is important to acknowledge that gender cannot truly

be separated from these categories. Feminist therapy means the inclusion and incorporation of feminist principles in practice. For the purposes of this study, feminist-informed or gendered-informed therapy practices are understood as those grounded in the idea that an individual or a family must be viewed in a particular context. This context allows for an understanding of the societal influences and one that includes acknowledgement of the impact of gender, power, and other social organizing constructs. To look at a family using gender as an organizing principle is still somewhat of a radical perspective, even though I think it is a natural outgrowth of the systems perspective that has shaped the field of family therapy since its inception.

Translating Feminist Thinking into Therapy Practice - Training

While there has been a proliferation of feminist writings in the family therapy field, most of it has been focused on critiquing family therapy (e.g., Hare-Mustin, 1978), as opposed to offering alternative models for intervening with families or for utilizing a feminist perspective in the training of family therapists (Leslie & Clossick, 1992, p. 256). The critiques of Hare-Mustin and others provided new ways of thinking about gender and power differentials in families, and these ideas have slowly crept their way into therapy. As a result, some therapy practices have changed for individual therapists who have included or incorporated the criticisms of a feminist-informed lens into their practices. Yet, it appears that the purposeful training of family therapists in feminist-informed practices is not yet common practice.

Individual therapy practices have shifted somewhat in the following ways. First, traditional models of therapy in which the therapist was viewed as an expert have begun giving way to partnership models that acknowledge client expertise (Prouty, et al., 2001,

pp. 85-87). This addresses the *how* of therapy. Second, therapists who accept and incorporate feminist criticisms cannot help but view those with whom they work differently. And if they can no longer view individuals and families the old way, it seems reasonable that the *what* of therapy is subject to change as well. For example, using a feminist lens, to understand and organize thoughts about what *is* and *is not* working in the family may offer a significantly different perspective than a traditional lens. From a feminist perspective, exploring the impact of social constructs, (sex or gender roles and power differentials), both positive and negative, on the lives and experiences of individuals and families may be a primary focus of therapy. From a more traditional perspective, similar exploration into the impact of social constructs would be unlikely since sex or gender roles and power differentials tended to be accepted as the norm. In the past and still today, families in traditional therapy were encouraged to work toward the norm as opposed to challenging it, or recreating something that might be more effective for their family.

Purposeful training of family therapists in feminist-informed practice has been both slow in coming, if not absent. In 1988 the American Association of Marriage and Family Therapy (AAMFT) mandated that gender topics become part of the curriculum of AAMFT accredited programs, yet critics point to pervasive reluctance to address gender in practice (Carter, 1992 cited in Haddock et al., 2000, p. 153). Still others may not practice gender-informed approaches simply because they do not know how (Haddock et al., 2000, p. 153). And even when one considers that ideas abound about what should change, very little has been published about “how” this material might be taught (Leslie & Clossick, 1992, p. 257).

Overall, a review of the literature reveals at best ignorance, and at worst a passive resistance to the active training of family therapists in becoming feminist-informed. Despite my own perspective that feminist-informed therapy practices are a logical result and meaningful outgrowth of the hallowed “systems” theory, this is the current situation in the field. Indeed, feminist-informed theory is a level *beyond* systems theory. Systems theory, at its core and in general, is about looking at an individual in a larger context (i.e., the family of origin), and seriously acknowledging the influences of family interactions on the development of the individual. In contrast, feminist-informed theory, at its core and in particular, looks at individuals in a larger context (i.e. family of origin *and* larger society), and seriously acknowledges the influences of gender and power in the development of the individual. Feminist-informed theory is a *specific application* of systems theory, suggesting *a progression of thought beyond* systems theory, yet it has not even come close to sharing the reputation and respect bestowed upon systems theory.

Leslie and Clossick (1992) were some of the first in the field to offer a beginning template toward the integration of a feminist perspective into feminist practice, by naming basic feminist tenets and then developing them into teaching objectives and strategies. The five tenets are acknowledged here for historical reference:

1. Examination of values in family therapy.
2. Appreciation of social context.
3. Recognition of individual needs, choices, and responsibility.
4. Integration of women’s experience.
5. Recognizing power inequities in therapy and in the classroom.

The essence of these tenets has been included throughout the various sections of this study. Tenet 2 is used here as an example to illustrate how tenets are developed into teaching objectives. Tenet 2: Appreciation of Social Context. This tenet acknowledges that symptoms in a family may be occurring as a result of living in an oppressive society that treats individuals in the same family differently, instead of as a result of difficulties within a family or on an individual family member (Libow, Raskin, & Caust, 1982, cited in Leslie & Clossick, 1992, p. 260). Teaching Objective: Inclusion of non-clinical information about the legal, economic, and social realities of those with whom students in training will be working. Special attention should be paid to the factors in these areas that affect men and women differently (Leslie & Clossick, 1992, p. 260).

Haddock et al. (2000) have furthered the efforts of Leslie and Clossick (1992) through the development of a training, research and therapeutic tool that provides guidance for addressing or observing gender and power differentials in the practice of family therapy. The “Power Equity Guide” assists trainees in transforming theory into specific practice in therapy, and assists researchers and supervisors in evaluating practices of gender-informed (feminist-informed) family therapy (Haddock et al., 2002, p. 153). The Power Equity Guide brings together theoretical understanding, personal exploration, and practical application all in one tool (Haddock et al., 2002, p. 155). Similar to Leslie and Clossick’s (1992) ideas about changing tenets into teaching objectives, the Power Equity Guide makes the elements of gender-informed (feminist-informed) therapy more accessible and manageable. It can be used for pre-and post-test measures for students in training, for treatment planning, and for employee performance evaluations (Haddock et al., 2000, pp. 153-164).

The Power Equity Guide promotes the feminist framework of using gender as a theoretical organizing principle. The tool reflects a number of goals for the practice of gender-informed therapy. Goals included moving toward more egalitarian relationships by (a) eliminating or reducing power differentials between partners, (b) empowering individuals to honor and integrate all aspects of themselves, especially those not supported by dominant culture, and (c) managing the power differential between therapist and client (Haddock et al., 2000, pp. 156-157). The following quote illustrates how feminist-informed practices were measured and evaluated using the Power and Equity Guide:

Under each goal, particularly notable issues or themes are delineated, such as ‘parental responsibility,’ and ‘work, life goals, and/or activities.’ Corresponding with each theme is a Likert scale (1 = inattentive to gender/power, 3 = missed opportunity, 5 = attentive to gender/power) to note a therapist’s success in incorporating that theme. A ‘not applicable’ option is also available to use when a theme was not relevant to the therapy session. In addition, under each theme, a space is provided for comments pertinent to that theme or goal setting for future sessions. . . . depending on the purpose for which the Guide is being employed, (i.e. treatment planning, supervision, or therapeutic assessment), the Likert scale and spaces provided might be used differently (Haddock et al., 2000, p. 157).

Translating Feminist Thinking into Therapy Practice - Supervision

If there is scant research on feminist-informed training, it follows that there is scant research on feminist informed supervision. Indeed, as Prouty, Thomas, Johnson, and Long (2001) note, “There has been only one previous formal study of feminist family therapy supervision” (p. 85). Prouty et al. (2001) acknowledge the Delphi study conducted by Avis (1986) as groundbreaking in reporting what feminist supervision *should be*, including such components as: (a) constantly questioning all assumptions, (b) considering alternatives, (c) openly discussing sexist remarks, (d) discussing attitudes about healthy family functioning, and (e) making issues of power explicit (p. 86). Unfortunately, follow-up studies have not been done to determine what feminist family therapy supervisors actually do (Prouty et al., 2001, p. 86).

Prouty et al. (2001) undertook their own study of feminist supervision methods. Their findings identified three different feminist supervision styles: (a) contracting, (b) collaborative, and (c) hierarchical (p. 85). The authors described the three styles/methods as separate and distinct, yet subject to some overlap.

Before moving into more of a discussion, however, I would like to note a perceived discrepancy. Although the authors described the three methods as separate and distinct, suggesting a choice could be made to use one of the three, their own illustration of application suggested something different. “Within a supervision session, supervisors chose whether to use collaborative or hierarchical methods in a given situation, but all of the supervisors began the supervision relationship with a contract” (Prouty et al., 2001, p. 87). This illustration of application suggests that contracting is less of a style or method

and more of a prerequisite made prior to choosing between collaborative or hierarchical methods.

Contracting methods included three processes: Defining therapist goals, mutual evaluation, and clarifying therapist responsibilities. Supervisors were responsible for establishing and maintaining the contract and therapists were responsible for contributing and updating their needs within contract (Prouty et al., 2001, p. 88).

Collaborative methods included five techniques: Fostering competence, applying multiple perspectives, providing options to therapists, making suggestions during call-ins, and encouraging mutual feedback between supervisor and therapist (Prouty et al., 2001, p. 89). Fostering competence meant something on the order of inviting the therapist to share clinical knowledge, which assumes an existent level of competence along with the ability to integrate new clinical ideas. This in turn, promotes a sense of empowerment for therapists, knowing that their supervisors trusted their competence (Prouty et al., 2001, p. 90). Developing and including multiple perspectives is based on the idea that “there were many ways to look at a situation, and there were many ways to do therapy” (Prouty et al., 2001, p. 90). Techniques also included encouraging the teaming of peers with each other for opportunities to learn from other perspectives and honoring or having confidence in therapists when they chose not to utilize a suggested intervention from a supervisor or peer (Prouty et al., 2001, pp. 90-91). Having options meant that supervisors, either before, during, or after other therapists, could offer suggestions about a particular situation with the understanding that the therapist *may* or *may not* make use of them (Prouty et al., 2001, p. 91). Collaborative call-ins from supervisors or by team members provided choices or multiple perspectives to a therapist in session (Prouty et

al., 2001, p. 91). Again, in a collaborative understanding the therapist is free to make the choice to use or dismiss the offered suggestions. Mutual feedback can be likened to “check-ins” between supervisor and therapist in which there is a dialogue between the two in order to process compliments, requests, and criticisms (Prouty et al., 2001, p. 91).

Hierarchical methods included: Directives, supervisor modeling of appropriate professional conduct, and directive call-ins (Prouty et al., 2001, p. 92). Generally, hierarchy was acknowledged to exist in all supervisory relationships, yet attempts were made to minimize the negative aspects of the power differential (Prouty et al., 2001, p. 92). For example, a spirit of collaboration recognizing therapist contributions as valuable was used, rather than a purely hierarchical spirit in which only the supervisor was viewed as making valuable contributions. While there was an understanding of the respective roles of therapist and supervisor in relationship to each other (Prouty et al., 2001, p. 92), there was, at the same time, a dialogue that allowed for the sharing of their various perspectives.

Directives took two forms, behavioral and reading. Behavioral directives meant that the supervisor gave the therapist specific instructions to follow in therapy sessions, and reading directives were assignments given by supervisor to therapist (Prouty et al., 2001, p. 92). Directive call-ins (often viewed as both hierarchical and collaborative) provided therapists with interventions to try in therapy (Prouty et al., 2001, p. 93). Supervisors accomplished modeling by showing a therapist how to do something by joining in a therapy session, or through the use of role-play (Prouty et al., 2001, p. 92).

In their study, feminist supervisors required establishing clear and mutual contracts for work with therapists, with the goal of assisting therapists in developing

therapeutic skills, self-confidence, and the valuing of multiple perspectives in providing therapy (Prouty et al., 2001, p. 93). These goals are not unique to feminist-informed therapy practices, but they are important to note here because these methods are *inclusive of* feminist-informed theory and practice.

Some Considerations: Limitations and Criticism

Thus having stated all of what is noted above, it is important to point out that having been trained in a feminist perspective does not necessarily equate with being a “feminist-informed” therapist. McLellan (1999) states, “To minimise [sic] confusion, it is necessary to state at the outset that not all therapists who call themselves feminist do, in fact, practise [sic] feminist therapy” (p. 326). Indeed, McLellan (1999) cites a 1996 study by Marecek & Kravatz which revealed that therapists who identified as feminist or pro-feminist, and who purported to bring a feminist perspective to their theory or practice, actually operated more in line with traditional therapy practices (as defined by McLellan), than not (p. 326). These results were disappointing, but not inconsistent with the results of other studies discussed in this review of literature.

Additionally, embracing a feminist perspective may challenge one’s identification as a therapist. Leslie and Clossick (1992) suggest that being trained in a feminist perspective may result in a sense of incompatibility with systems theory, which then may call into question one’s identity as a family therapist (p. 266). McLellan, (1999) seconds this view and then goes a bit further, offering two differing views of radical feminists: (a) those who claim that the term feminist therapy is inherently contradictory, and who call on all feminists to reject therapy absolutely, and (b) those who reject traditional therapy,

but still believe that feminism has a responsibility to develop an alternative therapy (p. 329).

While a survey of the literature revealed no study identical to my project, my review revealed the very real gap between feminist theory and practice, primarily as it relates to the specific training, supervision and practice of feminist-informed therapy. Although this gap was not the focus of my study, it does inform my study in a certain way, in that it stimulated my curiosity about *why* this is the case. Could this be yet one more way the feminist voice gets stifled? Through my research, I sensed that while it may be acceptable to include feminist theoretical perspectives in training, there is not the same acceptance for putting them into practice. Why is it that feminist perspectives are not promoted and supported in training and supervision, like other family theories or perspectives? Does it speak to some internal resistance of the family therapy field? Or, is it another example that only mirrors larger society's resistance to the incorporation of feminist ideals and paradigms? Either way, it appears that resistance is "alive and well" in the field of family therapy.

The focus of this study, however, is on some therapists who, far from resisting these ideals, have not only embraced but incorporated feminist ideals into their practices. Here, I have sought to explore and become informed about the lived experiences of feminist-informed therapists – the actual, meaningful experiences of practicing feminist-informed therapy. Such a focus seems to have some merit when, according to one author, "Given the dearth of research on feminist practice, even a simple survey of 'advanced feminist therapists' is welcome" (Bricker-Jenkins, 1999, p. 489). And, not surprisingly,

due to this “dearth” in research, review articles on the topic of feminist-informed practice were not available.

CHAPTER THREE

Methodology

This qualitative study looked at the experiences and practices of therapists working from a feminist-informed perspective. Specifically, this study explored the process of becoming a feminist-informed therapist and the practices of feminist therapy. I looked at how therapists came to a feminist-informed perspective and how this perspective was reflected in their practices. In-person, one-on-one audio taped interviews were conducted. Data collection and analysis were done concurrently. Data analysis was used to inform narrative report writing of the findings.

The heart of this study centered on the interviews with four practicing feminist-informed therapists, from an average-sized Midwestern city. Because of the variance in definition and understanding of a “feminist perspective,” and of a “feminist perspective in practice,” it is unlikely that any other studies have identified the same therapists interviewed for this project.

Interviews with therapists were conducted using a specific interviewing guide grounded in a phenomenological approach. The goal was to explore the meaning of therapists’ lived experience, that is, their stories of becoming feminist-informed therapists. The goal was also to explore how this becoming translated into their therapy practices. What were some of their experiences with clients? What did they actually *do* or *say* with clients that reflected a feminist perspective? Between the individual participants, I anticipated both variation and overlap of their lived experience in becoming feminist-informed therapists and practicing feminist-informed therapy. Consensus on the meaning of becoming and practice were not expected since each

therapist was likely to have their own definition and understanding of the term “feminist.” I was curious about what unanticipated experiences might emerge in the process, and I was not disappointed with the outcome.

Researcher’s Background and Role

Qualitative research generally presupposes a lack of “objectivity” on the part of the researcher and the subject (either person or topic), being studied (Avis, 1994, as cited in Avis and Turner, 1996, p. 147). I hold this perspective and it is further emphasized by the fact that a decidedly feminist perspective informed my research process.

I approached this project largely from a feminist worldview that has been nurtured and developed intentionally for about the last 15-20 years. This worldview has been developed through academic study and training in western philosophy, women’s studies, chemical dependency and family treatment, and most recently in marriage and family therapy. In addition to academic study and training, I have 16 years of experience in therapeutic practice. And yet, when I really stop to think about the development of my feminist “lens,” I must also give some credit to my mother and her mother as well. Both were feminists in their own right – though most unfortunately – well ahead of their respective “times.” Their influence nonetheless lives on in my own desire to further the feminist voice. And, finally in the feminist spirit of inclusiveness, I also need to credit my father for inspiring a desire and determination to achieve my goals and dreams, and my husband for being a feminist even *before* I was.

Feminist Assumptions that Inform My Research

To begin with, I claim Avis and Turner’s (1996) feminist assumption that knowledge is power and that those who control the making and definition of knowledge

control the cultural construction of reality and meaning (p. 147). Many would agree that the construction of reality and meaning has largely been developed from a male-dominated or patriarchal view. Within such a worldview, women's voices, experiences and perspectives have long been denied. The validity of women's voices, experiences, and perspectives has also been challenged, most commonly by being compared to the standard constructed within a male-dominated worldview. This seems especially important to note when discussing matters related to research since, here too, the male-dominated view of what qualifies for and constitutes "valid research" has been constructed without acknowledging the experiences of women. My research revealed an interesting example to illustrate this point. Qualitative research has been identified as "soft," even "less valid" since its focus is on meaning. Quantitative research has been identified as "hard" even "more valid" since its focus is on facts. Whether intended or not, one has a sense that even research is divided by gender – "soft" being equated with things feminine and "hard" being equated with things masculine.

Feminist scholars in the social sciences have recognized both the deficit and the dilemma that this has posed for research (Avis & Turner, 1996, p. 147). In an attempt to include women's experiences in research and to offer, perhaps, a more balanced view of both men's and women's experiences of reality, they review three distinct models of feminist epistemology to guide feminist research: feminist empiricism, feminist standpoint theory, and post-modernism or social constructionism.

My approach to the study and my worldview seem most in line with the *post-modern or social constructionist* (hereafter referred to as social construction), perspective. The social construction feminist perspective of research includes acceptance

of multiple meanings and social constructions of reality (Avis & Turner, 1996, p. 148). This perspective posits that there is no “one reality” at all - not for women or men. Science does not represent reality; rather researchers *create* realities (Avis & Turner, 1996, p. 148). I agree with Riger, (1992 cited in Avis & Turner, 1996, p. 148), who states, “Those researchers with the most power have more influence in defining what is, and what is not, legitimate ‘knowledge.’”

I reject the *feminist empiricist* perspective since it claims a level of objectivity that I do not think is possible. Instead, I fully expected that my worldview would affect every aspect of this study, from a priori assumptions about what I *might* learn, to what I *actually* learned, to assumptions held at the outset of the study that remained in place at its end, and finally, to the interpretation of the findings themselves. The fact that the heart of this study is based in an interactive interviewing process further illustrates the impossibility of a so-called “objective” perspective. Since my study explored the perspectives of separate individuals, all of whom had their own experiences and meanings of “feminist ideals,” I was not sure that any of their experiences would overlap. I recognize that as the researcher I would necessarily be re-interpreting participants’ perspectives through my own, which again means that I cannot report findings from a traditionally defined “objective” perspective.

From a *feminist standpoint* perspective I claim the right of the therapists to name and claim their own experiences - to be heard. I am mindful that these individuals cannot speak for all feminist-informed therapists. Rather, my focus was on inclusion of the individual therapist standpoints – his or her, individual, way of making meaning.

From a social construction perspective, and from Riger (1992) specifically, I agree with the notion that reality is constructed, by and large, to reflect and accommodate the dominant group's position and privilege (cited in Avis & Turner, 1996, p. 148). I also believe that since language is the foundation of reality constructs, it too, needs to be reviewed. Challenging constructs is accomplished through a process social constructionists have termed deconstruction. Both reality and language constructs are subject to critical review through deconstruction.

Language as a Construct

A key focal point for constructionists is the use and power of language, since language is the means of expressing our experiences (Avis & Turner, 1996, p. 148). Constructionists suggest, perhaps contrary to popular opinion, that language is not neutral, but that it indeed determines what constructions of reality are possible (Avis & Turner, 1996, p. 148). As a means of highlighting the non-neutrality of language, Avis and Turner (1996) developed a rhetorical question for constructionists (or any and all those curious about and interested in the development of social constructions of reality), specifically designed to challenge or critique accepted constructions of reality. It reads, "Whose interests are served by competing ways of giving meaning to the world?" (p. 148). Not surprisingly, and again according to Riger (1992), postmodern feminists' consensus is that a patriarchal view has prevailed and this ultimately serves and maintains male power interests (cited in Avis & Turner, 1996, p. 148).

This being the case, constructionists are committed to, and advocate for, a methodology that allows for a deconstruction, a methodical "taking apart" of written or spoken language (text, written accounts, interview transcripts, case records) such as

discourse analysis, content analysis, or theme analysis (Avis & Turner, 1996, p. 148). The goal of deconstruction is to disrupt the status quo in regards to the use and power of language, both by revealing how current usage privileges one group while oppressing another, and by opening the door to include the voices of those who have been oppressed. Including the perspectives of those that have been oppressed challenges the status quo and provides depth and breadth to the discourse on knowledge. Avis and Turner (1996) cite Weedon (1987) who stated: “By bringing to light such subjugated discourses, contradictions within texts are revealed and alternative meanings and new choices for action are created” (p. 148). Both in keeping with this spirit of inclusion and taking it a bit further, this study was focused not only on women’s experiences of practicing from a feminist-informed perspective, but on men’s experiences of practicing from a feminist-informed perspective as well. This was my first formal exposure to the meaning, experiences, and practices of feminist-informed therapists, whether they are female or male.

While taking a critical look at language it is important to note that some critics warn of a potential danger in narrowing the scope by focusing, too much, on language. Riger (1992) suggests that developing a myopic view on the impact of language alone, denies the equally important impact of society on women’s experiences (cited in Avis & Turner, 1996, p. 148). Additionally, questions have been raised challenging how feminists can maintain their outrage about women’s oppression while at the same time holding the view of multiple meanings and self-reflexivity (Gavey, 1989, cited in Avis and Turner, 1996, p.148).

Phenomenological Assumptions that Inform My Research

It was Boss, Dahl, & Kaplan (1996) who coined the phrase that best sums up what I have come to believe about phenomenological research - “True knowledge is relative” (p. 83). This is neither an easily arrived at, nor painless conclusion for someone like myself who spent her undergraduate years in the study of western philosophy, searching for conclusions and truths that were anything *but*, relative! Indeed, taking this perspective seems almost to negate that earlier work. And that, . . . is a “truth” that is very difficult to reconcile. Maybe it was the influence of what seems to be the antithesis of western philosophy - women’s studies - that was my demise. Or perhaps this conclusion is nothing more than a wonderful example of the dialectic process at work. To illustrate my point consider the following; if one takes western philosophy as the thesis, and women’s studies as the antithesis, what does one come up with for the synthesis? Feminist phenomenology, of course. Ah, the philosopher lives!

Actually, I drew less on my traditional philosophical background and that definition of phenomenology and more from the social scientific perspective largely delineated and defined by Boss, et al. (1996). These authors base their work on the phenomenological analysis of the social structuring of reality as defined by their predecessors Schutz (1960, 1962, 1967) and Merleau-Ponty (1945; English translation, 1962, p. 84).

Phenomenologists are defined as those who “believe that phenomenon of interest, regardless of what it is, should be studied *where it naturally exists and from the actor’s own perspective*” (Boss et al., 1996, p. 84). Drawing on the work of Schutz (1960, 1962, 1967) and Merleau-Ponty (1945; English translation, 1962) there is an emphasis on

phenomena being studied in everyday contexts. “To a phenomenologist, then, the important reality is what individuals, couples, or families perceive it to be; their ‘real’ world most likely is not found in the laboratory or clinic, but where they naturally interact in their daily lives” (Boss et al., 1996, p. 84-85). Boss et al. (1996) note that phenomenology is making a comeback with the advent of interest in family “everyday worlds and how their perceptions of what they experience lead to differing meanings” (p. 84). In this study, this means interviewing clinicians in their own space and from their own perspectives.

This view, however, challenges the long held accepted assumptions of empiricism, which suggest that the scientific method is *the* one way to accumulate truth and knowledge (Boss et al., 1996, p. 85). In phenomenology, no one method is prescribed – rather a priori assumptions about how a family does or does not work become the core of research inquiry (Boss et al., 1996, p. 85). For this study, I claim the phenomenological assumptions as defined by Boss et al. (1996):

1. Knowledge is socially constructed and therefore inherently tentative and incomplete.
2. Researchers are not separate from the phenomena that they study.
3. Knowledge can be gained from art as well as science.
4. Bias is inherent in all research regardless of method used.
5. Common, everyday knowledge about family worlds is epistemologically important.
6. Language and meaning of everyday life are significant.
7. Objects, events, or situations can mean a variety of things to a variety of people in the family (p. 85-87).

These assumptions are similar in nature to those claimed earlier in the section on feminist assumptions. What follows is a modification of Boss et al. (1996) on their six

points about how research is shaped by philosophical assumptions, specifically adapted to relate to this study (p. 87). First, as with feminist assumptions, phenomenologists believe that objectivity is illusive and truth is relative, which means that as a researcher, I became part of the research set. I could not remain objectively outside of the study. As stated previously, my worldview, shaped by my own beliefs, values, experiences, along with my process of self-reflection certainly affected every aspect of this project. Second, I considered the therapists' experts of their own perspective, while I listened, observed, and noted their feelings and mine in the interview process. Third, I interacted with these therapists in their offices – in their own natural settings for work as feminist-informed therapists (Liebow, 1967; Henry, 1973; and Stacey, 1990, cited by Boss et al., 1996, p. 87). Fourth, I used the same questions to guide the interviews with female and male therapists working from a feminist-informed perspective. I anticipated some diversity in their perspectives based on differing socialization of males and females in our society, as well as taking into account their own unique life experiences. I hoped for some commonality among them despite the differences noted above and I was not pleased with the outcome.

Observations from the Interviewing Process that Inform My Research

On a separate, but related note, in a few of the interviews I was aware of a temptation to help make the therapist being interviewed feel more comfortable. Of the four interviews I completed, two of the interviewees struck me as not being very relaxed. I realize, of course, that these therapists might not agree with me. Still I need to acknowledge my own awareness of how I attempted to adapt to the situation. Instinctively, I dismissed the idea of addressing it directly (as I might have if I was in the

therapist role), but instead attempted to address it in indirect, non-verbal methods. My goal was to create an atmosphere of ease. I attempted to create this by using methods such as purposeful and consistent eye contact to try to send the message that I was fully present and engaged; nodding my head to provide reassurance that I was listening and hearing; shifting, opening up my posture so as to let them know that I was relaxed; paying attention to and providing a space for the tension between us and trying to find a balance between allowing it and processing through it; slowing down the interview process to meet the therapist where they were; and staying quiet inside to allow for our own separate experiences. Navigating through this was an unanticipated challenge as a neophyte researcher.

On yet another level, I was aware of a desire to respond to particular comments made by the therapists and so, sometimes I did. But each time I did, I was aware of an internal dialogue or conflict centering on the question “should I or shouldn’t I,” be doing this? Was it okay to clarify a point or did this bring too much of my own agenda - my thoughts, feelings, beliefs, experiences - into the room? Did asking the question or requesting clarification derail therapists from their own thoughts, feelings, beliefs, or experiences? Did I interrupt their process so much that the interview shifted into a whole new direction? Was it okay to explore in other directions or not? There were times, too, that I found it difficult to draw a line between responding to comments, clarifying comments, or agreeing and affirming comments made by therapists. It felt very awkward to agree with or affirm what they were saying, since I did not see this as my role. Rather, I wanted to be open to listening to what they had to say about their own experience, without having to, or feeling the need to, comment on it one way or another. Still, having

said that, it also felt odd at times *not* to acknowledge what was being said as well. I was aware that there were times when the whole process felt awkward, unclear, and slippery.

I think it would be fair to say that this surprised me - I did not expect interviewing to feel as awkward as it did. I was aware of a need to continually remind myself that my role here was as researcher, not as therapist. It is not as though I was feeling like I needed to *be* a therapist, but rather that *being* a therapist is part of who I am, - so much so that, if I am put in a room with a person, my natural inclination will be to assume my role as therapist. This is a role that is very familiar to me.

To further complicate the matter, I discovered that interviewing itself is both similar to and different from therapy. Both are similar in the goal of gathering information about another, but different in terms of what will be done with the information. Being a researcher is new for me, and as with anything that is new, getting comfortable and proficient at it is a learning process. It takes practice and time to develop.

Final Thoughts About What Informs My Research

It is from a feminist-phenomenological vantage point that I have undertaken this study of an important, though underrepresented type of therapy. Exploring the meaning and practice of feminist-informed therapy is in itself an exercise in the critical review and deconstruction of current therapy practices. Merely bringing such practices into view contributes to a deconstruction of existent dominant views. While I have never been involved in research on this topic, I possess a strong interest and background in feminist thought and theory, and this has *no doubt* informed the interpretation of this research. In addition to my familiarity with the topic being researched, the setting for the research is

also somewhat familiar to me since I have worked in social services for more than fifteen years. I interviewed individuals with whom I had no prior personal or professional connection in hopes of limiting my own projected interpretations of their expressions and experiences. Yet, even having stated this, I am aware that the results of this research necessarily reflect my own interpretations of the research, and for this I am ultimately responsible.

Participant Selection-Sample

Purposeful selection of participants, that is, a search for both female and male therapists who identified as feminist-informed was conducted. The total number of participants desired for this study was 3 to 10, preferably with a mix in gender. A total of four interviews that included a mix in gender were completed. To locate the participants I first utilized advertising of the therapists themselves. Participants were chosen based on information gathered by using advertisements, listings in professional membership directories, and through a “snowball” or word of mouth method. Potential participants were selected when they advertised themselves in one of the following ways: (a) feminist therapist, (b) feminist family therapist, or (c) working as a therapist from a feminist perspective. The sources for such selection included local newspapers and professional directories. In addition, the American Association of Marriage and Family Therapists (AAMFT) “Therapist Locator,” Internet access was reviewed.

I made contact with potential participants directly, by phone, to ask if they might be willing to participate in the research. An interview time and setting was negotiated between participant and the researcher, at the convenience of the participant. The written

results of the study were offered to interested participants upon completion of the project. At its outset, there were no known benefits to participants in this study.

Data Collection Procedures

What follows is a tailored version of Creswell's (1994) ideas regarding data collection procedures. The structured interviews were conducted in a one on one, in-person format, and recorded on audiotape. Structured interviews, initially guided by the interview questionnaire, involved discussions about the process and meaning of becoming and practicing as a feminist-informed therapist. The interviews took place at the agreed upon setting and time. Spontaneous dialogue about other aspects of experience and practice was allowed and encouraged. Data was collected from April through May 2002. One interview, approximately 60-90 minutes in length, was completed with each therapist. At the time of first contact, and again at the time of the interview, participants were given an overview of the study; including the focus, purpose, approach used for the study. Additionally, they were informed of the methods and procedures used for data collection and analysis. Ethical concerns and possible implications were noted as well. The interview questions were asked along with follow up probes, and space was allowed for recording interviewers comments and reflections. A new audiotape was used with each interview. The tapes were fully transcribed by an individual and later reviewed for accuracy by the researcher. This data was used as the basis of the reported findings. (p. 152)

Another source of data was my research journal in which I recorded personal and theoretical reflections and perceptions throughout the research process (Creswell, 1994, p. 166).

Data Analysis

Data analysis was conducted as an activity concurrently with data collection, data interpretation, and narrative report writing (Creswell, 1994, p. 153). This was done from the point of contact with the participants, during review of the transcribed audiotapes, upon reflection of emerging patterns or themes, while formulating an interpretation of the information, and in the actual writing of the narrative report. The process entailed reducing the transcriptions into major patterns or themes of the therapist experience and meaning. These patterns and themes were then separated into categories pertaining to experiences of becoming or practice as a feminist-informed therapist. These categories were then used for interpretation of the data (Marshall & Rossman, 1989, cited in Creswell, 1994, p. 154).

Coding

The coding process for patterns or themes was done by hand, utilizing some of the steps noted by Tesch (1990), and codes noted by Bogdan and Biklen (1992) (cited in Creswell, 1994, pp. 155-156). (Please note that these steps are not exact quotes of Tesch's work nor are they enumerated in the same manner, and only a portion of Bogdan and Biklen's ideas are noted. Rather this is a composite of all three authors work.) First, the tapes were listened too, one at a time, as soon as possible following interviews. Notes and portions of verbatim transcriptions were taken. The notes were coded for recurring patterns and themes and to establish a basis and sense of direction for further interviews. As ideas came to mind, they were noted as well. Second, notes were reread for a careful second review. Questions that guided the review included:

1. What is the interviewee really trying to say?

2. What is the underlying meaning?

Third, all topics noted were listed and then categorized together in terms of similarities. Topics were arranged in columns such as (a) participants' process of becoming a feminist-informed therapist (b) participants' ways of describing the practice of feminist therapy, and (c) collective themes that emerged from across interviews. Fourth, each topic was assigned a code and a color, the codes and colors were noted in appropriate sections of the text. Attention was paid to any new categories or codes that emerged. Fifth, categories were created out of combining several topics together. Sixth, final codes were given to categories and then organized by subject. Seventh, data was sorted to appropriate categories for use in narrative. Eighth, although I had intended to do "spot checks" with participants, time limitations did not allow for this step. Research journal entries were reviewed regularly for useful process and content patterns and themes and were used accordingly.

Validity

Validity is a method of holding the researcher accountable for studying what the researcher purported to study. In other words, it is a method used to measure the actual performance of the researcher. The type of validity measures used is dependent upon the type of research performed. Quantitative researchers claim validity and objectivity through the use of the scientific method. Qualitative researchers, however reject claims of validity and objectivity through the use of the scientific method, and according to Gergen (1988) “. . . focus instead on analyzing phenomena in their culture and historical contexts, declaring personal and institutional interest in the research, and being clear about the researcher's personal values and goals in doing the research,” (cited in Avis &

Turner 1996, p. 162). In qualitative research, validity is an attempt to verify a connection between data collected, concepts presented, and data analysis accurately reflected (Boss et al., 1996, p. 92). It is about asking the question “Do the findings “ring true,” that is to say, do the quotes match and are the findings supported by data?” T. Karis (personal communication, July, 13, 2002)

According to Creswell (1994) “Qualitative researchers have no single stance or consensus on addressing traditional topics such as validity and reliability in qualitative studies” (p. 157). Moving toward a stance or consensus has been a process beginning with initial attempts by researchers such as Goetz & LeCompte (1984) in applying quantitative validity and reliability criterion to qualitative methods, to Lincoln and Guba (1985); and Erlandson, Harris, Skipper, and Allen (1993) who have developed new language, and concepts such as “trustworthiness” and “authenticity” to distance and distinguish qualitative research criterion from quantitative research criterion. (Cited by Creswell, 1994, p. 157) Guba & Lincoln (1989) as cited by Avis & Turner (1996) “These feminist researchers use concepts such as “trustworthiness” to speak of their notion of reliability and “credibility” to speak of their notion of validity” (p. 162).

Internal Validity - Strengths

To begin, Johnson’s (1997) notion of interpretive validity seems especially applicable as a specific support for this study’s internal validity, or “credibility.” He states; “. . . interpretive validity requires developing a window into the minds of the people being studied. Interpretive validity refers to accurately portraying the meaning attached by participants to what is being studied by the researcher (pp. 282-292). In this study, I have attempted to accurately portray the participants’ meaning in their process of

becoming and practicing as feminist-informed therapists, through a rendering of their individual stories. In the process, I have employed some of the following strategies (a) extended fieldwork (b) low inference descriptors (c) peer review and (d) reflexivity, to contribute to and strengthen the study's internal validity.

Extended fieldwork means that when possible, qualitative researchers should collect data in the field over an extended period of time (Johnson, 1997, pp. 282-292). Although this background of the researcher has been reviewed at length elsewhere in the study, it is important to note again here. Briefly, I have a history of academic study, which includes western philosophy, women's studies, chemical dependency and family treatment training, and now marriage and family therapy. In addition, I have more than sixteen years of experience working in social services in a variety of settings and with a variety of populations along the various points of the continuum of care. In the process, I have collected data related to this study over an extended period of time.

Low inference descriptors refer to the use of verbatims (i.e., direct quotations) from participants' accounts or researcher field notes (Johnson, 1997, pp. 282-292). Extensive use of verbatims was used in the Chapter Four, of this study to provide readers direct access to participant reflections. As Johnson (1997) notes, "This verbatim provides some description (i.e., what the participant did) but it also provided some information about the participant's interpretations and personal meanings (which is the topic of interpretive validity)" (pp. 282-292). Including verbatims provides readers with an opportunity to make their own interpretation of participant experiences, from which they can draw their own conclusions about how well the researcher did in accurately reflecting participants' accounts (Johnson, 1997, pp. 282-292). I have done my best to accurately

reflect participant perspectives most concretely supported through the use of specific quotations, and thus hoping to bring forward the rich and thick descriptions characteristic of qualitative research. Where appropriate a synthesis of ideas has been presented. It is important to remember, however, that the interpretations and the conclusions are strictly my own.

Peer review is “Discussion of the researcher’s interpretation and conclusions with other people” (Johnson, 1997, pp. 282-292). Throughout this study, the researcher had the ongoing support and guidance of an academic advisor experienced in qualitative research. This advisor monitored the entire process of development for this study and proved to be an indispensable resource for the researcher. I am most grateful to have had her support and guidance on this, my maiden voyage in research.

Reflexivity “Involves self-awareness and ‘critical self-reflection’ by the researcher on his or her potential biases and predispositions as these may affect the research process and conclusions” (Johnson, 1997, pp. 282-292). In general, the researcher drew on extensive experience with theory and practice to inform the research project from start to finish. Specific notations about researcher bias have been noted and dealt with at length in appropriate sections of this project. In addition, the researcher’s learning continued through the reading, writing, and interviewing completed for this project. Critical self-reflection, or according to Boss et al (1996) “. . . the back-and-forth movement between data collection and data analysis that is so important in phenomenological research,” was a part of each and every process along the way (p. 92). This proved to be an invaluable resource in synthesizing and clarifying what the researcher came to know about the feminist-informed therapy practices of these particular therapists.

Internal Validity - Limitations

There were, however, other steps that could be taken to enhance the internal validity of a study such as mine. As previously mentioned, although I had intended to do “spot checks” with the participants time limitations did not allow for this step. This being the case, my ability to accurately reflect the participant experiences is subject to a limited view – namely, my own. This means the findings are suspect to a certain degree since I did not have the opportunity to verify the accuracy of the reflections with the actual participants.

External Validity - Strengths

The external validity, or the “trustworthiness” of this study needs to be viewed in context to acknowledge its value. Typically, according to Johnson (1997) “qualitative research is virtually always weak in the form of population validity focused on ‘generalizing to populations’ (i.e., generalizing from a sample to a population)” (pp.282-292). Instead, and again according to Johnson (1997), qualitative researchers have traditionally been more “interested in documenting particularistic findings than universalistic findings” (pp. 282-292). This being the case, this study with its particular location in a specific region in the Midwest and extremely small sample might prove to be rich with the kind of particularistic entities qualitative researchers seek. The external validity or trustworthiness would then become relative to the particularistic entities. A study such as this might be used as a template of sorts for doing more research and gathering still more information about feminist-informed therapy practices. These subsequent studies add to the possibility of feminist-informed therapy practices being generalized in the future.

Another strength of external validity is the possibility that this study could be replicated. The design and procedures outlined in this study, including information on the study focus, researcher bias, informant selection process, and the context from which data was gathered and analyzed (LeCompte & Goetz, 1984, cited in Creswell, 1994 p. 168), could be used to design another study exploring and recording the thick, rich, detailed description of feminist-informed therapy practices, in a similar regional location. A complete and detailed accounting of the data collection and analysis procedures could provide a clear illustration of methods used in the study (Creswell, 1994, p. 168).

External Validity – Limitations

The external validity strengths might also be considered the studies limitations. Again, the study focused on a specific region of the Midwest and was based on an extremely small sample. As previously noted, there is limited capacity to generalize the findings from this study (Creswell, 1994, p. 158).

Summary of Validity

Overall, the study's main strength is exploring the meaning of experiences and practices of feminist-informed therapy and bringing this information forward. At the same time, this study is not definitive of all feminist-informed therapists given the small sample size, nor is it exhaustive even in the scope of the Midwestern city used, and these are its main limitations. Bringing this information forward, making the experiences and practices of feminist-informed therapy more concrete; makes them more available for evaluation, development, and even legitimacy. Like most research, this study offers a purposefully, narrowly focused, limited view, on one aspect of a much larger whole. It should be considered as an addition to the larger discourse on similar topics.

The findings that emerged from data analysis are in the form of a descriptive narrative. The descriptive narrative allowed for a weaving together of the participant responses to the interview questions, the underlying meanings, the process of the study, and the researcher's reflections along the way. All of this was done in the hope of creating a well-rounded illustration of the study's content and process.

Ethical Concerns

Permission was obtained from the Institutional Review Board so that the rights of human subjects would be protected (Creswell, 1994, p. 148). The researcher took steps necessary to protect and respect the rights, needs, and values of the participants (Creswell, 1994, p. 165). The following measures were taken to protect participants' rights: (a) research objectives were reviewed verbally and in writing for clear understanding by participant (this included a description of how data will be used) (b) written permission was received by participant to proceed with study as reviewed (c) specific information regarding collection devices and activities was given to participants (d) verbatim transcriptions, written interpretations, and reports were available for participants, and (e) participants' rights, interests, and wishes were considered primary for the reporting of data (Creswell, 1994, pp. 165-166).

CHAPTER FOUR

Study Findings

Where to start, and what to choose to share, here, in the findings brought with it another set of challenges. Each interview was so rich in and of itself that I thought it best to keep their stories separate while exploring the primary inquiries of the study. To be sure, there were times and places of overlap that seemed to affirm a larger, collective process that was equally important and worthy of study, but I was really interested in their individual stories, their experiences of becoming and practice, and this is what I have chosen to share here. What follows is but a glimpse into the lives of these four therapists, from *my* perspective. It is *my* understanding of what they described as meaningful in their processes of becoming and practice. I hope they will be pleased with my rendering of their stories, and that I am able to convey my reverence and respect for who they are as individuals and professionals. I was utterly impressed with the humility and authenticity of each and every one.

The Participants

At the outset of the study, I thought that I would find enough participants from those who advertised themselves as “feminist.” As it turned out, only two of the participants advertised themselves as feminist, while the other two claimed a feminist perspective without advertising themselves as such. For this project, I interviewed two women and two men. I have used pseudonyms for each of them to reference and differentiate their stories. The therapists interviewed worked primarily with individuals and couples. The findings are reflective of their experiences with those populations.

The first interview was with Don whose advertising caught my attention. Actually, I can credit this man with changing the course of this project, since it was his ad

that challenged my initial idea about the participant sample I was planning to use. Before seeing his ad, I hadn't even *considered* the possibility of a "male" feminist-informed therapist. Thus, his ad raised my awareness *and* my curiosity. For the first time, I began to entertain the idea that it might be interesting to hear what a "male feminist" had to say about practicing feminist-informed therapy. His story was that of a trailblazer, someone who "went where no one had gone before." I most appreciated his open mind and his ability to demonstrate sensitivity and gentleness. I enjoyed his warmth, wit, curiosity, and his gift for storytelling.

The second interview was with Liz who advertised herself as feminist, though she admitted having only recently added this descriptor. Her story was that of a series of awakenings to new, deeper, levels of feminism over the course of her life. Each awakening seemed to fuel her passion and purpose for naming and claiming "every human being as equal in value." Hers was the story of a warrior, someone dedicated to making changes. She championed equal access of choice and options, and she wanted to ensure that women knew of and exercised their right to ask for what they needed and wanted. She had an affinity for qualitative research; she saw it as a feminist issue in that "what we're doing as women is we're trying to bring the experience that women have had for thousands of years forward, and make it a part of the lexicon; make it part of the canon, you know." I most admired her passion and commitment to women and women's issues on personal, professional, and political levels, along with her genuine enthusiasm to participate in this study. She was a wonderful role model, being both confident and wise.

The third interview was with Lon who did not advertise himself as feminist, but who, in our first conversation on the phone stated something along the lines of “Well, isn’t everyone a feminist?” I was struck by his conviction, his utter disbelief that anyone could even consider himself or herself otherwise described. His was a story of rebellion, immersion, and manifestation of what he and his generation brought into being – the intellectual acceptance of feminist thinking. I enjoyed his candor and his clarity of conviction. I appreciated his commitment to allowing and encouraging individuals to manifest themselves.

The fourth interview was with Kate who also did not advertise herself as feminist, but who clearly acknowledged that a feminist perspective informed her work. She described herself as a “soft” feminist. I had the sense that she was one who could easily slip past defenses, calmly introduce and operationalize feminist thinking without calling any attention to it. Indeed, on this count, she seemed both “soft” *and* smooth. She was intuitive, balanced, and ultimately quite disarming. I appreciated her skillful ability to articulate complex aspects of gender and power differentials and I was touched by her compassion and her goal of assisting individuals and couples in “finding their truths.”

Stories of Becoming

All of the therapists acknowledged three main influences in their process of becoming a feminist-informed therapist (a) family of origin and upbringing, (b) college education, and (c) clinical practice. Their experiences with each were unique, but they also had a common bond in being powerfully shaped by these influences.

Don's Story

For Don, *becoming* started at home, in his place of being the eldest of six children. His father was away a great deal and “my [his] mom just couldn’t do six kids.” He was introduced to providing nurturing for his family through “feeding, diapering, and being actively involved in household kinds of things.” This allowed him to experience “being part of family life.” Though he did not state this directly, his description of nurturing and being a part of family life characterize feminist values such as moving beyond sex-role stereotypes and collaborating with family members to contribute to family life.

A second aspect of becoming for Don was exploring his curiosity about other cultures, other ways of doing things. He was not sure just where this curiosity came from, but he credited at least part of it to being raised in “small, mono-cultural, homogenized, kinds of situations, mainly white, European culture.” He hadn’t traveled much, so in college, when he had the opportunity to study abroad, he took it. In the process, he was “introduced to how families worked in a different way there [in another country], and about . . . how women were treated differently in that culture than, than here [in the United States]. What was considered normal behavior [here in the United States] was considered very provocative and sexual there [in another country].” He described his experience outside of his normal community as a “bit of a culture shock.”

I am not exactly clear about how this actually happened, but it sounded like Don planned to attend graduate school in another country and to major in a particular cultural studies program. In other words, he had no plans to study psychology. While he was waiting for school to start, he began working in a detoxification facility. “I did a

midnight shift at a detox [sic] in . . . where anybody that came in was drunk and possibly violent and I got, I got kind of fascinated by it.” He decided to try working in the mental health unit, and then switched majors.

He did, however, stay connected to his curiosity about other cultures. In fact, he met and married a woman from another culture. He recalled early experiences with her family. “Here I was, this foreigner, kind of coming in [from the outside and noticing] who had the power in the family, who would say things, and how I was welcomed or not welcomed.” He described these type of experiences as fascinating to him because “it was in contrast to how I’d experienced it [family and power dynamics], as opposed to if I was sitting with some other kind of family from the same area. I may not have noticed differences as much.” And so, he set off for graduate school eager to explore other cultures and psychology.

He recounted an interesting exercise he experienced in a Theories of Counseling class. As a class they were being introduced to all the different types of theories - Rogerian, Jungian, just to name a few. He could not recall the name of the exercise, but he remembered the gist of it enough to share what he had discovered about himself. It was an exercise that involved “a series of forced choices, where by your choices, you’d be identify yourself with a philosophical underpinning,” as opposed to identifying with a particular theoretical orientation. The philosophical underpinnings were “idealism, existentialism, pragmatism, and phenomenology,” and another one he could not recall. And the two pieces he scored highest in, and he thought were very good predictors for him, were phenomenology and pragmatism. He went on to describe them this way:

I scored highest in, I think, phenomenology, and that's that sense of how a person's experience makes up their world. And from that the goal of the therapist is to understand that other person's world. And interestingly, what scored highest secondly was pragmatism, that kind of sense of being fluid with one's techniques or fluid with one's tools, [or] whatever helped you access that sort of piece. And I think, that, that fascination with, sort of, other cultures, other ways and other perspectives [was helpful as well]. And [what was] particularly [helpful was] getting a sense of how a person's worldview is much different, maybe very different from mine. I think it left me really open to a feminist perspective.

One final aspect that really epitomized Don's story is where he has made a home for himself in practice. He had the unique experience of becoming the first man hired in an established mental health clinic that, up to the time of his hire, had been "wholly owned" and operated by women. This clinic was grounded in and committed to feminist theory. In their process of development as a clinic, a dilemma arose. If feminism was, at least in part about inclusion, having risen out of women's experience of being excluded, then what did this mean for them in terms of including men as part of their clinical staff?

They were at a crossroad in their development and Don was at a crossroad in his career. The question for the clinic was simply "Well, are we ready to hire a man?" From there, Don was invited in and encouraged to "find a place for men in feminism," to find a place for men in their clinic. "But, I was really encouraged to develop a place for men in terms of how does, what does feminism have to say about, [or] for men so that it isn't just about men having to give up stuff." As a clinical team they wrestled with questions such as:

Can this still be a woman's place if there is a man here? Does the clinic remain a safe place if there is a man among us? Is there anything in feminism for men?

What does feminism have to say about men, . . . for men?

And perhaps most importantly, "What does this say to our feminism, what does it say about our philosophy, and that notion about being inclusive?"

Don fondly spoke of the wonderful affirmation and nurturing he received from these "founding mothers." He described his experience there as being surrounded by "some very gigantic intellects." There were writers, presenters, poets, and actresses among the staff, offering a wide variety of people and personalities. Feminism and these clinicians opened the door to looking at things in a different way. "But, so I had the rich, rich experience of the permission to ask questions and to look at [things] this way and that way." He stated, "There was just a lot of wisdom [among the women clinicians] and that just really nurtured me."

Liz's Story

For Liz, becoming feminist-informed took time. Initially, she stated that she had been a feminist her whole adult life, but then stated that was not quite true. "I, I think I didn't really know what that meant for many years, you know, growing up in a very traditional household."

She grew up with her mother, father, and one sister. Liz's mother was home until Liz reached the age of twelve, and then her mother started to work at the library. Liz learned her mother was good at her work because people that worked with her mother told Liz so, and her mother was recognized with awards from time to time. She stated that her mother was a good role model in that she did what she wanted to do, and she

often told Liz to “Do whatever you want.” But, Liz noted, “We never talked about it in terms of whether there were opportunities for men and women.”

Her father was “a very skilled person,” with a background as a journeyman plumber and electrician, and with a hobby of woodworking. Liz noted, however, that her father “never taught me one blessed thing about *any* of that. Well, that’s the way it was, you know, you didn’t teach your *daughter* how to do those things!” This part of the conversation triggered a thought and she wondered out loud about the roots of her lack of confidence in regards to technical abilities.

And, so I wonder, you know, how much of it . . . but I wonder how much of that kind of lack of technical ability is because nobody sat down with us when we were kids and said ‘Well, this is how this works,’ like they do with boys, often, you know.

She went on to say:

My gosh, if you don’t teach women, children, girls, how to do things, they grow up thinking they don’t know how, or they grow up thinking they’re not good at it, when really, maybe all it is, is that they were never taught.

Liz believed she had always been a psychotherapist because when she was a teenager, her friends would always come to her to talk about their problems. However, she did not give herself permission to pursue psychotherapy education or training until she was in her thirties. She had been a married mother of two working in another profession before deciding to go back to school to study psychology. She noted that her parents had been distrustful of psychotherapy, and the whole idea of psychology, that the mere mention of it was sort of threatening to them. “You know, you don’t, first of all

you don't wash your dirty linen, you know that whole thing, in public. You don't tell anybody except your family what your problems are, and all that." It took Liz a while to decide what she wanted, having been influenced by her parents' perspective about psychotherapy and psychology.

As soon as she started graduate school, she began identifying as a feminist therapist, because even then, thirty years ago, the programs were supportive of a feminist perspective. In fact, her master's thesis was on took a look at gender free language in classrooms. She noted being surprised about how gender free classrooms were at the time, but then went on to say one of the reasons for this was "because most of the people that were talked about were men, so they didn't have to say *he* or *she*!" In most classrooms, "they were talking about male historical figures, they were talking about men in sociology, [and] male scientists, you know." In reflection, she thought perhaps she hadn't designed her study well enough to find out what was actually happening.

As far as her actual identification goes, until recently, Liz did not advertise as "feminist." After discussing her interests with the ad agent, she was encouraged to add "feminist" as a descriptor. This addition is so new that she has yet to notice any change in referrals due to advertising strategies. Liz went on to say that she never tells people she's feminist, it just comes up in things she talks about. "

If I see a "right" or "ripe" place for change, you know, I encourage it. And if I see something that clearly is not going to change and, and they don't want it too, I'm not going to push it, but it is kind of hard.

And this brings her to one of her last points. The downside of being feminist is that:

I think one of the things that I realized is that I can't change everybody. I mean, I don't try to change everybody; I just try to help them with their own goals – really. But, my push is always that there is some room to learn some new things. You know, I said a good part of education, of a feminist therapy is education.

One of the most important and powerful aspects that came up over and over in the interview with Liz was her surprise and dismay in her own lack of thought about *why* she hadn't realized that some careers were closed off to her just because of her gender. She wondered aloud several times about:

Why, why would I have not thought of the fact [italics added] that I couldn't be a doctor if I wanted too; I had to be a nurse? [Or] Why would I have not thought of the fact that I couldn't be an electrician? You know, I had to be a teacher or something. I mean, I just didn't think of it!

Even though Liz stated she always felt like a feminist, looking back, she realized that while she thought it was important for males and females to have the same rights, it never occurred to her that they didn't! She asked at one point:

Now, why didn't it [this occur to me]? The fact that all the men I saw were in jobs that I couldn't have [just] never occurred to me. You know? And that is so interesting to me. . . . And, it wasn't even like, "Oh, gee, I thought about that all my childhood and now I know the answer." It wasn't that. I never thought of it! [italics added]

Initially, and even somewhat still, she found this particularly stunning, but she also had evolved into viewing it at something curious, interesting, and sad.

I think I feel a little sad about it. I think it's, I was one of those kids who, you know was secretary and treasurer and all that in high school. [I] did all these things and I was a very good leader, and I had good grades and I could've done probably about anything I wanted to do. But, it didn't occur to me. It just didn't occur to me. [italics added]

In the end, what was important was choice.

That people are, whatever gender they are, they are absolutely equal and have equal choice. But, they don't! And that's why I am a feminist, because I think it's important for women to realize that they, they can have, but they have to, they have to take our [their] choices. They can't just expect them to be given to us.

Indeed, this ideal of equality would become a central focus of Liz's work – to spread the word about rights, choices, and options for women *and* men. Today, she is looking forward to and beginning her involvement in taking this to larger levels by getting involved in public policy issues.

Lon's Story

Lon started out by saying that one interesting way to reflect on how feminist theory has been integrated into his life is the fact that he uses a paperback book to “prop up his head” in his chair. He notes that he does this for two reasons, one being to make himself more comfortable, and the other being to keep feminist philosophy close at hand. The book in use is none other than Betty Freidan's, *The Feminine Mystique*. “I always think of it as having a feminist philosophy, as supporting my head; keeping my head upright.”

This perspective is quite interesting since, by his own account, Lon “grew up in a ‘Leave It To Beaver’ family, in a small town.” He had four brothers, “so, not much of a feminine influence, much to our detriment.”

From this beginning, he set off for college at a time when the whole world was turned on end – America was struggling with the Vietnam War and the second wave of feminism was a force to be reckoned with. He actually intended to study math or economics, but soon became frustrated with the idea of using assumptions that he believed were untrue realities, such as “assume a free market place.” He tried, but just could not make such unfounded assumptions part of himself. He ended up being drawn into psychology through some of his friendships with older, liberal, and open minded feminist males who were working as psychologists. He liked what they did and decided it would be a good way to spend his time.

College challenged what Lon had come to know about the world. It shifted his thinking and his worldview. He didn’t trust things that he used to and this made it easier to say, “Wait a minute, why shouldn’t women have equal rights? Why shouldn’t they have jobs?” And while he was theoretically open to the new paradigm of feminism, this didn’t mean it came without struggle. He admitted to spending:

a number of years in a “male liberation” phase of how unfair it was that women get [got] to choose. They can stay home and raise the kids or they can go to work.

Men don’t [didn’t] get to choose. They can go to work and they can go to work!

Lon’s story reminded me of someone being immersed in a particular culture. For him, that culture was the late 1960’s and early 1970’s. He spoke of the effects of those eras as almost involuntary, that a person could not *help* but be affected by the dramatic

social changes of the time. All of his friends were feminist, both males and females. And even though males struggled somewhat, they weren't dragged kicking and screaming into feminism. "It made pretty good sense to us."

Lon believes that even people who didn't believe in feminism were affected by it. People that say:

They don't believe in that "women's lib" stuff, or they say "You know I'm a more traditional man or woman." And I, and I think even by virtue of having to define themselves that way, they are doing it because [italics added] the 50's and 60's and the advance of feminism. Feminism changed the culture in a way that even if you are against [italics added] it, you've got a label for it.

And while it is true there is still a long way to go, "we wouldn't even have the language to look at that or to think about it if it wasn't for feminism."

In terms of therapy, Lon could not help but think about:

a couple, or really a man, or a woman, or anybody in a relationship [without] interpreting and filtering their difficulties through the lens of feminism, [or the] role of women in society, the traditional historical role, [or] how things have changed, [and] how people [have] adjust[ed] to that.

Feminism permeated everything! But now, "it's really interesting even talking about it, [because] you hardly even hear feminism [anymore]." And this he credited to the integration of feminist theory into our culture. In Lon's view "feminism is not a separate thing anymore."

Yet, he noted a deficit in what men have done in raising the next generation of males. He was disappointed in how long the transformation has taken and how few changes have actually been made.

I would have thought thirty years ago that our male children would be far more, I don't know what the modern term would be, but fair, equal, non-sexist, harmonious, just in our philosophy, [and] just in the way of our thinking about it. But, they aren't, and Lon noted that many even continue to hold stereotypical notions of themselves as superior and dominant to women. And then there is the persistent issue of male privilege. At the same time, it is hard to imagine what it was like fifty years ago. In some ways it is dramatic to look at how much has changed, yet how far we still are from any *true* sense of equality.

Kate's Story

Kate noted that several things influenced her decision to use feminist theory. Influences that she claimed included her personal life, education, mentoring, and most significantly, working with couples.

Like Don and Lon, Kate too, started out in a small town, but she also noted her fundamental Christian background. She described her upbringing as “very, very, rigid, very patriarchal, [and] very structured. The man is the head of the home, the man is the spiritual leader, the woman is to be submissive, you know, the whole deal.” She acknowledged that there was some truth to that way of organizing a family that can be helpful, but mostly it offered her a limited view of how men and women interacted. “I realized that wasn't the whole picture.”

She left home for college and began taking philosophy classes and social work classes and started to realize that what she was reading “fit” with how she saw things. She took a search for meaning class, which she loved, and it was there that she first read work on theories that looked beyond the differences between men and women. These theories offered a view of the world that was different. She began looking at people in their given context and from the perspective of systems theory.

Kate acknowledged that at first feminism was a reaction against her upbringing that it was somewhat of a rebellious attitude, but that now it was more a part of who she had become. Today, her feminist identification is less reactionary and more about feeling true to herself. No longer does she feel the need to preach about it, she can just act on it with more confidence and ease.

Being trained as a social worker assisted in her development as a feminist-informed therapist since she was continually encouraged to look at the context in which people were living. Looking at the social context, social rules and expectations meant that she could not dismiss feminist theory and the differences between men and women with respect to power.

When she started working with couples Kate realized that without the feminist perspective, she was missing something.

There was part of the work we weren't getting to because I wasn't using that theory, or I didn't quite know how to apply it yet. So, I realized even though I knew intellectually it was important being a woman, and how I was raised, [and] being a social worker, I didn't really *get it* [italics added] until I started to do couples work, that it [feminist theory] was really an important piece.

Kate's feminist-informed identity developed gradually, but long before she was a therapist. Some of her development was intuitive, some of it was developed as a result of bringing a feminist perspective into her marriage and family, and some of it came through the support of a feminist mentor. Her mentor modeled a feminist perspective and Kate finds their collaboration together quite helpful in her ongoing development as a feminist-informed therapist.

Yet, even having stated this, she went on to say:

I wouldn't ever introduce myself as a feminist therapist, and I've never been asked. I would identify myself as a feminist, and, but a 'soft' one. You know, sort of, feminism has such a 'bad' connotation as being "Hey, they're 'men haters, or king of you know, 'competitive,' or that kind of thing. But, I'd define myself as a feminist, if I was [were] asked to believe that there's a power differential, a basic power differential between men and women. That's how I see myself as a feminist.

This perspective informs what Kate says to clients, how she writes case notes, and the development treatment plans. She is always expanding how to bring feminist ideas into her life and work, but noted that there was a seed for feminism well before becoming a feminist therapist. As a therapist, she claimed a feminist-informed perspective right from the beginning.

Stories of Practices

The process of becoming feminist-informed was rich in detail for each of these therapists as they synthesized their upbringings, educations, and clinical work into the formation of their personal and professional identities. It was clear that all the

participants in this study had a good intellectual grasp of feminist theory, and I was curious about how they actually translated it to their practices. How did they *actually* convey their perspectives? What did this look like in therapy?

Don's Practices

For Don, keeping an open mind to many perspectives and ways of doing things seemed key. He enjoyed the opportunity to look at things from different angles. He stated that what he liked most about being a feminist therapist is that “I think its really trained me to be able to question assumptions. Do things have to be a certain way?” This process of questioning really freed him up to put out options and choices for clients so that they could be more, as he termed it, “choice-full.” He went further by stating:

It elevates that value of being conscious and accountable for your decisions. But no, are we doing this simply because that's how we've always done it? Or is it, are we doing it because it functions in some kind of way? Or, given it doesn't function any more, what am I willing to give up in terms of that [contributing toward a change]?

Don noted that the most difficult aspect of being a feminist therapist was dealing with all the “loaded” stereotypes of feminism. His goal was never to be deceptive or secretive about being feminist, and this informed his decision to advertise as feminist. When people would ask him what he did, or how he operated, he talked more about the specifics of feminism.

I felt I had to do extra educating with feminism, [educating] that I don't when I'm saying, “I'm Jungian, or a Neo-Freudian.” Or, I mean, even though people may not know exactly what that is, they, they, they may not have the same strong

stereotypes or strong reactions. I always get concerned, if I don't say more than just "I'm a feminist therapist," that the husband is going to worry about "Is there a place for me here?"

Part of Don's goal and his agency's goal was to create an environment of inclusion.

And that's really the perspective I try and bring to all families, that I want include. And, and that I think is, my bias is that, I think a healthy functioning family is one that is going to optimize finding places for people within that system. . . . I feel like systems that exclude are going to tend to be dysfunctional or [tend to] create pathological response [from people] to it [the system].

He worked hard to convey to clients where he is coming from, right from the initial contact.

Education is central to how Don brought feminism into practice. "Feminism has a multi, multi-themes within it, and I don't know yet if there's this nice coherent thing that takes care of all of the, all of the, you know, the polarities, or the unfinished business." A primary benefit to working from a feminist perspective is the openness to look at things in different ways. So often, offering a different perspective was a form of education.

One way Don shared his feminist perspective concretely was in discussions with couples about money. He learned to ask questions that brought forward information about gender and power differentials within the marriage instead of "assuming that the marriage was a democratic partnership, that, that the power of the relationship was exactly equal, as opposed to, in some ways equal in other areas, it wasn't very equal." In a previous experience of working with couples in chronic debt, Don learned about

approaches to money and the specific issues of power related to money. He looked at “who was earning and who wasn’t.” He discovered that:

there’s going to be more violence in the family, that it was more likely for the man to become violent in a relationship, if his wife is [was] out-earning him. It, it hits confidence and self-esteem in a way that wasn’t reflective if it [the situation] were switched around [i.e., if women were not out-earning their husbands].

Don discovered that, “That kind of piece about who earns most might tend to translate into having more voting power over decisions [in the relationship].

Don had also worked with groups of couples on the topic of conflict resolution. These couples were functioning fairly well, as opposed to couples that struggled with domestic abuse and violence, but they were still struggling with gender related power issues. He recounted an exercise that he used to help couples explore their reactions to conflict.

In the first part of the exercise, the women of the couples formed an inner circle and the men of the couples sat in a circle around them as observers. Then, the women were asked “What’s it like for you when your partner is upset or angry?” What women described feeling, almost universally, was fear in response to their spouse or significant other’s anger. They felt intimidated. The men were really surprised about that [that women felt fear or intimidation] and responded by stating “Well, that’s not my intention.”

In the second part of the exercise, the circles were switched and then the men were asked “What’s it like for you when your spouse or significant other was upset or

angry?” What men described feeling was shame in response to their spouse or significant other’s anger. “They felt like little boys.” They immediately felt like failures.

From there, Don facilitated a discussion about how each partner’s individual experience informed the place they were coming from. Women came from a place of wanting to calm down, to feel less pressure or fear, and men came from feeling shame. Prior to this experience neither realized the effect their experience had on the other, but now with this information, couples had some new choices.

For the men, it was like “Oh, no, she’s not my mother.” I mean, this is not, “my wife doesn’t have to turn into a parental figure.” I’ve got to turn her back into this partner who’s in the same corner as I am. Or, for the women it was about “How do I take care of my safety issues in a straightforward way?” [Can I] either by being able to say “I’m scared,” or [by] doing something that helps dissipate that tension rather than, [doing] something indirectly that just ends up building it? The process of working with couples on the issues of money and conflict resolution was a piece of becoming feminist-informed in that the experiences assisted Don in looking at the issues in different ways. The actual work was part of his practice, and it informed future work with individuals and couples.

Another area, in which Don applied feminist-informed thinking, was in validating individuals in couples for their emotional experiences. “Even if it does not seem to fit with the other person’s chronology, or sense of that [it], there still is this reality that needs to be dealt with.” Don focused on validating the feelings or experiences, no matter what they were, so that the individual experiencing them could claim them as their own and begin to understand and learn more about them. He assisted men and women in

delineating and meeting their individual needs and wants and encouraged them not to look to their partner as sole source for meeting them. He also affirmed for couples that struggles happen in couple relationships, and fostered a sense of confidence that they, as a couple could handle what came their way.

Another way Don shared a feminist perspective concretely was in talking about child rearing and what couples count as their competencies in the area. He gave an example of how this plays out along gender lines. He thought many men had been taught, “to see themselves as emotionally inadequate to give to their children, or to be present [for them]. And, so they [men tended to] reinforce that by distancing themselves from them [their children].” This belief about their child rearing competencies is further reinforced if the female partner sees that her male partner feels scared of the newborn, and then steps in to take over. Don made it his habit to notice and highlight when men were doing something that was nurturing. In so doing, he was “attempting to value, even if it’s a misperception that there’s some competence.” Don believed that noticing and assuming competence could free things up, that things could change, particularly when both partners were aware of their learning curve and their competencies.

And while it is not entirely feminist, Don went to great lengths to create a safe place – believing that this was not only necessary, but also optimal to make any kind of changes. He worked hard at being gentle, soft spoken, and safe. He felt like he did a good job with making men *and* women comfortable. He has used humor, metaphors, imaging and storytelling to help create this atmosphere. He even has clients that tease him about having heard his stories before. Some have asked if this means that they have been in therapy with him too long!

It seems clear that Don's feminist-informed perspective continues to be in a process of evolution. He brings forward what he learned in the past, about context, about gender and power differentials, and he applies this experiential knowledge to the present with a sense of humility about continued learning.

Liz's Practices

The essence of Liz at work is best captured in her passion, her defense of people's right to choose. For her, feminist means:

I mean it's so obvious; it's every human being is equal in value and equal in opportunity and so forth, or should be. But the issue, the basic issue, is that women have not always had the choices. Women still [italics added] don't have all the choices that men do

She aligned herself with the likes of Gloria Steinem who she credited with the quote "I don't have to approve of what people choose, but I'll go to the *wall* to defend their right to choose it."

Liz's journey in psychotherapy has been largely about "spreading the word" about choices for women and men. How *are* the daily choices within family life made? Who stays home or gets time off from work to care for ill children? Who goes to school conferences and makes sure that lunches are made? How are these issues resolved if women and men share the same ambition for their careers, yet have to decide about childcare too? Wrestling with these basic questions and more often brings individuals and couples into therapy. For her part, Liz truly sees doing psychotherapy as an opportunity to change the world - one person at a time.

She accomplishes this primarily through her role as educator. Early on in her practice, Liz worked with women involved in relationships with husbands, boyfriends, or same sex partners and discovered that many of them were not asserting themselves in the way that people do when they feel equal to each other. Many of the women she worked with “really had no idea what it was [like] to have the right to say, you know, ‘I don’t like that, or I would prefer to do it this way.’” She found herself teaching “Assertiveness 101” to many women and the consistency of this phenomenon was, for her, profoundly sad.

Much of her work was about encouraging people “to look at other ways of behaving.” She was astonished at the level of educating she found herself doing that was basic. When she found herself literally *teaching* somebody “that they have a right to say, ‘No, I, I really don’t want to do that,’” she was appalled. At times she would run into someone that would say something along the lines of “I have all the rights I need, I don’t need to have anything change, you know, in order for me to get what I want. I like it when my husband takes care of me.” Liz stated that working with someone on these issues could be a particular challenge especially “if a person’s not motivated from the inside, [and if] they don’t feel like they have the right, from their core, to be regarded in an absolutely equal way with men.” As a therapist, she had to convince them of this before she could even begin to work on other issues.

Liz frequently found that women were not willing to take risks to change. Often time’s women did not want to stand up for themselves because of the old double standard. “Males are strong standard bearers, women are being bitchy and demanding.” For women, in order to be regarded with respect there was a sense that they needed a

certain amount of things “feminine.” They needed feminine softness, accommodation, understanding, nurturing, and sometimes this meant that they understood or accommodated more than their male partners. For some women, “It becomes a moot point whether they’re equal, [especially] if she doesn’t really even want to be.”

Another interesting way Liz brought a feminist perspective into her work came through her work with transgendered clients. She began this work some time ago, well before some specific transgendered issues were really understood or accepted. She found that male to female transgendered folks brought a unique perspective to understanding what it’s like for a woman in a corporate job setting or board meeting. Liz offered an example of a woman who discussed the changes she experienced after her transition. Prior to the change, “she was used to walking into the room, and talking, you know, being heard, and saying things and being heard - absolutely.” This woman remained with the same company through her changes and she noticed that after the transition, she would walk into the room and “she was not listened too.” This experience persisted to the point to which she decided to change companies only to experience “the same thing anew, is that women are not listened to as well [as men], [and] when they speak up they’re considered mouthy, where men are considered assertive.”

Liz found this person’s experience very interesting and telling about what it is like to be a woman in this culture. “And, I thought that was very interesting, because she, and why, why would anyone want to choose that [a sex change from male to female], if you were born a man?” And this being the case, that some males do opt to for a sex change, she believed, “spoke more to the clients’ internal feelings about which gender they were as opposed to being in a particular role. Liz thought it was unique for a man to realize

what competent, capable, and experienced women go through, just because of their gender.

As a therapist, Liz modeled the kind of behavior that she tried to teach her clients. She is gentle, but clear about what she thinks. She is tactful, but won't take any nonsense. She gave an example of people not showing up for sessions as still having to pay for the session. She noted that sometimes people are surprised and say things like "Well, you're supposed to understand, . . . always." Liz laughed heartily at this and said "I don't think so! Oh no, this is my living, . . . this is my profession."

As a therapist, there were times when she might see a behavior in a woman or man and think that they really need to look at it, but they have never brought it up. And, "even though it isn't part of their goal for change, I, I try to find, well I do, I find a way to bring it up so that it can be incorporated into their goals." If they dismiss it, she lets it go, but, if they are open to it that can be exciting. It can be unnerving for clients too, because there are consequences for change. Liz was the only therapist interviewed that talked about counseling and supporting clients through the consequences of change.

One example she gave was of a woman who received phone calls from her mother on a regular basis. Liz cautioned the woman that the first time that she told her mother she would have to call her back because she was busy, her mother might not like it. This would be especially true if the mother was used to the daughter dropping whatever she was doing to talk with her. Thus, processing through change is part of the therapy too.

Liz used role-plays and letter writing to draw clients into a dialogue about issues. Sometimes she would prompt discussions by posing questions such as "Well, what would you say to him or her?" She could reverse roles as the person client needs to talk to, or

the role of the client until the client became proficient in asserting themselves or otherwise making themselves heard. Sometimes Liz would use letter writing as a vehicle for change. At times clients would simply read the letter to her, on other occasions they would send it to the intended. At still other times the letters could be used in couples work, spending entire separate sessions on each letter. Liz also noted that active listening skills often-equalized relationships since they facilitated the opportunity for both people to be heard. Conflict resolution skills were also found to be a huge issue for individuals and couples. Liz found herself teaching both active listening and conflict resolution skills on a regular basis.

Still, there were times when men and women decided to continue to live the way they had lived - in lives where they did not assert themselves or where women did not consider themselves equal to men. Liz found this to be “spiritually debilitating,” but in keeping with feminist theory, she noted that as a feminist, one needs to be careful of not imposing one’s own values onto someone else, even when one considers the issue a huge issue that needs to be changed. “I mean, as hard as it is, this is a democracy and people can choose their point of view,” thus bringing us back to the foundation upon which Liz stands. “Every human being is equal in value and opportunity, or should be.”

Lon’s Practices

One overriding theme of Lon’s practice was similar to Don’s and Liz’s a focus on education. A theme that was unique to his version of feminist-informed therapy was a notion of advocating for the manifestation of individuals.

He stated this about his clinical training:

I don't think I ever had a supervisor, or group supervision, or any situation in which a clinician would present the situation in which, somehow, there was justification for the male point of view in a relationship issue, or that the role of me as a therapist was to help this woman accept her place in the relationship and to quit agitating and confusing things by trying to make a difference.

Actually, the way he was trained and the messages he received were just the opposite.

If indeed it's true that the wife has likely been subjugated, her psychological distress is likely to be related to that [being subjugated]. And, therefore, my job as new therapist, in trying to figure this out, is to try to help her recognize that [her experience of being subjugated is] where all this is coming from and how it [being subjugated], affects her life and her discomfort and to not just say, you know, "she's depressed," but maybe it's political. Maybe she's got good reasons to be depressed because of the nature of the relationship and the nature of the culture she is growing in.

Lon also brought a feminist perspective to his work "with an awareness of what I'm doing, so that it isn't just automatically imposed regardless of the needs of my client." He held the same type of awareness with his value system, both professionally and personally. He was sensitive to how his value system could have an impact on what people told him and how they responded to him as well. When appropriate, Lon will share his philosophy with clients. "You've got to understand that I have a philosophy that women ought to be able to enhance themselves, manifest themselves, in any way that seems fit."

Following up with this line of thinking, Lon shared his belief that “people are most psychologically healthy when they are the most free to manifest their being, their personality, in whatever way best fits for them.” As a therapist, he looked for any social, historical, or philosophical constructs that restricted such growth, and then looked for ways to free people of it. He advocated for individuality. “You can make a virtue out of your eccentricity. You can be different. You can want to be something other than what your family, your friends, your partner, your culture says you are supposed to be, and that’s okay.” An example he used was that of a woman who wanted to raise children *and* work. Lon thought she ought to be able to do that *and* she ought to find a partner who supports her to do that. In therapy, he would try to

help her recognize that there are some barriers to that [desire], but it is a legitimate desire and that many of the barriers are external to her. Her psychological well-being can be enhanced with recognizing that there isn’t something wrong with me [her] because I’m [she’s] dissatisfied with this situation, there’s something wrong with the situation that I [she] should [italics added] be dissatisfied with. Then at least she knows what battle to fight!

In the end, he would be “unlikely to work to help a woman give up her desire to work, if that [consideration of giving up her desire] brought her distress. I would be more likely to help her find other ways [of meeting her desire].

Even with new marriages, Lon believes that therapists need to be aware that even though there is a value placed on equality in couple relationships that was not there a couple of generations ago, in working out the details, there is still the expectation that “the woman will do the cooking and cleaning the house, and the guy will cut the grass

and drink beer, and any deviations from that will cause problems. But, “You’ve [the woman] got to work.” This example illustrates that even today, despite all the gains of feminism, the stereotype of men being superior and dominant and women being inferior and submissive remains a mindset that contributes to the persistence of male privilege in our culture.

To illustrate a bit about how he might work from a feminist perspective, Lon offered an example of a typical couple with relationship issues. Suppose a couple comes in and the woman is saying things along the lines of “I can’t say the things I want to say, or I can’t be the person I want to be. Or, I have to be what he wants in order to have him be happy.” From a feminist perspective, Lon would try to educate the male that “this is good; [her wanting to be more of her own person] that this is healthy, [and] that your relationship would be *better* if you could find a way, you the man, could find a way to be more open to this [idea of her being more her own person].”

Lon’s primary rationale for doing this type of educating and advocating is that he believes it benefits both men and women. The biggest benefit to men is that if they can be open to the idea of women being more of their own persons, this gives men the freedom to, as he put it, “keep this woman in his life,” and to more fully manifest themselves! His logic ran along the lines of:

if our women are not as rigidly locked into some kind of stereotypic role model, then men don’t have to be as rigidly locked into that [stereotypic role model for men], and, I think, we’re all much better off as a result.”

Men might enjoy more “permission to work less hard, to be right less often, to be more carefree and spontaneous, and more free to express emotions.” Lon focused on moving

men beyond the notion that “It’s alright to cry.” He gives them permission to say “I’m scared. I’m worried about this. I get uncomfortable about. . . .” He further stated that women can respond to men’s feelings in really wonderful ways that can deepen the bond and intimacy that everybody says they want to have.

I mean that’s the way that you get it! And if you have to be right all the time and she has to be subservient, and you have to do it your way, [and] then you want intimacy and closeness, I don’t think it works that way!

And Lon is quick to point out that there might be nothing wrong with your philosophy of relationship roles – but it is just not going to work with this particular person.

Lon uses therapy as an opportunity to educate people on more general issues like how their experience historically “fits” or makes sense; “why this guy’s wife may be saying what she is saying, or why he’s feeling what he’s feeling. . . . We’re raised the way we’re raised and we learn certain ways of dealing with the world that [can] get us into trouble.” And his view about people in therapy was that he would want to assist them not in blaming parents or the culture, “but rather to understand how it came about so that we know what we have to do to get out of it!”

A specific way Lon might bring this into therapy is to say, “Well, now, I think, do I understand it right that you came here because you wanted to have a greater closeness with your wife?” When the client responds affirmatively, Lon simply would state “Well, you know, if that’s what you want, then it would seem like one of the ways that you could get that would be dah, dah, dah.”

Lon is careful to check himself about always siding with the woman, however. “I have to, kind of, catch myself periodically and say “You know, just because she is a

woman doesn't mean she is right. And just because she's demanding this doesn't mean it's feminism and she ought to get it." He admitted that a woman probably does have a better handle on relationship issues, but that it was important to check his automatic assumptions.

As a therapist, Lon finds that clients "self-select" when it comes to ongoing therapy. He likely misses out at times since he does not advertise as a "feminist" therapist, and he noted that "a woman, who really wants to talk to a woman, doesn't call [a male therapist] out of the phone book." He knows that he comes from a more traditionally male "cognitive, rational, problem-solving approach, which *recognizes* and *encourages* emotional expression," but that feelings are not his strongest suit. His fantasy about his female counterparts is that their approaches are just the opposite of his. He likes to leave decisions about working together in the hands of the client. "I think that is their choice, their judgment, and I have no idea how I could decide what benefit they are getting out of it and whether it's worth it to them." He has never found himself turning clients away by saying, "our philosophies about men and women, or relationships are so incompatible that I can't work with you." People just tend not to come back if they don't find him compatible.

In the end, psychotherapy for Lon involves teaching people to critically think about themselves and how they came to be where they are at this time. This can be applied to relationships as well. The idea is being able to use what we garner from that process to make some changes. Critical thinking frees up choices and this allows for the manifestation of individuals and couples.

Kate's Practices

Kate primarily brings a feminist-informed perspective to her work through her cognitive mindset that women tend to take care of relationships emotionally. Women have different social roles and different ways of looking at the relationship and they are already [even before therapy] taking on more responsibility for the relationship working. This happens, not only, in their minds, but is also socially driven. From this basic backdrop, Kate discussed some specific ways she works from a feminist perspective.

First, there is a difference in how men and women attach to relationships.

And, so when a couple comes in for couples counseling, I don't, I don't have a mindset that there's an equality in, equality might not be the right word, but that there's . . . that the desire for attachment is different. There's a qualitative difference. It's not that men don't want to be close, they really do, but the instinctive drive for closeness and collaborative partnering, I see more of that coming from the woman's side. That doesn't mean she is better.

According to Kate, Most marriage issues are 50/50 and yet she sees that for women, attachment and emotional closeness are primary ways they identify themselves and see themselves as successful. Men find emotional closeness important, but it is not a primary way of identifying themselves or of determining if they are successful. "So when a couple comes in, there's a different level of intensity [for women around the statement that] "The marriage needs to work."

One example that Kate gave is the "typical woman that's seen as 'hysterical' because the couple has a hard time communicating." Kate puts hysterical in context – it signifies that it *is* really important to the woman that this marriage is close. It is more

important to the woman's sense of herself, her self-esteem, and how she sees herself in the world. If the marriage is not working, it is going to have a much larger impact on the woman self-esteem than the man's. The marriage is important to both people and yet, it's more essential for a woman's well being. When the context is fleshed out, "hysterical" takes on a different tone.

Kate also noted that feminist theory comes through the dialectical model. I don't see it as women are better because they're this way, and men are not as good because it's not as important to them. Rather, it is a both/and. Men are not "bad" because they have things that are different than women that give them self-esteem. It doesn't mean they are bad or less invested in the relationship and that genders have to be polarized. There are differences and that is okay. Kate believes the goal in therapy is talking about the differences in truthful ways.

Like the other therapists who were interviewed, Kate noted education as being a major focus of her work. She utilized humor and everyday marriage and parenting issues to illustrate her points. She asks about differences in growing up as males and females, what was important to each, how each responds to pain, to closeness, competition and so on. Then she validates the individual feeling responses as important, though different, and this affects the relationship differently.

Kate uses language and descriptive phrases to educate, validate, and differentiate the different experiences of men and women. She might note men's emphasis on autonomy and independence, versus women's emphasis on closeness to others. She might note the primary modality for men as competition or power and for women as might be more negotiation or talking. She talks about how women feel more responsible,

and men feel less responsible for the marriage, and about the fact that responsibility is not always dealt with in an equal way or even seen in an equal way. She gave an example of how men might be more concerned about physical protection of their family and feel good about earning a living and doing things like installing an alarm system for the family's safety. Woman, on the other hand might be more concerned about emotional protection of their family, thus making sure feelings are addressed.

Kate's view is that if she's using a feminist perspective and it's not getting through to the couple, then even though it is a good theory, it hasn't been beneficial. What she uses is always relative to those with whom she is working. Most clients felt comfortable coming to her office, though she was sure that clients had negative thoughts about her from time to time. Of primary concern to her was remembering that "the most important thing in a relationship is that when you are talking, you feel listened too and cared about." To accomplish this, Kate knows she has to have a theoretical perspective and a mind to apply it, but that she also needs the heart to carry it out.

She "enjoys being able to bring in the feminist piece, because she believes it increases "understanding between two people." A feminist-informed perspective assists people in getting unstuck. And last, but not least, the most important thing she wants to convey to clients is that therapy is about finding the truth . . . their truth.

The Collective Voices

The therapists interviewed for this study used a feminist-informed "lens" in their work by being aware of social and cultural contexts, gender and power differentials, and differences in receptivity to feminist ideals. They were also mindful of the resulting effects of these differentials in the lived experiences of men and women. This particular

lens was at least part of what informed their work with men and women, and in this sense offered something unique about the therapy experience.

Generally, the therapists held similar working definitions of “feminist-informed” which called for acknowledging and affirming the differences between women and men, along with finding ways of understanding and appreciating them. In many ways it was about trying to find a balance, a place of equity in value for women and men and their experiences.

The therapists put these views into practice accomplished through education, which they provided in a variety of ways and means. They looked to day-to-day experiences for opportunities to bring feminist ideas forward. Sometimes it was more overt, sometimes more covert. They used tangible issues such as managing money, and making decisions about childrearing or parenting. They also utilized intangible issues such as differences in emotional experiences, or responses to daily life events, conflicts, or most importantly, relationship building. Education took the form of fleshing out and exposing the invisible gender and power differentials where appropriate, bringing to the surface some of what drove relationship confusion and difficulties.

All the therapist agreed that nowhere was the need for education about the gender and power differentials made clearer than when the therapists described their work with couples. Therapists focused on validating individual and partner’s separate experiences, increasing their understanding of their differences and creating ways and means of getting their needs met and dealing with their shared realities. At the same time, therapists encouraged couples to trust themselves as they struggled with “Okay, now how do we do this?” in the process of creating a new way of being in relationships.

And finally, each therapist had a healthy sense of respect and humility for those with whom they were working.

CHAPTER FIVE

Summary

I have come full circle now in this project of inquiry. My curiosity somewhat satisfied and somewhat still stirring. It has been true for me in the past that endings often remind me of beginnings and this project is no exception. Lynn Hoffman's quote, the principal, intuitive guide for this study comes to mind:

The illusion that one can unilaterally control other people underlies many problems that bring clients to therapy. My dilemma as a therapist is how to free people from this illusion without buying into it myself.

I think this project has been, at least in part, an attempt to resolve the dilemma of which Hoffman speaks. Feminist-informed therapy practices seem key for such resolution. At a minimum, feminist theory has in its roots the seeds of a partnership or collaborative model for therapy. For all the therapists interviewed, therapy was about entering into a partnership, coming together as equals, to explore together the joys and pains of life. It was about encouraging change and offering support in the process. It was about challenging assumptions and making way for new and unimagined ways of being and relating. It was about telling the truth to oneself and to others. It was about a sacred and intimate connection with one another grounded in understanding, humility, and trust. It was about not always knowing the answer, yet still trusting in the process. It was about allowing for and accepting differences. It was about moving toward self-manifestation and allowing the same for others. But mostly, it was about being willing to enter the unknown – together.

What have I learned?

I learned that this is but a glimpse of what goes on in the complicated experience of feminist-informed therapy, that practicing therapy is an ongoing learning process, and that the practicing feminist-informed therapy has the potential to be a richly satisfying experience. I was struck by and gratified to learn that my own thinking, my own process of becoming mirrored the process of those interviewed in certain places and times. I learned that these therapists were clearly committed to applying feminist theory in practice and that they were very accomplished in doing so.

I couldn't help but notice that none of these therapists had any formal training in feminist-informed therapy practices, validating the gap between theory and practice, between education and training, and between training and supervision discovered in my literature review. Yet, these therapists found their way to feminist-informed identities and practices. Most commonly they discovered the need for it in their work with couples, realizing a feminist-informed perspective was an indispensable tool. These therapists understood that without an appreciation and awareness of context, gender and power differentials, and receptivity to feminist theory an important portion of the client's "reality" was missed. These therapists learned through those with whom they were working what *did* and *did not* work. They were attentive to the mostly invisible, but always present factors that had shaped the lives of their clients.

In thinking about all of this, I was reminded of the "dance" metaphor so often used to describe therapeutic relationships. It is about coming together and learning the "steps" so that in time there is more fluid and graceful movements in the dance of life. I hadn't really expected that the therapists' learning would come in such simple or ordinary

ways, but their life journeys' were reflected in the themes of their work; (a) their upbringing provided them with an understanding of context (b) their education provided them with information about gender and power differentials, and (c) their practice provided them with information about client receptivity to feminist theory. These seemingly obvious factors cannot be overstated. These factors had shaped them in wonderfully ways, the same ways these factors had shaped the lives of those with whom they were working. The factors informed not only their own development, but also their understanding of this same development in others.

It was here, in the understanding of how these factors affected development that a partnership model was born. Such a model allowed for a coming together with mutual understanding of each other's roles in this given context, freedom to explore the factors that shaped client's lives, and the ability to stay humble in the process. Client and therapist are in it together, as partners and co-learners. A partnership model has the potential to minimize the inherent power differential found in every therapeutic relationship, which then allows for a process of unfolding for client *and* therapist. In a partnership model there is a commitment to journeying together. And, part of that process as Dr. Terri Karis, my advisor for this project, would say, is "Getting comfortable hanging out in the not-knowing."

What do I want to take with me, to remember?

What I want to remember is the grace and humility of each therapist about their own, ongoing, process of learning. I was most pleased to sense an authenticity and genuineness about each therapist's integration of feminist ideals into their personal and professional identities. It was clear that this identification was an essential part of each

participants' self – that it ran very, very, deep. They were wonderfully powerful exemplars for me. Being a witness to their journeys has been a gift to me in my own understanding and development of becoming a feminist-informed therapist. I can think of no greater outcome for my own continuing journey.

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