A WOMAN'S COMPANION IN THERAPY

by

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ABSTRACT

This project sets out to identify some of the concepts that are important for a feminist informed therapy practice. It begins by examining the historical roots of feminism, namely, liberal, socialist, radical, cultural and the feminisms of women of color.

The historical link between psychology and feminism is then explored and followed by three of the underlying beliefs of feminist therapy. 1. The personal is political, 2. Relationships between therapist and client are egalitarian, and 3. The female perspective is valued.

After the concepts of therapeutic power, the medical myth and the myth of the therapist as the detached expert are discussed, this project proposes a basis, in five sections, for the eventual construction of a feminist primer, or as the title suggests, “A Woman’s Companion in Therapy”.
DEDICATION

If it were not for the support, guidance, knowledge and wisdom of one very special professor at Ottawa University, this paper would not be. Not only did she provide me with course content that was otherwise not available, but she provided a sense of home for me both in the way she taught and in the environment she created within the academic institution. I am grateful for her presence at Ottawa and hope that someday she will receive a gift as precious as the gift of mentoring that she has given to me. Although this paper does not do justice to the volumes of knowledge offered to me, it is with my deepest respect that I dedicate this Master’s Research Project to

Dr. Jeanne Swarthout
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CHAPTER 1

DEVELOPMENT

Introduction

Since Freud began developing his theories of personality, women have been the primary consumers of psychotherapy (Brown, 1994; Greenspan, 1983). Greenspan noted, in 1983, that two-thirds of all therapeutic undertakings and more than 84% of clients in private practice were female, while more than 80% of the psychologists and psychiatrists of the time, were male. In 1979, Division 17, (Counseling Psychology), of the American Psychological Association, (APA), determined that issues pertaining to women and counseling were not sufficiently being addressed by the field (APA, 1979; Fitzgerald and Nutt, 1986). Thirteen principles (see appendix A) that established guidelines for women’s issues in counseling were subsequently adopted by the division (Rave and Larsen, 1995; Atkinson and Hackett, 1998).

Concurrent with the APA’s decision to promote the status of women in psychology was the emergence and publication of feminist research regarding women and therapy (Enns, 1993). The Psychology of Women Quarterly began in 1976 and since that time an abundance of information on gender and women’s issues has been readily available. Despite this fact, Birk and Fitzgerald found that
fewer than 65% of APA accredited schools offered annual graduate courses relating to either psychology and gender or feminist therapy (1979, cited in Fitzgerald and Nutt, 1986), and the American Counseling Association, (ACA), does not have a related gender requirement as part of its licencing process (ACA, 1995).

It is considered unethical for a therapist to counsel any client whose needs exceed the competence level of the therapist (Corey, Corey, and Callanan, 1998), and counselors are expected to either refer out, or seek supervision and further training regarding unfamiliar populations. It appears that many counseling students will complete their core certification requirements and be ethically unprepared to counsel up to 80% of the potential client market. The counseling profession runs the risk of providing a disservice to its female clientele when the group that represents the majority of consumers is reflected as a minority population in the content and focus of professional training programs.

The Problem

When a therapist is working with a client, whose culture s/he is unfamiliar with, it is the duty of the therapist to gain at least a minimal level of competency before commencing practice (Corey, Corey and Callanan, 1998). It is realistic to imagine a therapist studying a new language or pursuing further education on the customs and beliefs of a minority culture in order to better serve that population.
It appears that women are placed in a category somewhere between minority and mainstream within the counseling profession. Due to women’s economic, legal and social disadvantage, they are considered a minority, based on inequitable power distribution, rather than on numerical values (Atkinson and Hackett, 1998). On the surface it seems that many counseling departments see the numerical equality of women and overlook women’s minority status, as a group, within society. The results appear to be that women’s issues in counseling are marginalized and under represented, yet women are still the primary users of counseling services (Hare-Mustin and Marecek, 1990). In 1982, Pope found that counselors were misinformed on more than 50% of the material concerning women and work (cited in Fitzgerald and Nutt, 1986). It seems that either schools are not requiring their counseling students to gain knowledge regarding women’s issues and counseling, or therapists are not fulfilling their ethical commitments to gain a minimal level of competency for the clientele they serve.

The crucial point about ignorance of women’s issues within the therapeutic environment is that uninformed therapists, by virtue of their position, have the power to perpetuate myths that can harm women both physically and mentally (Ussher, 1991; Chesler, 1972). If counselors were well prepared, in some fashion, regarding sociological issues, gender role stereotyping and adverse psychological biases, then it would seem reasonable to expect an end result of more effective and ethical counseling services for women.
The Need

This project is in response to the limited awareness of women’s issues for as many as 45% of practitioners, and to the disservice therefore, of their female clients. Laidlaw and Malmo (1990) observed that the oppression and treatment of women has been as damaging within the counseling profession as it has been to women in society at large. The product that follows is compelled by the need for effective and ethical counseling services for women.

The Purpose

Effective counseling results from the combined effort of all participants (Ragsdale, 1995; Greenspan, 1983). In order to meet the objectives of effective and ethical counseling for women, issues that are relevant to both the therapist and the client will be addressed. The intentions of this project are to provide a basic introduction to feminist therapy and to assist women in raising their awareness of issues that are relevant to the therapeutic process. Although awareness alone does not necessarily bring about healing, many of the issues raised by feminist studies are common to all women. This project seeks to present the social genesis of certain therapeutic issues and to demystify where client and therapist responsibilities exist in the counseling process.
Research Question

What basic feminist concepts are important for therapists to consider when counseling women?

Definition of Terms

Due to the nature of feminist theory, terms that are unfamiliar to the reader are more likely to be conceptual than technical. It is for this reason, and for the desire to provide uninterrupted reading, that the alternative method of integrating definitions into the text will be applied.

Summary

Feminism, a perspective that acknowledges the existence of power differentials within society and tries to develop equality while diminishing oppression, seems to have a difficult time shaking its radical bra-burning image. The work of feminists worldwide began long before Freud, yet more than 150 years after the Seneca Falls Convention, [Seneca Falls Convention - a gathering, in 1848, of 200 women and 40 men who assembled to discuss and pass resolutions on the rights of women (Tobias, 1997)], feminist inquiry in psychological texts is still peripheral. This researcher’s course texts, on counseling theories and therapeudic ethics, devote little of their content (less than 5%) to feminist theory (see Corey, Corey and Callanan, 1998; Nichols and Schwartz, 1998; Corey, 1996). Not only have
psychological theorists been primarily male, but it appears that the voice of women has and is still being marginalized.

Much like a skilled actor is respected for her/his input into script changes, this paper will use a feminist perspective to analyze the state of counseling and to offer a woman’s voice among what Nichols and Schwartz termed a primarily male ensemble of theorists (1998). Few therapists are aware of feminist concepts or how feminism made its debut into the profession of psychology. This paper will begin by providing a brief introduction to feminism, followed by a look into the combined histories of feminism and psychology. The basics of feminist therapy will be presented next and finally the therapeutic relationship will be considered along with certain myths and the ethics of power in the therapeutic setting. The review that follows is designed to provide a platform from which more complex approaches to feminist therapy can be studied. Moreover, it is designed to provide the base for exploration into the specific therapeutic topics that will be addressed in chapter four of this project.
CHAPTER 2

LITERATURE REVIEW

Introduction

The goal of this project is to increase the effectiveness of women’s counseling, and it aims to do so through education of the issues that are relevant to women’s therapy. In the previous three decades, feminist researchers and theorists have produced the majority of literature pertaining to women and psychology. This collection of writings and philosophies brings a unique perspective due to the fact that so many of the recent studies of women, have been conducted by women. Historically, psychological research was conducted by men, on male subjects and the results were either assumed to be similar for women or assumed to be the opposite. Women were rarely studied nor did they conduct or develop the studies being performed (Lerner, 1988). Feminists are challenging traditional schools of psychological thought, and as a result, subject matter is being approached and critiqued from the angle of a previously silenced population.

Because women-centered research is relatively new, it is important to understand the impetus behind its growth. The first theme, Roots of Feminism, is a brief tour through the different schools of feminist thought. The reach of feminism is vast and fills a continuum from radical to liberal. Why did feminism enter into the
field of psychology, and how was psychology initially effected by its entrance? This information is important, especially for women whose individual process is a reflection of what early women psychologists experienced. After becoming familiar with the combined histories of psychology and feminism, therapists need to understand the core principles that define the beginning of a feminist practice. The final theme takes a philosophical look at the myths and power dynamics involved in counseling. Neither a complete discourse on feminist therapy nor a discussion of feminist applications of existing theories is within the scope of this project, but an introduction to feminism and its implications for counseling are what follows.

Roots of Feminism

Asking a feminist to briefly describe feminism is like requesting a single but all encompassing definition of Christianity from a Christian. There are many different schools of feminist thought, and like Christianity, they don’t necessarily share identical beliefs or agree on which issues are most important. What follows is a very brief introduction to the different branches of feminism described primarily by Enns (1997) and Tobias (1997).

Liberal Feminism: (See Concepts within Liberal Feminism, Appendix B.) Early liberal feminism has its roots in the eighteenth and nineteenth centuries. Women like Mary Wollstonecraft, Elizabeth Cady Stanton, Susan B Anthony and Sarah Grimke shared the beliefs of what has been called "Early Enlightenment Liberal
Feminism" (Enns, 1997). In general, this group of women proposed that women share the same rationality and capacity that only men had previously been credited with. Liberal feminism was born out of the efforts to grant women the same rights that had been historically granted only to men. The Declaration of Sentiments and Resolutions in 1848, which was drafted at the Seneca Falls Convention, reflected liberal feminist ideals of the 1800s (Enns, 1997).

After women earned the right to vote, liberal feminism had a time period of limited influence between the 1920s and the 1960s. Betty Friedan has been partially credited with reviving liberal feminism with her groundbreaking 1963 book, *The Feminine Mystique*. Friedan encouraged white middle class housewives to examine their roles and position within society. From this second wave of feminist activity came the 1970 NOW (National Organization of Women) Bill of Rights (Tong, 1989).

Liberal feminists have historically viewed the subordination of women as embedded in legal, economic and cultural constraints that have subsequently blocked women's access to many opportunities that are available to men (Enns, 1997). Liberal feminist programs have focused on redistributing power and have not questioned the basic assumptions of major social institutions to the extent that socialist feminists have (Tobias, 1997). A criticism of liberal feminism is that it is oriented too much toward the individual and relevant only to the white elite woman (Enns, 1993).
Radical Feminism: (See Concepts within Radical Feminism, Appendix C.) The roots of radical feminism do not go back as far as the roots of liberal feminism. In the late 1960s and early 1970s, some women were motivated by the views of French feminist existential author Simone De Beauvoir. She believed that women have always been oppressed, that a change in economic structures would not be sufficient to eliminate oppression and that male domination is subtle and prevalent (Enns, 1997).

In the 1970s, radical feminists pulled away from the feminist organization NOW. Radical feminists felt that NOW's behavior was too hierarchical and that NOW cooperated with the political institutions that radical feminism was hoping to eradicate. Rather than individual voices, radical feminists formed groups with shared voices. These groups could be identified by consensus and equal participation in leadership and support roles. Groups such as Redstockings, The Feminists and The New York Radical Feminists worked intensely in small groups to increase public awareness.

Radical feminists believe that women share oppressive roles that need to be understood in political terms, and that these roles must be completely eradicated (Echols, 1989). The intensity that was required to carry the message of radical feminism combined with the limited number of participants caused a loss of momentum and high rate of participant withdrawal in the late 1970s. In the 1980s radical feminism was superseded by cultural feminism (Enns, 1997).
A subgroup that came out of radical feminism is Lesbian Feminism. Charlotte Bunch stated that lesbianism is political because relationships between men and women are essentially political and involve power and dominance. In choosing to be with another woman, lesbians actively defy the established political system (Bunch, cited in Enns, 1997). *Radicalesbians* and *The Furies* were examples of lesbian feminist organizations that advocated separatist stances. Rita Mae Brown (a founding member of *The Furies*) agreed with Bunch that lesbianism indeed threatens male supremacy at its core. She further stated that when lesbianism is "politically conscious and organized, it is central to destroying sexism, racism, capitalism and imperialism" (Brown, 1987, cited in Enns, 1997, p. 57).

Lesbian feminists affirm that lesbianism dismantles beliefs about women's inferiority and erases women's need to follow many of the governing rules of patriarchy, and particularly the “need” for a man. This independence that lesbians are perceived to possess is then seen as a threat to the power that men have traditionally held over women in society. It is not uncommon for lesbian feminists to seek radical solutions for change because they have little interest in either attaining the approval of men, or in maintaining the various institutions that support heterosexuality (the church, state, health care systems, etc.) (Enns, 1997).

Lesbian feminism is not the domain of lesbians alone. A woman identified feminist can adopt a lesbian feminist ideology and enact that understanding in her life. A lesbian feminist is not necessarily defined in a sexual sense and the lesbian
feminist stance could thus be adopted by women and men of all sexual orientations (Enns, 1997).

**Socialist Feminism:** (See Concepts within Socialist Feminism, Appendix D.) Early socialist feminists of the nineteenth century were influenced by utopian socialists Robert Owens and Charles Fourier. These women hoped that one day domestic tasks and child care would become the shared responsibility of both men and women. Women like Margaret Fuller and Charlotte Perkins Gilman viewed women's economic oppression by men as central to women's subordinate role in society. Their views were based on matriarchal visions in which peaceful collective actions replaced violence (Tobias, 1997). Goldman was opposed to traditional suffrage efforts because she feared that they would not offer true emancipation nor would they alter what she felt was an undesirable capitalistic system. For true emancipation to occur, Goldman believed that the "connections between marriage and subordinate status would need to be eliminated and society would need to do away with the absurd notion of dualism of the sexes" (Goldman 1917, cited in Enns, 1997, p. 65).

Where radical feminism identifies gender oppression as the fundamental source of women's oppression, socialist feminism not only acknowledges the oppressive nature of gender, but its combination with race, nationality and class. Current socialist feminist thinking also focuses on oppressions that are associated with heterosexism.
In an attempt to consider where other oppressive forces interact, socialist feminism discusses class, production and capitalistic concerns of Marxist feminists, reproductive control issues of radical feminists and socialization's impact in liberal feminism's beliefs (Tong, 1989). Socialist feminists believe that a restructuring of both the private and public spheres is necessary for the realization of women's potential. Basically, contemporary socialist feminists are addressing the compound results of multiple oppressions and attempting to remove structural and psychological barriers to equality.

Cultural Feminism: (See Concepts within Cultural Feminism, Appendix E.) Cultural feminism emerged as a contemporary force during the mid 1970s and gained strength during the more conservative 1980s. Although liberal and cultural feminism share common roots, they have often proposed conflicting beliefs about the liberation of women. As mentioned earlier, liberal enlightenment feminists stressed rationality and similarities between men and women. Cultural feminists focused on the intuitive, non-rational qualities that not only showed their differences but their superiority to men (Tobias, 1997). Cultural feminists believe that traditionally based feminine qualities can become transformative forces in society.

Nineteenth century cultural feminists described women's unique cultural and ethical heritage as based on altruistic, cooperative, pacifistic, life-affirming values. As cultural feminism stepped into the 1970s, the philosophy asked that women's unique characteristics not only be acknowledged by society, but be fully embraced -
from devalued to valued. Although contemporary cultural feminists have a less utopian, romantic vision, they continue to put energy into revaluing stereotypically female strengths and defining unique moral and ethical visions of women.

Cultural feminism has been credited with impacting feminist ethics. From this group of thinkers have come alternative models of morality that seek to correct past biases and create models that are consistent with women's experience. Feminist ethics focus on the centrality of interdependence versus the patriarchal model of individualism.

Another subgroup of cultural feminism is Ecofeminism. Ecofeminism acknowledges the interconnectedness of all things and shares radical feminism's belief that patriarchy is the primary source of women's oppression. Many Ecofeminists believe that prior to the emergence of patriarchy and industrialization, people felt connected to the earth and believed that violent acts against mother nature were unacceptable (Plant, 1989). Ecofeminism shares in valuing earth based spiritual practices and often reaffirms the healing rituals of Goddess worship.

The Feminism's of Women of Color: (See Concepts within The Feminisms of Women of Color, Appendix F.) With increased leisure time in the nineteenth century, white women were able to invest more time and energy in social reform. It was through antislavery involvement efforts that many early feminists learned about oppression. Sojourner Truth played a significant role in exposing the classism and racism present within the early feminist movement, however, white, middle class
ideals continued to prevail with little or no acknowledgment for the diversity that existed in society.

"Feminism as a whole had tended to think and speak as if whiteness described the world" (Rich, 1979, cited in Enns, 1997, p. 99). Due to the narrowness and ethnocentrism of feminist thought, important meta-perspectives arose from women of color feminisms for the purpose of evaluating feminist theories. During the 1980s, feminist theory by and about women of color became increasingly more visible. In particular, the writings of black women feminists such as bell hooks and Angela Davis became prevalent during that time. A multicultural analysis of behavior became significant for establishing a framework or model for viewing diversity as a central and defining characteristic of feminist therapy. In this situation, oppression cannot be seen as one isolated variable, but must be understood within an integrated analysis of multiple oppressions (Enns, 1997). A complete feminist analysis would therefore be pluralistic and address the diversities and vastly different viewpoints of all women.

A Brief History of Feminism and Psychology

Unlike most theories of personality and development that originate from an individual theorist, feminist therapy is the consolidation of ideas from countless individuals. In the early 1970s, women started to express their concerns with ineffective treatment, harmful diagnoses and under representation within the
profession of psychiatry (Miller, 1976; Greenspan, 1983). Parallel but separate
efforts to address women's issues began with consciousness raising groups at the
glass roots level, and the formation of the AWP, (The Association of Women in
Psychology), within the professional realm (Rave and Larsen, 1995).

Consciousness raising, [CR - the act of sharing experiences and raising
awareness levels in non-hierarchal environments (Enns, 1993)], among other
things, served as a peer counseling alternative to professional psychological
services. Although CR is now only one of many potential experiences within a
feminist practice, these initial groups were instrumental in challenging society's view
of women, in improving the way women perceived themselves, and eventually in
changing how psychology viewed women (Enns, 1995).

The parallel efforts of early feminist activity eventually coincided. Women
therapists who became members of CR groups often experienced dramatic shifts in
their perceptions and beliefs (Kaschak, 1992). Pleased with their growth, but
frustrated with the lack of structure, these professional therapists took on leadership
roles in their CR groups (Enns, 1993). Within this process feminist therapy had its
birthplace.

**Challenging Patriarchy in Psychology** Armed with new levels of awareness,
external feminist therapists plunged into the analysis of their profession. The results
appeared to demonstrate that without intervention, psychology's androcentric [andro
= male, centric = centered or biased], tendencies would continue. To understand
how peculiar some of the origins of psychology appear, imagine a *Grandmother of Psychology* named *Phyllis Freud* (Steinem, 1994). Imagine that “her inherent brilliance enabled her to coin the term *womb envy* which had become endemic among males” (Steinem, 1994, p. 46). Freud’s concept of penis envy has been revised considerably, and fortunately this is no longer viewed as a ubiquitous force in female development. A woman’s desire for self-actualization and growth is now regarded as a primary feminine striving rather than a defensive reaction to imagined genital inferiority (Lerner, 1988). These concepts are of course ridiculous, but they are similar to the concepts that early feminists questioned and disputed. Although modern day feminist psychoanalysts have adapted some of Freud’s theories, Atkinson and Hackett claim that Freud’s theories and their offshoots have done some of the worst damage to women in therapy (1997).

Through further analysis of psychological theories, a curious relationship developed: what women were finding wrong with psychology, was what psychology was finding wrong with women. Research on human behavior was traditionally conducted with male subjects, and explanations for female behavior patterns were either assumed to be similar, assumed to be opposite, or more generally simply ignored (Fitzgerald and Nutt, 1986). Feminists charged the language of psychology with being dominated by masculine generic terms, (*he* and *man* in reference to both sexes), (Hamilton, 1991) and Broverman, Broverman, Clarkson, Rosenkrantz & Vogel, showed that mental health professionals described the mentally healthy adult
person and adult man similarly, while a healthy woman was described differently (1970). It appears that mental health equates with men, but not with women.

Not only have women had to fight societal oppression, but the very institution they turned to for help was a prisoner of a similar, if not more damaging, finite system of oppressive beliefs. Psychology was mirroring society, and in order to challenge both sets of beliefs, feminist therapists assumed the additional role of being political activists for social change. The framework for feminist review was established. Feminist research would set forth to challenge male biases, critique existing theories, conduct women-centered studies, create theories of women’s development, and campaign for social reform (Enns, 1993). The result of these efforts over the past 25 years is the advancement of what is known today as Feminist Therapy.

**Basics of Feminist Therapy**

Three principles provide a basic framework for feminist therapy: 1) The personal is political, 2) Relationships are egalitarian and 3) The female perspective is valued (Worrell & Remer, 1992).

**The Personal is Political** Therapists who view their clients presenting problems as completely intrapsychic (a cause from within the individual), run the risk of ignoring the harmful impact of living in sexist, racist, classist and monocultural environments (Brown, 1994). Feminist therapists believe that socially
constructed problems that appear as distress in female clients, do not have individual solutions. It is therefore necessary to acknowledge, within the counseling environment, society’s impact on oppressed populations. Effecting change in the personal lives of women requires fundamental changes in society. Along with helping to separate external sources of distress from internal sources, feminist therapists make the commitment to work toward social change (Worrell & Remer, 1992).

**Egalitarian Relationships** Chesler (1972), noted that in relationships of male therapists and female clients, successful adjustment was associated with submission to the will of the therapist. Initially, feminist therapists attempted to create an environment of mutuality that would prevent a hierarchal situation in the counseling process. Mutuality involved empathic responsiveness on the part of both the client and therapist (Nelson, 1996). Although this concept helped women to value their skills as empathic listeners, mutuality needed to be revisited. The creation of egalitarian relationships replaced earlier attempts at mutuality (Enns, 1993). Egalitarianism may not always be possible with clients, but the concept guides feminist therapeutic relationships. Ideally, therapy becomes a collaborative process where each individual receives respect and the right to equal personal power (Brown, 1994). In an optimal situation, the client and therapist work together to discover the central issues of concern, and then collaborate to develop a feasible treatment strategy (Worrell & Remer, 1992). Done correctly, this principle can help
clients to realize their value and capability within the therapeutic process, and it encourages the client to assume appropriate responsibility.

**Valuing the Female Perspective** The biases that psychologists have placed on hypothetically healthy women include: submissiveness, emotionality and a lack of objectivity (Broverman et al, 1970). Models of development have seen autonomy, a typically masculine trait, as preferable. However, if women discard traditional female roles to embrace typically masculine traits, not only do they have to fight society’s disdain for stepping out of their gender role, but they suffer further at the hands of the helping professionals who also label their behavior as disordered or unhealthy (Enns, 1997). Traits that are referred to as feminine are often devalued in society and then by the field of psychology. Autonomy, as suggested, is valued by many developmental theories as the optimum for human growth. Feminist researchers claim that this perspective devalues the ability and therefore the stereotypically female trait of connectedness or the ability to develop intimacy with others (McBride, 1990). The results are one-sided theories that have not taken a full spectrum of traits into consideration for human growth models and definitions of well-being. Valuing a feminine perspective entails encouraging the client to value her female characteristics and her own particular view of the world (Worrell & Remer, 1992). This final principle may appear to be unnecessary, but in a society where success, power and independence are rewarded, therapists need to consider the consequences for a client who possesses undervalued and unrewarded traits.
The Therapeutic Relationship: Myth and Power

Therapy started as a profession of primarily male therapists and female consumers and the relationship between counselor and client has therefore been under close scrutiny. Up until 1975, when feminists pressured the American Psychological Association (APA), sexual exploitation by therapists had not been officially recognized or studied (Rave & Larsen, 1995). Greenspan (1983) identified three inherent myths of the psychological profession: 1) All psychological problems stem from within the individual. 2) Therapy is most effective if practiced using a medical model and 3) The therapist is a powerful expert. Myth #1 has been considered under feminist principles, and its danger is in ignoring the feminist belief that the personal is political. The implications of myths #2 and #3 will be discussed and the issue of power will be addressed.

The myth of the medical model  This myth ignores societal influences and assumes that emotional pain is purely a medical problem. People who are in emotional pain are therefore sick and can be cured through medical means (Greenspan, 1983). The use of the medical model in psychology began with Freud who categorized mental disorders, invented diagnoses and applied them to his patients (Kaschak, 1992). The medical model can be destructive when it applies diagnoses that have internal causation to external problems with which the client has no control. For example, a client arrives who is a single mother, has three children, receives no child support and is working two jobs.
Her diagnosis: depression. The cause: low serotonin levels.

The use of managed health care requires feminist therapists to question the larger implications of their diagnoses. Will the diagnosis of a Serious Eating Disorder impair a client’s chances for life insurance in the future? Will a prescription for antidepressants and a diagnosis of Clinical Depression effect a client’s efforts in securing disability insurance or obtaining certain jobs? If diagnosis cannot be avoided, it is the responsibility of the feminist therapist to inform clients of the larger societal implications. The belief that a client is made well by curing the given diagnosis, is an over simplification, and the labels that are given through this process can have lasting negative effects (Brown, 1994). Feminist therapists prefer to avoid, whenever possible, the use of diagnoses, and to respect the client’s right to information if a diagnosis is required (Lerman & Porter, 1990).

The myth of the expert If a client is considered medically ill, then only an expert has the ability to diagnose the patient and offer a cure (Greenspan, 1983). The myth of a detached expert observer clouds the fact that every therapist offers a biased view and is therefore political in nature (Nelson, 1996). Continually therapists decide which topics to pursue, which topics to ignore and which areas to emphasize (Lerman and Porter, 1990). Self-disclosure and egalitarianism are feminist responses to the power imbalance that occurs when a therapist is seen as an expert. Opponents of therapist self-disclosure claim that the act of self-disclosure uses the patient to fulfill the counselor’s needs (Greenspan, 1983). Feminist
therapists argue that there is a difference between sharing appropriate issues and exploiting the client. Self-disclosure can be beneficial for the client if it is guided by integrity (Lerman & Porter, 1990). When professionalism hinges on a posture of distance and power, the medium becomes the message. Patients learn about relative power imbalances in their therapeutic setting and are more likely to accept similar terms of relationship outside of the therapist's office (Greenspan, 1983). Feminist therapy instead endeavors to provide an example of equality within relationships and aspires to maintain an environment where honesty and access to information are valued.

_Therapeutic Power_ Unequal relationships between therapists and clients were acknowledged by the APA in 1975 (Lerman & Rigby, 1990). Feminists define "power within" as a sense of control that an individual feels regarding the ability for self-direction in life (Lerman and Rigby, 1990). "Power over" is the type of power that can be potentially abusive in a therapeutic relationship. If misused, this type of power imbalance serves to control the client. Feminists believe that this power differential mimics the inequalities that exist in women's lives and must not be reenacted in the therapeutic relationship (Lerman & Rigby, 1990). Feminism has progressed from denying the power differentials that exist to acknowledging that power must be dealt with responsibly. Feminist therapists now seek to model effective "personal power" for their clients and to refrain from taking away control that rightfully belongs to the client (Rave & Larsen, 1995).
CHAPTER 3

METHODS

Project Goal and Objectives

The goal of this project is to increase the effectiveness of counseling for women. The objectives are to provide a brief introduction to feminist therapy for both clients and therapists in order to heighten awareness of women's counseling issues. The topics that will be identified will provide an outline for further research and the completion of a feminist primer or women's companion in therapy.

Design Suitability

Familiarity with the rudiments of feminist ideology is not commonplace within society but myths and misconceptions abound. It is not unusual for dialogues on feminist theory to turn into debates that evoke conflicting opinions and emotional reactions. In addition, feminism has been erroneously perceived as a study of political correctness, and this misunderstanding may cause resistance toward inquiry into the essence of feminist philosophy. It is for these reasons that a feminist introduction makes an appropriate vehicle for delivering the concepts of feminist therapy. Rather than having to sort through a myriad of feminist books, the basics will be presented in a simple and concise format. Since part of feminist therapy
entails demystifying the therapeutic process, clients should be given access to this material. It is intended not only to increase the attending therapist’s awareness but also to help women explore emerging issues, and their resulting feelings, during a time when the support of a therapist is available. Unlike a week end seminar, if the identified concepts were expanded into a primer or manual, therapists will be provided with continual access to the information for themselves and for their clients.

**Project Design**

Five primary topics of feminist therapy will be selected and their key concepts will be identified. Within each section, a rationale for the current topic will be provided, followed by a the identified principles. The purpose of this project is to identify important feminist principles that could eventually be further developed into a manual with exercises and discussions to lead the client and therapist. This manual would be created to provide a basic introduction to feminist therapy for the counselor with little or no knowledge of the subject matter. In addition to the manual, it is hoped that a “Companion” could be created by copying certain prepared sections of the manual. This portion would be prepared with the female client in mind and could be easily distributed to the client. The companion section will walk the client through issues that are relevant to women and it will help the client to address the social genesis for women’s participation in therapy.
Target Population

This project is aimed to produce themes that will eventually support both therapists and their clients. Counselors who have little or no education regarding feminist issues and counseling will make up the target population of therapists. The clients who will receive this information are those clients who are receiving counseling from a therapist who has access to the manual.

Assumptions

The main assumption being made in this project is that many therapists are unaware of feminist counseling principles. From there it is assumed that the therapist is concerned enough to learn about the issues, and that the issues will be covered in sufficient detail to be implemented in practice. The purpose of this manual is not to create new problems for the client, but to ensure that adverse societal factors are not being ignored as contributors to a woman's need for counseling. It is assumed that the therapist will be capable of knowing with whom and when to use the manual. The final assumption and hope for this paper is that there are female clients who wish to look at the larger picture of their counseling concerns and who are willing to share in the responsibility for the success of their therapeutic journey.
CHAPTER 4

RESULTS

Demographics

The categories that follow in this chapter are intended to create a starting point for therapists who may be uninformed regarding feminist thought, but curious and open to the exploration of feminism and its emerging philosophies. Because an important aspect of feminist therapy is the removal of mystery from the therapeutic process, it may be advantageous to also give clients access to this information. Although feminist therapy is not just about women, or women therapists treating women clients, this particular project focuses only on counseling issues pertaining to women. Many feminist therapists have practices that are gender inclusive and feminism has produced extensive research on the effects of gender stereotypes on men. Although it is not within the scope of this paper to consider feminist counseling issues for male clients, it is hoped that both male and female therapists will consider the applications of feminist thought in their practices.

Objectives

The major objective of this project is to identify the basic themes of feminism that influence feminist based therapy. Once identified, these themes could be
expanded and addressed in a feminist counseling primer for both therapists and clients. An assumption being made within this project is that the therapist who would eventually use the expanded concepts has already established their own theoretical perspective. The guidelines that would eventually be expanded from the areas identified in this project will help therapists to questions the assumptions of their theoretical perspective, to question gender roles, to evaluate their therapeutic relationship and process and to clarify their ethical stance.

In order to reach the objective of identifying basic themes of feminist therapeutic thought, five categories will be presented. Within those five categories, the areas requiring further expansion will be listed. The expanded principles are what would eventually form the feminist primer, or The Women’s Companion in Therapy, and would be designed to increase awareness and hopefully the effectiveness of counseling situations for women. As stated earlier, the purpose of this project is to identify the themes that will require further expansion and to establish an outline for the construction of a feminist primer in the future.

The first area to be addressed will be The Therapeutic Process. This section lists some of the concerns about the therapist’s attitudes, beliefs and skills that are required of someone practicing as a feminist therapist. The next four areas of concern follow the general headings outlined in chapter two. The influences of liberal feminism are highlighted in section two where gender-role analysis guides the intention of therapy. Section three combines the influences of radical and socialist
feminism where feminist therapists seek a new avenue of pursuing knowledge through consciousness-raising. Feminist Ethics, which have been heavily influenced by cultural feminism, are identified in section four and the complete *Feminist Code of Ethics* produced by the *Feminist Therapy Institute* is also provided in Appendix G. The final section presents concepts that have been uncovered by the feminisms of women of color and asks therapists to look at issues of diversity with an emphasis on the analysis of multiple oppressions and the importance of creating a therapeutic environment that is free of prejudice and discrimination.

**Section One: The Therapeutic Process**

Most therapists are trained in a variety of traditional theoretical orientations and come from a wide variety of disciplines. Although it is difficult to pinpoint behaviors that all feminist therapists would define as feminist, the practice of feminist therapy does differ significantly from traditional therapies. What follows is a list of the beliefs, attitudes and skills that are a minimum standard for the practice of feminist therapy (Laidlaw & Malmo, 1990).

A feminist therapist believes that:

1. women constitute an oppressed group in our culture.
2. experiencing oppression makes it easier to understand other forms of oppression such as classism, racism, homophobia, ageism, and prejudice based on religious or ethnic affiliation.
3. there are psychological effects of oppression on women.
4. society is patriarchal in that the power of society in unequally distributed and tends to favor men over women.

A feminist therapist's attitudes include:

1. a willingness to help women accept, value and speak for themselves.
2. welcoming inquiries about their values, orientation and methods.
3. encouraging clients to be conscientious consumers.
4. having the client participate in therapeutic decision making.
5. being approachable by stepping out from the veil of professional neutrality.
6. a willingness to demystify the therapeutic process.
7. minimizing the professional distance and power imbalances between therapist and client.
8. rejecting the stereotypes of traditional female and male behaviors.
9. looking at ways that stereotypes are learned.
10. creating equitable partnerships
11. believing that the client inevitably in the best judge of what is right for her.
12. validating the experiences of all women.
13. encouraging full exploration of feelings, beliefs, intentions and behaviors.
14. supporting movement toward healthy growth and change, both internally and externally.
15. rejecting the adjustment model of mental health which encourages women to conform to social norms.
16. rejecting sexist, androcentric theories and identifying the parts that are valuable.
17. respecting the client and honoring her perception of the world.
18. a willingness to stay congruent in life.
Feminist therapist's skills include:

1. sharing control over the pace and content of a therapeutic session.
2. evaluating signs of devaluation of self and helping the client to develop healthy notions of self.
3. consciousness-raising, reframing, and resocialization in order to see the larger perspective.
4. creating an environment for women to express anger.
5. helping women to establish and define their own boundaries.
6. referring to community resources for additional support.
7. acting as the client's advocate if necessary.
8. involvement in education regarding women - their needs and experiences.
9. involvement in social feminist action.
10. facilitating and supporting the empowerment of women.

Section Two:

Influences of Liberal Feminism on Feminist Therapy

Liberal feminism has among its beliefs, the idea that irrational prejudice and restrictive gender socialization are primary causes of sexism. Liberal feminists feel that rational debate and application of empirical evidence are key tools in the fight against sexism and the resocialization of men and women. External to the individual, this is demonstrated by NOW's efforts to implement changes in social, legal and political structures. How the client experiences liberal feminist therapy is by analyzing ongoing gender biases and discovering how they hamper the development of individual potential. Due to its rational roots, liberal feminism's therapeutic influence has appeared more in the cognitive therapeutic realm than the affective experiential realm.
What follows are some liberal feminist alternatives to previously gender-biased modes of counseling.

Non-sexist or gender-fair therapy:

Six characteristics of gender-fair therapy (Enns, 1997).

The therapist:

1. must be aware of their own values.
2. needs to share the belief that there should not be prescribed gender role behaviors for individuals.
3. should believe that there is no pathology within gender role reversals.
4. understands that marriage does not necessarily produce a better outcome for women than for men.
5. supports a woman in being as autonomous and assertive as any male client.
6. rejects theories of gender that are based on biological differences.

Androgyny Theory:

This theory was originally made popular by the research of Sandra Bem in the 1970s (1976). Androgyny therapy encouraged individuals to adopt a full range of behaviors that would traditionally be associated with stereotypical concepts of masculinity and femininity. In the 1990s, clients are no longer being encouraged to achieve gender role transcendence in the sense of encompassing all aspects of masculinity and femininity, instead, clients are being supported to remove the psychological barriers that would have them see any trait as belonging to either only male or female defined behavior roles (Enns, 1997).
Gender role analysis:

Liberal feminist’s core belief is that gender roles in our culture are socialized and not innate. A primary concern for liberal feminist therapists is to help the client explore and understand the impact of their gender on their psychological well-being or distress. From this point, clients are encouraged to use this information to make decisions regarding which gender roles they will enact or not. Worrell and Remer (1992) give the following five suggestions to help with facilitating gender role analysis with clients.

Support the client to:

1. identify childhood gender messages and sources, and how they may currently be influencing the client.
2. identify the ways that the client’s adherence to behaviors are either reinforced or punished.
3. consider the costs and benefits of gender rules to themselves and to society.
4. decide whether or not the client would like to make behavioral changes.
5. create less restrictive and more empowering messages that embrace rather than discourage their behaviors.

Section Three: Influences of Radical and Socialist Feminism on Feminist Therapy

Radical and socialist feminism share the assumption that society must be transformed from its very roots in order for women to experience equality. Subjugation of women is seen as the fundamental and most difficult form of
oppression to eradicate because of its interlocking nature with the oppressive forces of patriarchy, systemic capitalism and political institutions. Due to this interconnectedness, radical and socialist feminist therapists seek to change the very nature and focus of mental health practices. Therapy should not involve adjustment to complex and oppressive pressures, but needs to encompass personal, social and political change.

Although liberal feminist principles have been able to merge somewhat with modern psychology, radical and socialist perspectives were often in complete opposition to the tactics of psychological counseling. Socialist and radical feminists believe that the strongest avenue for change involves a new way of seeking knowledge. Consciousness-Raising as therapy, is their response to that need.

Consciousness-Raising (CR):

Early therapeutic CR groups followed models similar to the following:

1. Opening up - a nonjudgmental atmosphere is created where women can express often repressed needs.
2. Sharing - is encouraged, and the revealing of personal material helps women to identify commonalities within their experiences.
3. Analyzing - going beyond individual experiences to consider how their similar issues effect women in general.
4. Abstracting - consolidating and brainstorming to build visions for action to make social, political and personal changes (Enns, 1997).
The goals of CR include:

1. increasing feelings of self-worth while concurrently decreasing feelings that are self-sabotaging.
2. increasing both personal and intellectual autonomy.
3. increasing the awareness of similarities among all women while nurturing healthy and supportive relationships within the same gender.
4. increasing women’s ability to express anger appropriately without victimizing others or turning the anger inwards.
5. changing women’s mind-sets about interpersonal roles and expectations within intimate relationships.
6. developing sociopolitical analyses regarding what it is like to live the experience of being female and being an oppressed population (Enns, 1997).

CR seeks to change a woman’s belief from there being something intrinsically wrong within herself to there being some things inherently wrong within the system. This is an accurate example of how feminism sees the personal as political.

**Section Four:** Influences of Cultural Feminism on Therapy; Feminist Ethics in Counseling

The ethical considerations of a feminist counseling practice exist in a state of continual growth and change. Feminists who have worked together to produce The Feminist Code of Ethics© (see appendix G) consider the publication a “living” document as it is under constant reevaluation. Rather than replacing other ethical codes, feminist ethics are meant to be additive to the already existing codes of
counseling organizations. Feminist ethical principles must start by addressing the concept of an integrated analysis of oppression that includes, but is not limited to, age, gender, race, socio-economic status, sexual orientation and ethnicity. Further, feminist therapists need to be responsible for being trained in how to appropriately confront racism, homophobia, class issues, anti-Semitism and the many forms of oppression that affect women worldwide (Lerman and Porter, 1990).

Ethical considerations include:

1. redefining power for women and reducing the guilt around previously used indirect forms of power.
2. enabling the client to critically examine and define her own reality.
3. developing fee schedules that make services available to clients who have limited access or funding.
4. recognizing how the values of the therapist influence the therapeutic process.
5. clarifying with clients the nature and effect of different therapeutic values.
6. confronting and changing therapist biases especially those that interfere with a client's healing process.
7. respecting the client by making the well-being of the client the guiding principle of therapy.
8. practicing therapist self-care in maintaining emotional, physical, intellectual and spiritual health.

With regard to ethical self-care, Lerman and Porter (1990) stated that wellness means being well integrated with congruent behaviors where beliefs match actions. Feminists believe that this in an ongoing process and not an ending point.
Section Five: Influences of the Feminisms of Women of Color; Diversity in Counseling.

It is easy to agree with the necessity for multi-cultural approaches to feminist counseling, but enactment of an inclusive, anti-racist practice is very difficult. The fact that women of color need to ask to be included suggests that some other group (presumably white women) is defining the principles that govern feminist counseling. At the National Conference of Feminist Practice in 1993, diversity was defined as follows:

Diversity involves:

1. empowerment
2. openness to differences among people
3. appreciation, support and cultivation of different perspectives
4. recognition of the value of difference
5. receptivity and respect for difference (Tobias, 1997).

In terms of white feminist therapists, the following issues need to be addressed in order to provide an inclusive, non-racist counseling environment.

White feminist therapists should:

1. explicitly identify their unconscious assumptions that have supported ethnocentrism.
2. destroy myths about the existence of a “universal woman”.
3. confront stereotypes about women of color by examining the complexity and diversity of women’s lives.
4. realize the multiple realities of women of color.
5. understand the lived and embodied truths of women of color rather than just knowing the statistics and generalizations of society.

6. understand that the inner and outer worlds of women of color are intertwined.

7. understand the women's lives are socially constructed.

8. understand that political forces influence women's inner selves.

9. understand that a myriad of coping skills and strengths need to be learned and applied by women of color.

10. discover how women of color reinvent their lives in response to the challenges they face.

Feminist therapists who have come from a primarily middle class, white, privileged existence are cautioned not to overlook the combined oppressions for women of color. It is impossible for women of color to separate race, class and gender into separate, potentially more manageable oppressions, and therapists who have not had the experience of being multiply-oppressed need to continually reexamine their commitment to fighting such debilitating forces.

The preceding five themes offer a brief outline of some of the important concepts of feminist informed therapy. Although not all of the branches of feminism agree with one another, there are similar issues that weave throughout the five themes. The personal remains political, feminism keeps evolving, and all branches of feminist counseling strive to provide inclusive therapeutic environments that are anti-racist and gender fair. Approaching feminist therapy from only five limited
perspectives can cause the illusion that there are actually defining lines between the different feminist practices, and there are not. Also, the selection of five themes and their identified characteristics has unfortunately left some valuable feminist concepts unexamined. Further exploration into the strengths and weaknesses of this format will be discussed in the final chapter.
CHAPTER 5

Discussion

The weaknesses of this project had little to do with the theoretical perspective of feminist therapy and mostly to do with the format of presenting the perspectives. By categorizing feminist therapy on the basis of the roots of liberal, radical, socialist, cultural and women of color feminism, the links between feminist history and feminist therapy are apparent, but the strategies of current feminist practice seem to get lost or remain unaddressed.

It appears then, that the scope of this project is initially too large and would either need to be separated into smaller regions of research or expanded into a more comprehensive study. In the last 25 years, feminist research and writing has increased dramatically. Separate research papers could be written on Feminist Ethics, Gender Role Stereotyping, The Ethics of Diagnosis, Feminism and Biology, The Social Genesis of Disease, etc. Although this approach would require more reading on the part of the uninformed therapist, the field of feminist therapy has grown too large to express the depth of subject matter in one concise manual.

Another weakness of this project had to do with what defines a feminist therapist. Someone could follow the preceding guidelines and monitor their values and behaviors to align with the given principles, but feminist therapy requires a
therapist to act in a feminist manner outside of their practice as well. In order to claim the title of feminist therapist, a practitioner needs to be involved with social activism in their community or become politically involved in supporting feminist issues. It may be better to offer a feminist primer as a way to practice feminist informed therapy, rather than as a means to becoming a feminist therapist.

Along that same line of thinking, who are the therapists that would seek out a feminist manual for therapy? Since educational institutions don’t seem to promote or encourage the study of feminist therapy, it is likely that the majority of therapists who would pursue this topic have already considered alternative perspectives. It appears that distribution and marketing of a feminist manual would require some creative problem solving to get the material to the mainstream therapists of the profession.

The strengths of this project have to do with feminist theory itself. Although feminist therapy is still marginalized in academia, when the principles are considered carefully, it is clear that they are principles that could form the basis of any critically aware counseling philosophy. The voice of men in the therapeutic arena has been prevalent and critical to the growth of psychological thought and it only seems appropriate that the voice of women be welcomed in order to offer another perspective and to complete a fuller spectrum of psychological inquiry.

Feminist therapy’s principles support inclusivity, they demand a self-monitoring standard of ethical behavior above the codes required of traditional
therapy and they require creation of environments that are non-discriminatory and free of prejudice. Feminist therapists are asked to include clients in the therapeutic process by disclosing strategies and requiring clients to be involved in decision making. A major goal of feminist therapy is to help clients to rediscover the power they have within themselves and to learn to express that power through living authentic and intentional lives.

As a closing thought, a student asked the question of an Ottawa professor “Are you a feminist therapist?”, to which she replied “Of course I am, why wouldn’t I be?” After exploring the principles of feminist therapy, this sentiment makes perfect sense, “Why wouldn’t I be?”
REFERENCES


APPENDIX A

The Division 17 Principles Concerning the Counseling/Psychotherapy of Women
The Division 17 Principles Concerning the Counseling/Psychotherapy of Women: Rationale and Implementation

I. Counselors/therapists should be knowledgeable about women, particularly with regard to biological, psychological, and social issues which have impact on women in general or on particular groups of women in our society.

II. Counselors/therapists are aware that the assumptions and precepts of theories relevant to their practice may apply differently to men and women. Counselors/therapists are aware of those theories and models that prescribe or limit the potential of women clients, as well as those that may have particular usefulness for women clients.

III. After formal training, counselors/therapists continue to explore and learn of issues related to women, including the special problems of female subgroups, throughout their professional careers.

IV. Counselors/therapists recognize and are aware of all forms of oppression and how these interact with sexism.

V. Counselors/therapists are knowledgeable and aware of verbal and nonverbal process variables (particularly with regard to power in the relationship) as these affect women in counseling/therapy so that the counselor/therapist interactions are not adversely affected. The need for shared responsibility between clients and counselors/therapists is acknowledged and implemented.

VI. Counselors/therapists have the capability of utilizing skills that are particularly facilitative to women in general and to particular subgroups of women.

VII. Counselors/therapists ascribe no preconceived limitations on the direction or nature of potential changes or goals in counseling/therapy for women.

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VIII. Counselors/therapists are sensitive to circumstances where it is more desirable for a woman client to be seen by a female or male counselor/therapist.

IX. Counselors/therapists use non-sexist language in counseling/therapy, supervision, teaching, and journal publication.

X. Counselors/therapist do not engage in sexual activity with their women clients under any circumstances.

XI. Counselors/therapists are aware of and continually review their own values and biases and the effects of these on their women clients. Counselor/therapists understand the effects of sex-role socialization upon their own development and functioning and the consequent values and attitudes they hold for themselves and others. They recognize that behaviors and roles need not be sex-based.

XII. Counselors/therapists are aware of how their personal functioning may influence their effectiveness in counseling/therapy with women clients. They monitor their functioning through consultation, supervision, or therapy so that it does not adversely affect their work with women clients.

XIII. Counselors/therapists support the elimination of sex bias within institutions and individuals.
APPENDIX B

Concepts within Liberal Feminism
Concepts within Liberal Feminism\textsuperscript{2}

1. Passage of the Equal Rights Amendment, which guarantees equal rights for men and women under law, is essential for furthering women's rights.

2. Equal employment must be guaranteed to all women by ensuring that equal employment commissions enforce prohibitions against gender discrimination.

3. Maternity leaves of absence should be granted by all institutions and supported by guarantees that women will retain job security and seniority.

4. Tax laws should guarantee that tax deductions for home and child care expenses are available to parents.

5. Child care facilities should be established on the same basis as parks, libraries, and schools, and should be considered as community resources that are available to citizens from all income levels.

6. Women must be guaranteed the right to be educated on an equal status with men so that they can achieve their full potential.

7. Current welfare and poverty programs should be revised to ensure women dignity, privacy, and self-respect. Women in poverty should have the right to obtain housing, job training, and family allowances that are equal to those of men. Women in poverty should also have the right to remain at home to care for children if they so desire.

8. Women have the right to control their reproductive lives and must have access to contraceptive information, effective contraceptive methods, and abortion.

These statements are based on the eight major points of the National Organization for Women (NOW) Bill of Rights (1970).

APPENDIX C

Concepts within Radical Feminism
Concepts within Radical Feminism

1. In order for the freedom of every individual to be ensured, gender must be transformed and people must be freed of all aspects of gender role divisions.

2. Marriage, as it is traditionally defined, prevents the full development of women by establishing a pattern of lifelong servitude and encouraging women to direct all of their energy toward fulfilling the interests of others.

3. Sexism categorizes women as an inferior class on the basis of sex and represents the fundamental form of political oppression.

4. Personal choices related to the “private” domain are not just matters of personal taste but hold political significance.

5. Fundamental social and political change is necessary in order to eradicate the oppression of women and establish full equality.

6. Traditional male-female relationships promote men’s dominance and women’s dependence, vulnerability, and submission.

7. The major causes of sexism and oppression are male domination, patriarchal values that permeate the culture, and men’s control over women’s bodies.

8. A high proportion of the major issues facing women are consequences of violence against women (e.g., battering, pornography, incest and rape).

Agreement with the preceding eight points is indicative of beliefs consistent with the basic tenets of Radical Feminism.

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APPENDIX D

Concepts within Socialist Feminism
Concepts within Socialist Feminism

1. Women must gain full economic rights and independence in order to be guaranteed the freedom and civil liberties they are entitled to.

2. Women will only gain full equality with men when institutions and social relationships undergo fundamental change.

3. Financial resources should be redistributed so that adequate education, child care, and work are available to all.

4. Education, work, parenting practices, and sexuality (reproductive freedom) must be restructured in order to eliminate male domination and other oppressions.

5. Some of the most significant issues facing women include comparable worth issues, guaranteed maternity and paternity leave, and the feminization of poverty.

6. Oppression has multiple causes based on gender, class, and race distinctions.

7. Economic institutions are the source of some of the most virulent forms of oppression.

Agreement with the preceding seven points is indicative of beliefs consistent with the basic tenets of Socialist Feminism.

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APPENDIX E

Concepts within Cultural Feminism
Concepts within Cultural Feminism

1. A major cause of sexism and oppression is the devaluation of traditional feminine qualities and the overvaluation of masculine values and patriarchy.

2. The goal of feminism should be to revalue women's traditional strengths so that women can infuse the society with values based on cooperation.

3. Solutions to sexism will come through women's discovery of internal truths, relationships with other women, and the "feminization" of the culture.

4. Key issues for women involve developing a sense of ethics based on caring and relationship values as well as organizing around issue of nonviolence.

5. Women's cooperation with other women and involvement in organized peace efforts of all kinds will give them the necessary power to influence and change society.

Agreement with the preceding five points is indicative of beliefs consistent with the basic tenets of Cultural Feminism.

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APPENDIX F

Concepts within The Feminisms of Women of Color
APPENDIX F

Concepts within The Feminisms of Women of Color⁵

1. Traditional feminism has often been guilty of promoting simplistic views of feminism that overemphasize the importance of gender while ignoring significant status variables such as race, ethnicity, class, and sexual orientation.

2. Feminists have often reinforced inequality between women by defining issues according to the view of middle-class white women and assuming that these perspectives can be applied to the lives of women of color with only minor adjustments.

3. In order for a theory of feminism to be complete, it must be pluralistic and recognize the vast differences between women.

4. The lives of diverse groups of women must be understood from their own standpoints; women of color must be involved in theory development at all levels.

5. As individuals with “outsider” status, women of color often have greater awareness of the complex manifestations of oppression than middle-class white women.

Agreement with the preceding five points is indicative of beliefs consistent with the basic tenets of The Feminisms of Women of Color.

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APPENDIX G

Ethical Guidelines for Feminist Therapists
Ethical Guidelines for Feminist Therapists

I. Cultural Diversities and Oppressions

A. A feminist therapist increases her accessibility to and for a wide range of clients from her own and other identified groups through flexible delivery of services. When appropriated, the feminist therapist assists clients in accessing other services.

B. A feminist therapist is aware of the meaning and impact of her own ethnic and cultural background, gender, class, and sexual orientation and actively attempts to become more knowledgeable about alternatives from sources other than her clients. The therapist’s goal is to uncover and respect cultural and experiential differences.

C. A feminist therapist evaluates her ongoing interactions with her clientele for any evidence of the therapist’s biases or discriminatory attitudes and practice. The feminist therapist accepts responsibility for taking action to confront and change any interfering or oppressing biases she has.

II. Power Differentials

A. A feminist therapist acknowledges the inherent power differentials between client and therapist and models effective use of personal power. In using the power differential to the benefit of the client, she does not take control or power which rightfully belongs to her client.

B. A feminist therapist discloses information to the client which facilitates the therapeutic process. The therapist is responsible for using self-disclosure with purpose and discretion in the interests of the client.

C. A feminist therapist negotiates and renegotiates formal and/or informal contracts with clients in an ongoing mutual process.

D. A feminist therapist educates her clients regarding their rights as consumers of therapy, including procedures for resolving differences and filing grievances.
III. Overlapping Relationships

A. A feminist therapist recognizes the complexity and conflicting priorities inherent in multiple or overlapping relationships. The therapist accepts responsibility for monitoring such relationships to prevent potential abuse of or harm to the client.

B. A feminist therapist is actively involved in her community. As a result, she is especially sensitive about confidentiality. Recognizing that her clients' concerns and general well-being are primary, she self-monitors both public and private statements and comments.

C. A feminist therapist does not engage in sexual intimacies nor overtly or covertly sexualized behaviors with a client or former client.

IV. Therapist Accountability

A. A feminist therapist works only with those issues and clients within the realm of her competencies.

B. A feminist therapist recognizes her personal and professional needs, and utilizes ongoing self-evaluation, peer support, consultation, supervision, continuing education, and/or personal therapy to evaluate, maintain, and improve her work with clients, her competencies, and her emotional well-being.

C. A feminist therapist continually reevaluates her training, theoretical background, and research to include developments in feminist knowledge. She integrates feminism into psychological theory, receives ongoing therapy training, and acknowledges the limits of her competencies.

D. A feminist therapist engages in self-care activities in an ongoing manner. She acknowledges her own vulnerabilities and seeks to care for herself outside the therapy setting. She models the ability and willingness to self-nurture in appropriate and self-empowering ways.
V. Social Change

A. A feminist therapist actively questions other therapeutic practices in her community that appear abusive to clients or therapists and, when possible, intervenes as early as appropriate or feasible or assists clients in intervening when it is facilitative to their growth.

B. A feminist therapist seeks multiple avenues for impacting change, including public education and advocacy within professional organizations, lobbying for legislative actions, and other appropriate activities.