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Feminist therapy: A qualitative examination of the practitioner's perspective

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Feminist Therapy: A Qualitative Examination of The Practitioner's Perspective.

By

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ABSTRACT

This study was undertaken to investigate feminist therapeutic practice from the practitioner's perspective. The initial goals of this study were to explore practitioner perspectives on feminism and power and their impact upon feminist practice. Additionally, the researcher sought to discover how practitioners found congruence between their feminist-informed values and therapeutic practice and if, in the course of practicing as a feminist, ethical dilemmas arose.

Based on a sample of eight women who identified themselves as feminist practitioners, the researcher used semi-structured open-ended interviews to investigate the participants' beliefs, values and perspectives on clinical practice. From the application of a generic qualitative analysis to the interview transcripts, five themes, twenty categories, and eighty-six sub-categories emerged.

The five major themes reflected perspectives on feminism, power, feminist therapeutic practice, congruence between feminist-informed beliefs/values and therapeutic practice and ethical dilemmas. When offered, participants' strategies and/or suggestions for working through ethical dilemmas were recorded and have been presented where applicable.

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"APPLAUD MY FRIENDS, FOR THE COMEDY IS OVER!"

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CHAPTER ONE

INTRODUCTION

Introduction

The Focus of this Research

This study was borne of a desire to give voice to individual, female practitioner perspectives on feminist therapeutic practice with women. As a feminist practitioner, I am conscious of how unique we each are and of the many "feminisms" that guide our respective practices. I was primarily concerned with understanding how individual practitioners found congruence between their beliefs and values as feminists and their clinical practice. To this end, the participants and I dialogued about their experiences and understandings of feminism and power and how these experiences and understandings impacted upon practice. We also discussed the nature of the feminist helping relationship and the many ethical dilemmas that arose when attempting to practice from a feminist framework.

The Parameters of This Study

With the exception of a brief section in chapter four, this study focuses on feminist therapeutic practice with female clients. This is intentional. Feminist therapeutic practice is expressly interested in the empowerment of women. An integral part of the therapeutic alliance is based on a shared experience of gender. What is more, this commonality is equally central to the consciousness-raising and sense of solidarity that often emerge from the feminist therapeutic exchange.

Nevertheless, some feminist therapists do work with male clients in the course of their practice. In the particular population that I interviewed, practitioners saw men in the context of couples work, individual work and in the context of families. To this end, a short section containing practitioner perspectives on working with male clients has been included. Men can and do benefit from feminist-based therapy (Walker, 1990). For the purposes of this study, I have chosen to limit my focus to the exploration of feminist practitioner perspectives on therapeutic practice with women.

A Brief Overview of the Research Design

This study is based on a sample of eight women who identified themselves as feminist practitioners. Semi-structured, open-ended interviews were used to investigate the participants' beliefs, values and perspectives on clinical practice. A generic qualitative analysis was applied to participant transcripts and common themes emerged and were recorded.

The Theoretical Context

Two Kinds of Feminist Therapeutic Practice

Eileen Mc Leod (1994) identifies two major divisions within feminist therapeutic practice. It is her contention that the major difference between the psychotherapeutic approach toward feminist therapy and feminist therapy that is informed by humanistic values originates from "clearly different tendencies in the way in which [they] conceptualize the development of women's emotional state and problems arising in relationship to it" (p. 19). The former locates the primary

influence on women's emotional development within the mother-infant dyad and views therapy as an opportunity to work through previously unconscious inhibitions arising from the relationship. In contrast, the feminist therapist who is guided by humanistic values takes a "strengths perspective" (Saleeby, 1992). She believes that the client is inhibited by her currently hostile interpersonal and social reactions. Thus, the key to change in the client's life becomes the releasing of her inner resources.

Common Principles Guiding Feminist Therapeutic Practice

Mc Leod (1994) posits that despite differing tendencies, all feminist practitioners share two commonalties. She identifies the first commonality as a belief in "women's emotional state as an entity of its own right" (p. 20). By this, Mc Leod means an entity separate and apart from the social context. Thus, while the feminist practitioner recognizes the social construction of women's emotions, she also acknowledges that a woman's emotional state is distinct and separate from the social context. In other words, the feminist practitioner concerns herself with both the inner and outer realities of a woman's emotional state. The second commonality, which develops out of the first, concerns the "site for intervention" (p. 20). Accordingly, intervention is seen to begin with the woman and often occurs in combination with political activity. Thus, as the client is empowered she, in turn, becomes an agent of political and social change.

Lenore E. Walker (in Cantor, 1990) identifies what she believes to be the key principles that characterize the vast majority of feminist therapeutic practice. Walker recognizes that many of these principles have grown out of the tenets of feminist philosophy. Accordingly, Walker posits that feminist therapeutic practice

reflects a belief in: the therapeutic alliance as a model of egalitarian relationships for women; the need for women to have power in relationships, to celebrate their strength and to assert their independence; the enhancement of women's strengths, not the remediation of their weaknesses; a non-pathological and non-victim blaming orientation; the education of women as a means of consciousness-raising and as a means to bring change to women's perspective and position; and the importance of the therapist being empathically connected to her client by virtue of her acceptance and validation of the client's feelings.

The Distinctiveness of Feminist Social Work Practice

Mary Bricker-Jenkins (1991) states of "The Emergence Of Feminist Social Work Practice" that:

> Feminist practice began as an attempt by social workers to integrate feminist therapy, commitments and culture within conventional approaches to practice. These efforts have resulted in the emergence of a distinguishable approach to practice that goes beyond a "non-sexist" or "women's issues" orientation, and beyond a grafting of feminist perspectives onto a humanistic core. Lying well within the tradition and mission that distinguishes social work from other "helping" professions, it is an attempt to link the personal and political dimensions of human experience both theoretically and methodologically ... As such, [feminist social work practice] aspires to be a practice of personal/political transformation. (p. 272)

Throughout the rest of the chapter Bricker-Jenkins (1991) articulates the assumptions that she believes are inherent to feminist social work practice. To

begin, she purports that self-actualization is the inherent goal of human existence and is in actuality a "collective endeavor"(p. 273) between the individual and the social context. To this end, Bricker-Jenkins recognizes that patriarchy is only one of many systems that are inherently dominating, subordinating, exploitive and oppressive. As such, these institutionalized systems are inimical to individual or collective self-actualization and must undergo change.

Additionally, Bricker-Jenkins (1991) asserts that people strive for self actualization. She believes that on the basis of this striving, it is "possible to recognize and mobilize inherent individual and collective capacities for healing, growth, personal/political transformation" (p. 273).

Finally, according to Bricker-Jenkins (1991), the world view informing feminist social work practice is characterized by a belief in the connection of the personal with the political. Multi-dimensionalism and diversity are regarded as a source of strength, health, growth and choice. In addition, there is a recognition of the silencing inherent in the oppressed nature of women's past and a commitment to give voice to women's relatively unknown history.

An Overview of What is To Follow

For the purpose of this study, I have dialogued with women who are both within and outside the domain of social work. More commonalities than differences have emerged through these conversations. Quite clearly, to this particular group of women, therapy and/or social work practice is a vehicle by which both personal and political transformation need to occur. As a result, I will use the terms "feminist therapeutic practice" and "feminist social work practice" interchangeably.

Following this introductory chapter there will be a review of the current literature written about feminist clinical social work practice. This will include research that elucidates the nature of the feminist helping relationship and studies that articulate the presence of ethical dilemmas in feminist therapeutic practice. In chapter three, I will present an examination of the principles that guide feminist based qualitative research and outline the steps undertaken to complete this study. In chapter four, I will outline the findings of this study according to common themes. This study will conclude with a summary of the findings, suggestions for further research, and some personal reflections on how this study has impacted upon my life, my practice, and my commitment to a feminist vision for change.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter will review the current literature on feminist therapeutic practice. There is an extensive amount of literature supporting this area of investigation. Accordingly, what follows is my attempt to provide a cogent and comprehensive review of the literature without becoming too broad in focus.

To this end, this chapter has a two-fold purpose: to examine the literature that supports the broader theoretical context of feminist theory and feminist social work practice; and to explore the research concerning the specifics of the practitioner's experience of feminist clinical practice. Particular attention will be given to the literature that examines the nature of the feminist helping relationship and to studies that articulate and examine the presence of ethical dilemmas in feminist therapeutic practice.

Feminist Theory

According to Smith (1991), "feminist practice stems necessarily from the practitioner view of what feminism means" (p.92). Keeping in mind that feminism has been defined as: "a mode of analysis, a method of approaching life and politics [and] a way of asking questions and searching for answers" (Harstock, 1979, p.62), it is important that this literature review begin with a brief presentation of the basics of the various feminist frameworks that inform the practitioner.

Liberal Feminism

According to Jaggar and Rothenberg (1984), the basic social ideals underlying liberal feminism are liberty and equality. Within the tradition of liberalism, liberty is interpreted as freedom from interference. A central and distinguishing factor of this position is the division of the personal from the political. For the liberal feminist, the issue is not so much the oppression of women as it is unequal opportunity. In specific, the liberal feminist is concerned with the lack of equal rights that are afforded to women. Consequently, the situation can be rectified by the amelioration of sexual discrimination and through the fostering of equal relationships between the sexes.

Radical Feminism

Radical feminism can be distinguished from all other feminist theories by virtue of its insistence that the oppression of women is fundamental (Jaggar & Rothenberg, 1984). Accordingly, this claim is supported by the belief that: women were historically the first oppressed group; women's oppression is widespread and exists in every society; women's oppression is deep and cannot be eradicated simply through social changes such as the restructuring of society (p. 86). Additionally, there is a belief among some radical feminists that women's oppression is at the root of all other forms of oppression (Nes & Indicola, 1989).

Within the radical tradition of feminism there are many differing perspectives with regard to select issues; nevertheless, there is resounding agreement that the personal is political and that any distinction between the two is a false dichotomy.

Socialist Feminism

Louise C. Johnson (in Gunew, 1990) articulates the relationship between socialist feminism and Marxism. The socialist feminist challenge is launched at the standard Marxian understanding of the "mode of production". It is the contention of those women that hold to this position that Marx's understanding of the mode of production "is useful for understanding conflicts between classes of men but that it obscures certain features of women's oppression that cuts across class lines" (Jaggar and Rothenberg, 1984, p.88). Accordingly, socialist feminists address the issues of sexuality, nurturance, and motherhood as a means of structured oppression. Women who hold to socialist feminism also purport that the personal is political and focus their energies on redefining both the modes of production and the modes of reproduction.

Post-Modernism and Feminism

The connection between feminist and post-modern theory relates to the deconstructive nature of the inherent philosophies that guide both positions. According to Flax (1987), "contemporary feminists join other postmodern philosophers in raising important metatheoretical questions" (p.624). It is her contention that feminism is deconstructive by nature. It seeks to distance the individual from and make them skeptical about beliefs concerning the truth, knowledge, and power. Since it is these very beliefs that legitimate contemporary western culture, the feminist discourse "reveals the effects of the gender arrangements that lay beneath their neutral and universalizing facades" (p. 626).

Summary

To summarize, the various feminist positions can be distinguished from one another by virtue of their respective emphasis. Liberal feminism is less concerned with the oppression of women and more concerned with equality. From the liberal perspective, patriarchy is injurious to both men and women alike. Socialist feminism identifies the plight of women as oppression. This position focuses on the structured oppression of women by virtue of their gender. Accordingly, those who identify as socialist feminists call for the redefining of the modes of production and reproduction. Radical feminists (as suggested by the term) believe that the oppression of women is fundamental to all other forms of oppression. As with their socialist counterparts, they believe that there is no division between the personal and political. Thus, in order for personal change to occur, political change must also take place.

Feminism, with its focus on sexism as the fundamental oppression of women, has "come under fire" from some members of the feminist community. Two such groups are women of color and the lesbian community.

The Exclusions of Feminist Theory

Women of Color

Feminist theory has been criticized by women of color for being white, middle-class, and elitist. By insisting that the only form of oppression that women face is sexism, white feminists have angered and alienated women of color from a common agenda. Elizabeth F. Hood (1984) when addressing this issue, suggests that:

> white women and black women cannot unite in their struggle against sexism until both groups recognize the functions of sexism and racism as controlling structures in a system that presupposes inequality between the sexes and races. White women cannot be free until they reject all the forms of racism that separate them from black people (p. 202).

Lesbians

The oppression of heterosexism and the marginalization and silencing of the lesbian population have been virtually ignored by white, middle-class feminists. Adrianne Rich (1980) states that: "feminist research and theory that contributes to lesbian invisibility or marginality is actually working against the liberation and empowerment of women as a group" (p. 647-8). Clearly, it is the contention of Rich and her counterparts that feminist theory, when blind to its own folly, not only supports hegemony but also participates in the dissemination of its values.

Feminist Theory and Social Work Practice

Few articles to date have made an explicit connection between specific feminist frameworks and a particular perspective on general clinical social work practice. Janet A. Nes and Peter Iadicola (1989) have, in fact, attempted to articulate this connection in their article "Toward a Definition of Feminist Social Work: A Comparison of Liberal, Radical and Socialist Models".

Nes and Iadicola (1989) present a brief comparison of the liberal, radical and socialist feminist positions. Through this comparison, the authors attempt to

articulate the distinctiveness of each position regarding the critical aspects of the foundations of feminist theory. Having thus distinguished one position from another, Nes and Iadicola apply these differing feminist frameworks to clinical social work practice. Four components of clinical practice are analyzed from each of three feminist positions. To this end, the authors articulate their understanding of the liberal, radical, and socialist feminist perspectives on problem identification, assessment, treatment strategies, and treatment goals.

Admittedly, Nes and Iadicola present an ideal-type scenario. Not unlike the application of any theory to practice, the individual feminist practitioner is afforded much latitude in her interpretation of the feminist agenda. In fact, it is the contention of Nes and Iadicola (1989) that:"...most feminist social workers have unclear and incomplete ideas of the different perspectives within feminism and of the practice implications that follow" (p. 20).

Thus, one of the stated purposes of the article was to make the various models of feminism explicit and to draw out the implications of the models for social work practice. In essence, Nes and Iadicola (1989) seek to educate the feminist practitioner and to provide clarity for her respective practice.

It is in the dialectical tension of theory to practice that a feminist practitioner's philosophy of practice emerges. To be certain, there is truth in Nes and Iadicola's (1989) observation about the lack of practitioner's personal awareness of feminist theory; however, the issue is not so much the absence of underlying theory, as it is a lack of practitioner awareness about this absence.

In her introductory chapter, Bricker-Jenkins (1991) offers an interesting caution against teaching other women "how to do" feminist social work practice:

> we must resist [this] temptation lest we become like those that we have challenged throughout our professional lives ... as we understand it, feminist social work practice is as feminist practitioners do ... within that seeming reductionism lies the strength of the approach to practice. Feminist practice is an open and dynamic system that has as its core an open and dynamic world view. Continual self-scrutiny, challenge and revision are not only ethical imperatives, but the essence of practice (p. 4).

The feminist therapist does not necessarily operate in an atheoretical vacuum. If, in fact, the ethical imperative of feminist practice is as Bricker-Jenkins et al. purport, then it becomes obvious that the feminist practitioner does have a point of reference against which she scrutinizes her practice. In other words, the feminist practitioner operates with some sense of what it means to be a feminist - even if it's just her own personal interpretation of what feminism means.

Feminist social work practice has evolved from the efforts of individual practitioners who have sought to reconcile and integrate their feminist perspectives and commitments with the conventional theory and methods in which they were trained (Bricker-Jenkins, 1991). The marriage of social work values to feminist perspectives has not always been easy - nevertheless, there is enough common ground to facilitate a partnership of the two (Ivanoff, Robinson & Blythe, 1987; Lundy, 1993; Collins, 1986) .

The Common Ground Between Feminism and Social Work Practice

In their book Feminist Visions For Social Work Practice, Nan Van Den Bergh and Lynn Cooper (1986) articulate the interface between feminist theory and the principles that guide social work practice in general. The elimination of false dichotomies and artificial separations is a feminist principle that has direct applicability to feminist social work practice. Within the field of social work there has been an ethic of specialization. Individuals are trained to become either practitioners or community developers/social planners. Van Den Bergh & Cooper argue that this is a false dichotomy and that the feminist practitioner must challenge the notion of specialization. As an alternative, the authors suggest that the feminist social worker take a generalist position, functioning as both a clinician and community worker.

When applied to feminist clinical practice, the reconceptualizing of power (as a feminist principle) speaks to the ethic of empowerment. Accordingly, it is the job of the feminist clinician to empower her client both in and through the therapeutic exchange.

The valuing of the process as equal with the product of therapy facilitates client independence and empowerment. The therapist is not viewed as an all knowing expert but rather facilitates the individuals' own abilities to heal themselves.

When applied to clinical feminist social work practice, renaming (client re-interpretation and re-naming of experiences in the light of new realizations) "has implications for the support of individual client choices and life experiences" (Van Den Bergh & Cooper, 1986, p. 21). This feminist principle is particularly

applicable to work with minority clients and women. Clients are frequently empowered through the practice of renaming their own experiences.

Finally, Van Den Bergh and Cooper (1986) assert that "Practitioners must aid their clients in understanding that personal problems can be related to political realities" (p. 23). In this way, the practitioner helps the client to make connections between their personal conflicts and societal constraints. Additionally, the practitioner, who encourages her client to see the personal as political, becomes an activist role model for the client.

Barbara Collins (1986) asserts that feminism and social work share the common vision of the unique individual with inherent dignity and common needs with all others. In addition, she purports that there is a common belief in the human condition as part of an interactive and open system. Collins believes that feminism and social work operate from a common perspective that enables the practitioner to visualize both the independence of individuals, and the many systems of which individuals are a part. Collins also articulates a connection between the interdisciplinary focus of social work and the feminist insistence on knowledge as a transdisciplinary phenomenon.

Like her counterparts, Marta Lundy (1993) sees an interface between feminist theory and social work practice. She suggests that "feminist social work consists of the complementary elements of feminist theory and therapy and social work values and principles, producing an explicit clinical framework" (p. 184). She, in turn, identifies seven additional principles that feminism shares in common with social work practice. These include: 1) a belief in the existence of gender socialization; 2) the use of differing modalities to help the client; 3) an egalitarian relationship between the helper and the client; 4) the unethicalness of

any sexual activity with clients; 5) the intolerableness of societal and interpersonal discrimination and prejudice; 6) the belief that power does not justify inappropriate behavior and finally, 7) the rights of clients to an ethical, explicit and empowering therapeutic context.

How in fact these feminist principles are applied to therapeutic practice depends a great deal upon the discretion of the practitioner and the chosen therapeutic model. This next section explores the application of feminist principles to specific therapeutic models.

Specific Models of Feminist Therapeutic Practice

Feminism and Psycho-Dynamics: Self-in-Relation Theory

Janet L. Surrey (1991) presents an alternate theory to the standard psycho-dynamic models of human development. It is her contention that "for women, the primary sense of self is relational [and] that the self is organized and developed within the context of important relationships" (p. 52).

Surrey (1991) distinguishes her model from the traditional object-relations perspective of development as a process of separation and individuation, by virtue of its emphasis on relatedness. Thus, the individual recognizes the other as not only an object from which she is distinct, but also as a subject with whom she desires to maintain a connection.

Inherent in this emphasis on relatedness is Surrey's (1991) model of a woman's developmental pathway. Surrey posits a movement from relationships of care-taking to relationships of consideration and on to relationships characterized by empowerment. Thus, the woman "moves from the early

definition of the mother-daughter relationship toward [a] more comprehensive and flexible adult form of relationship" (p. 63). The role of the therapist becomes the facilitating of a relational context amenable to this process and begins with the therapist's own relationship to the client. The practitioner must encourage the client to develop and explore "new forms of relationships, networks and community" (p. 63). Empathy is the hallmark of the therapeutic context and occurs in the relationship of the therapist to the client and the relationship of the client to the self.

Feminism and Family Therapy

According to Marianne Walters (1990), "there is no therapy, including family therapy, that can adequately reflect the range of human experience and conditions without including a feminist perspective" (p. 13). Judith Myers Avis (1991) argues that traditional family therapy affirms the existing allocation of patriarchal power and order in families. Others critique systems theory and the blatant failure of family therapy to recognize the patriarchal assumptions that underlie this theory (Walters, 1990; Bograd, 1986; Carter, Papp, Silverstein and Walters, 1988).

The Women's Project in Family Therapy (1988) has outlined the following guidelines in their movement toward a feminist framework for practice. It is thus their contention that feminist family therapy is characterized by:
the identification of gender messages and social constructs that condition behavior and sex roles; the recognition of the real limitations of female access to social and economic resources; the awareness of sexist thinking that is responsible for a constricting of the options of women to direct their own lives; the

acknowledgment that women have been socialized to assume primary responsibility for family relationships; the recognition of the dilemmas and conflicts of childbearing and child rearing in our society; the awareness of patterns that split the women in families as they seek to acquire power through relationships with men; affirmation of values and behaviors characteristic of women; recognition and support for possibilities for women outside of marriage and the family; and finally, the recognition that no intervention is gender-free and that every intervention will have a different and special meaning for each sex.

Feminism and Post-modern Therapies

Many feminist researchers and therapists are included in the post-modernist trend in therapy. Post-modern therapy is characterized by a movement away from categorizing and pathologizing client experiences and toward acknowledging the client's own experience of the problem. In the post-modern context, there is no such thing as an objective knowable reality. Meaning arises in discourse and does not exist apart from interpretation. Michael White's narrative approach in therapy (1986) is reflective of this perspective.

Although at times there has been somewhat of an uneasy alliance between feminist and post-modern practice (Madigan, 1992), they have much in common and are both deconstructive by nature. Accordingly, feminist and post-modern practice "seek to distance us and make us skeptical about beliefs concerning the truth, knowledge, power, the self, and language..." (p. 624). For example, Judith Myers Avis (1991) stresses the importance of recognizing context when working with women in particular, and all marginalized populations in general. Through her discourse Myers Avis deconstructs the notion of

empowerment in therapy, making it abundantly clear that empowering the client does not change the political context. Accordingly, she advocates "political action [as] an essential backdrop to any discussion of empowerment of women in therapy" (p.184). Celia Kitzinger (1992) takes an even stronger position then that taken by Myers Avis. It is her contention that the common and accepted theme of empowerment in therapy with women is in fact reflective of modernist tendencies to locate problems within the person. Thus, because women come into therapy evidencing the effects of patriarchal control and power (loss of self-esteem, self-hatred, internalized sexism, homophobia, fear of success, etc.), and because those effects have been located within the women, the solution to the power imbalance is located there as well. In other words, the empowerment of women as "the accepted" and often prescribed agenda for feminist therapy becomes the means by which political action and structural change are avoided.

Summary

Quite clearly, there exists a congruence between feminist values and many of the principles that guide clinical social work practice. This is evidenced in the reconciling of many standard models of practice to a feminist framework. However, the fact remains that the practitioner and not the model is the facilitator of client change.

The process by which we, as feminist practitioners, facilitate this change relies in part on the role that we take in the therapeutic relationship. To this end, the second half of this literature review will focus on studies that have been undertaken to examine the practitioner's perspective on feminist therapeutic practice. Close attention will be paid to the literature that articulates the nature of

the feminist helping relationship and to studies that articulate the presence of ethical dilemmas in feminist practice.

An Examination of the Feminist Helping Relationship

Its Structure: Non-Hierarchical, Egalitarian and Dialogical

The use of the term non-hierarchical to describe the structure of the feminist therapeutic relationship may be a misnomer. Certainly, within the literature, there is a recognition that the therapist has more power than the client by virtue of her status as the helper and due to the fact that she gets paid to help her clients (Myers Avis, 1991, Mc Leod, 1994, Jordan et al., 1991). Seidler-Feller (1976) implicitly recognizes the more inherently powerful role of the therapist when she posits the need for power-sharing strategies in the feminist therapeutic exchange. Despite an ambiguity about how to define the feminist helping relationship, throughout the literature it is resoundingly clear that the more egalitarian nature of the feminist therapeutic relationship is key to client self-determination and empowerment (Lundy, 1993; Nes & Iadicola, 1989, Van Den Berg & Cooper, 1986). The implicit value system underlying an egalitarian alliance is clearly conducive to this factor. The feminist therapist recognizes her client to be absolutely equal in personal worth (Sturdivant, 1980).

The dialogical nature of the client-therapist interaction is typified in Argyris' (in Sturdivant , 1980) model of reciprocal influence. Therapy based upon this model averts the unilateral nature of the traditional psychotherapeutic alliance through equalizing power relationships between practitioner and client. Thus

there is a recognition of the reciprocal influence of practitioner on client and client on practitioner.

Sturdivant (1980) purports that the egalitarian nature of the feminist therapeutic alliance facilitates the emergence of therapist as a role-model for the female client. She suggests that the therapist can become a role model for the client by virtue of a shared and common experience of the sexist nature of social relations .

Watson and Williams (1992) suggest that the egalitarian nature of feminist therapeutic relationships is facilitated by the therapist's ethical stance regarding the client. They posit that the egalitarian nature of the therapeutic alliance is similarly fostered by the therapist taking a non-expert position, .

The Practitioner's Stance: Therapist as Facilitator Rather Than Expert

In feminist-based social work practice, the therapist almost always assumes the role of facilitator and is not the expert on the client's life. Walker (1990) observes that:

> the therapist and client are not considered equal in their skills; obviously the therapist is usually better trained in psychology; but the client knows herself better, and that knowledge is as critical as the therapist's skills to make the therapy relationship succeed (p. 81).

As a facilitator, the therapist encourages the female client to trust her instincts and to come to her own understanding of the problem at hand. Validation of the client's understanding can then be offered from the standpoint of shared gender experiences (Sturdivant, 1980).

In the following sections, the feminist practitioner's stance will be presented in more detail:

Strengths Orientation

According to Walker (1990) the recognition of women's strength and the remediation of their weaknesses is a central organizing principle of feminist therapy. There is an expectation of competence and personal power from the client and a belief that the female client can become self-directed, independent, and autonomous (Sturdivant, 1980).

Self Disclosure

Self-disclosure by the feminist therapist is often used as a means to decrease power differentials within the therapeutic relationship (Lundy, 1993; Walker, 1990; Wilson & Wykle, 1984). This reduction of the therapist's power can alternately be understood as a deconstructing (Pickering, Schuman, & de Jong, 1995) or demystifying (Walker, 1990) of her role as the expert.

Miriam Greenspan (1986) counters the notion of maintaining professional distance in her article entitled, 'Should Therapists be Personal'. It is her belief that the feminist therapist needs to disclose in order to operate in a real and authentic way. Other therapists who are not necessarily feminist in orientation have measured therapist self disclosure and interpreted it as an indication of "therapist use of self" (Shadley, 1987). Marta Lundy (1993) suggests that self-disclosure enables the therapist to share relevant personal experiences and to join with the client in her therapeutic journey. Often in her self-disclosure the therapist becomes a role model for the female client.

Realistic Role Model

Sturdivant (1980) posits that by operating honestly and spontaneously with clients the therapist functions as a model of a woman relating intimately with other women. She asserts that "the role model of the therapist as a competent - yet human, and thus fallible - woman will teach [clients] that assertiveness and independence do not preclude asking others for help and that in fact it can be a strength to trust others enough to ask for their help"(p. 80). The feminist practitioner also takes on an important modeling function when she is a political and social advocate.

Political and Social Activist/Advocate

Van Den Bergh and Cooper (1986) address the issue of the artificial split between clinical and community work. They propose that the clinical worker take on the activist role. In doing so, Cooper and Van Den Bergh believe that the feminist practitioner breaks free of the constraint of the traditional counselor role.

> This means challenging the sexism, racism, and other prejudices within the service delivery systems, as well as in the larger society. Social workers need to serve as advocates for the individuals and groups that they want to serve. If they do not play that role, then they act as agents of social control by maintaining the status quo (pp. 23,24).

Descriptors of the Feminist Therapeutic Alliance

Feminist therapeutic practice is based upon the practitioner's feminist-informed values. The following are descriptors of the nature of a feminist-based therapeutic alliance:

Non-Pathology Orientation

Walker (1990) contends that the feminist practitioner needs to be non-pathology oriented. Historically, women have been labeled, misdiagnosed and pathologized. The Stone Center literature (1991) asserts that women have been pathologized on the basis of their desire for relatedness instead of separation. It is thus their contention that an alternate understanding of women's development should afford a less pathologizing context for women's therapy. Therapy that is based in the self-in-relation model of development recognizes women's need for connection and their ability to reach a sense of self while in the context of important relationships. Of most importance is the fact that these needs are not pathologized and as a consequence, women are seen to be healthy rather than weak, enmeshed, or unable to be in an autonomous state.

Empathy

According to Wilson and Wykle (1984) empathy is a pre-requisite for effective therapy . The outcome depends on both the client and the therapist. Wilson and Wykle assert that empathy is the ability to put oneself in the place of the other and that this is the starting point for the therapist's ability to begin "where the client is at". Cantor (1990) posits that women are naturally empathic and that often feminist therapists feel like impostors because they do what comes naturally. Alisa S. Michaels (1990) reports that women clients cite empathy as one of the most important characteristics in their choice of therapist. Clearly, women are concerned with the possibility of not being understood, of being misread, and of the possibility of being attended to improperly.

Shared Humanness

In feminist social work practice, there is a recognition that when the practitioner and client enter into the therapeutic relationship, they bring their "personal baggage of values, prejudices, blind spots, weaknesses and strengths" (Reid, 1977, p. 600). They also bring a history of relating to others. It is from this platform of shared humanness that the therapeutic relationship begins and that the feminist therapist operates. It is also obvious that this particular value is implicit in the dialogical and egalitarian nature of the feminist therapeutic exchange. From this stance, any other form of relating would seem incongruent. What is more, when women begin from a place of shared humanness, a sense of feminist solidarity naturally emerges.

Feminist Solidarity

Sturdivant (1980) coined the term "feminist solidarity" to describe a sense of the importance of "women attaining a degree of solidarity together with one another if they are to effect social or individual change" (p. 80). Often feminist therapists prefer group therapy for this reason; nevertheless, the feminist practitioner can foster a sense of solidarity between herself and her client through affirmation of the client experiences. A sense of solidarity is particularly important when discussing issues of feminist concern. Bricker-Jenkins (1991) remarks on the importance of the feminist therapeutic relationship as a template for further interactions. According to Sturdivant, feminist solidarity is akin to consciousness-raising. Through this experience, the feminist practitioner hopes that the client will realize the many patriarchal and androcentric biases that have filtered into her own life and way of thinking.

Authenticity

Claire Brody (1984) discusses the issue of authenticity in feminist practice. She asserts that it is an essential aspect of a successful therapeutic exchange. Brody acknowledges the feigned neutrality of the objective observer and counters it with the notion of the therapist sharing her true feelings and selective experiences. Further, she proposes that the feminist practitioner be undefensive in her presentation of a less than perfect authority.

Friedman (1984) posits that the essence of authenticity is typified in the existential dialogue. Within the context of the therapeutic environment the therapist and client would freely exchange in a spirit of trust. Dialogue occurs as the therapeutic relationship becomes pre-eminent to the separate roles of client and therapist. There is no intentionality in dialogue: that is, it can not be manufactured by the therapist but is rather a product of meeting. The essence of dialogue is temporal and fleeting. Authenticity is merely the by-product of an honest therapeutic exchange. Explicitness and clarity are also associated with authenticity in the therapeutic context.

Explicitness/Clarity and Honesty

Several researchers point to explicitness as the hallmark of feminist therapy (Sturdivant, 1980; Bricker-Jenkins, 1991; Mc Leod, 1994; Lundy, 1993). The feminist practitioner openly identifies her values and continually assesses their impact upon practice. What is more, the client is made conscious of these values and has the right to accept or reject them (Sturdivant, 1980). Implicit to the egalitarian relationship is honesty and forthrightness by the practitioner. The honest therapeutic context is marked by an absence of trickery and deceit. The

therapist's intentions are checked out with the client - there is rarely a "strategic agenda". Palmer (1991) refers to the collaborative process entailed in feminist therapy. She identifies the importance of explicitness and the necessity of collaboration to give the client a sense of control and the knowledge of self-agency.

Desired Therapeutic Outcome in Feminist Therapy: Change

Feminist therapy rejects the adjustment model of mental health and instead proposes that effective therapy brings about change (Sturdivant, 1980). Change can be both personal and political. The following are examples of the kinds of change that occur within the context of feminist therapy.

Self-Definition/Clarity

Integration and self-definition have to do with the client's sense of self. Often clients enter into therapy feeling less than whole. This is especially true regarding their role as women in the current social context. Weick (1987) asserts that "To even imagine that one has the capacity to create a new definition for oneself is a radical act" (p. 226). One of the major goals of feminist therapy is for female clients to come to a truer sense of self (Sturdivant, 1980). This is often accomplished through the client gaining knowledge of the self as a socially constructed being. In the context of the therapeutic relationship and through involvement with other women, the female client can begin to distinguish her own values, goals and desires from those that have been socially imposed. Concomitant to this realization are clarity and often a renewed sense of confidence and competence. Lundy (1993) suggests that clarity is essential to

healing. It is her contention that clarifying issues can prevent the fostering of false dichotomies. Thus, the client who has a larger sense of her own issues is more able to avoid the pitfall of the either/or, good/bad scenario. In other words, clarity allows the client to come to a fuller and more complete self-definition. Often, an increased awareness of self will lead naturally to an increase in a client's sense of autonomy, self-actualization and/or efficacy.

Autonomy, Self-Actualization and/or Efficacy

Sturdivant (1980) contends that feminism is characterized by its insistence that personal autonomy is essential for women. Autonomy can be alternately understood as self-determination and efficacy. Central to all of these concepts is the belief that women can be independent, powerful and can exert personal agency. In other words, there is a belief that women can effect change in their lives and within their personal and societal contexts. According to Bricker-Jenkins (1991), it is the goal of the feminist practitioner to "help women to facilitate the use of individual and collective power, to redefine and restructure their realities" (p. 286). In short, the feminist practitioner is a collaborative agent in the client's emerging sense of autonomy and empowerment.

Empowerment

The feminist literature reflects a great deal of controversy around the term empowerment. Some (Kitzinger, 1992; Myers Avis, 1991) have expressed concern regarding a tendency to change the client to fit the system and to ignore, in the process, structural change. This is not empowerment. Hence, the controversy regarding the use of the word empowerment reflects a growing

tension between practitioners regarding political and social action. Myers Avis (1992) suggests that political action is the backdrop to ethical therapy with women. McLeod (1994) asserts that this false dichotomy between clinical and community work creates the illusion of the specialist. Inherent in this illusion is the fracturing of clinical work from social action.

Empowerment can alternately be understood as changing the client. From this perspective, a woman's goals, beliefs, and values are changed through the process of feminist therapy. Thus, as the client changes, her surrounding context must also change to accommodate her. In other words, social and/or political change is simply the by-product of individual change and is not the goal of the therapy.

Generation of Solutions

In theory all therapy works towards problem resolution. Implied by the act of problem resolution is solution generation. However, often a client can spend numerous years in therapy without generating a solution to her initial concern. Solutions imply action and change (Lundy, 1993). Often the responsibility for generating solutions is placed in the hands of the therapist. She is consequently placed in a precarious position and must strike a balance between her own expertise and her knowledge of the client's own abilities to find a workable solution to the problem (Lundy, 1993). The feminist therapist often models problem-solving for her client and seeks to involve the client in the process. Sturdivant (1980) suggests "one of the most important gains a woman may make in feminist therapy is learning to trust her own decision making and problem-solving skills and to give up accepting others' decisions" (p. 171). Thus, problem-

solving in feminist therapy is part of the dialogical character of the therapeutic alliance and is most often a collaborative effort. Problem solving can not occur in isolation of a vision of the future.

Vision of the Future

Without a vision for the future there is little potential for change. Defining problems and setting goals are inextricably linked; each relates to the other (Lundy, 1993). Setting goals helps the client to recognize change. It also is a means of gauging the effort that is involved on a daily basis in making these changes. The feminist therapist goes beyond a simple goal orientation (Bricker-Jenkins, 1991; Lundy, 1993). Accordingly, she recognizes that the process of change is equally important with the desired therapeutic outcome. She strives toward a balance. She helps to maintain her client's focus on the process of change while encouraging the client toward her goal. Without goals and a sense of working towards something the client may lose hope and become lost or overwhelmed in the therapeutic process.

Consciousness-Raising

Consciousness-raising is not simply the provision of information and analysis. Rather, it evolves as the practitioner creates conditions for the client to develop her own analysis (Bricker-Jenkins, 1991). Often consciousness-raising occurs as the practitioner applies a feminist analysis to the client's presenting problem. Hence, in this act an alternate understanding of the client's situation can emerge. Women typically present owning many issues and generally they are over-responsible and guilty regarding their family and/or individual situations

(Walters, Carter, Papp & Silverstein, 1988). Through the process of consciousness-raising the client analyzes the new information in light of the old. Often the result is a brand new understanding and perspective of her situation. Education is often another means by which consciousness-raising can occur.

Education

Walker (1990) advocates the use of an educative model in conjunction with a healing model. Her primary concern is with women re-learning sex-role socialization. Sturdivant (1980) has alternately referred to this re-learning as a re-socialization process. The therapist takes the role of change agent, facilitating a part of the re-socialization. Walker classifies this role as teacher/facilitator and believes that education by the therapist benefits the client in an "ameliorative rather than reparative way"(p. 82). Thus, as the therapist ameliorates sex-role stereotypes for her client, the client learns and can make choices regarding her own role as a woman in her particular context.

Summary

The feminist helping relationship is egalitarian by nature. The practitioner seeks to foster a dialogical and collaborative relationship with her client. The feminist practitioner is guided by a sense of respect for her client. She recognizes the strengths that the client brings to the therapeutic context and urges her client to capitalize on these strengths during the therapy process. The feminist therapists seeks to be authentic in the therapeutic encounter. Authenticity arises as the therapist enters into an honest and explicit exchange with the client. The goal of feminist therapy is change - both personal and

political. The practitioner facilitates client change in a number ways. She employs educative methods as a means of consciousness-raising. She affirms the client from her own experiences as a women and in this way creates a sense of feminist solidarity. It is from this place of strength that both therapist and client alike can advocate for change at the societal level.

The feminist therapist seeks to create a therapeutic context that is marked by the same feminist-based values that guide the therapeutic process. This is not an easy task. Often, the practitioner comes up against situations that seem to challenge her values, ethics, and practices, making it difficult for her to practice in a way that is congruent with her beliefs. The following section will address these kinds of situations.

Ethical Dilemmas and Feminist Therapeutic Practice

Carol Glassman (1992) "explores the tensions and contradictions between feminist values and ideology and the values and realities that direct practice" (p. 160). Accordingly, Glassman identifies three distinct areas in which dilemmas emerge. To begin, a tension often arises between feminist and professional values. Glassman illustrates this dilemma as she places the social work dictate of being sensitive to culture along side of the feminist position regarding the oppression of women. Quite logically, if a particular culture fosters the oppression of women - the feminist therapist is in a bind.

A second facet of this same dilemma arises when clients "self-determine patriarchy" (i.e.. consciously hold to paternalistic values and perspectives)

(p. 162). A thorough study of the literature indicates that client self-determination is essential to the feminist agenda for social work practice. When the value of client self-determination comes into conflict with the issue of oppression, how does the feminist therapist respond?

Finally, Glassman articulates the dilemma of personal versus professional choices. She cites the case of a feminist practitioner who accommodates to social dictates around the role of women and finds herself in the position of feeling the need to challenge the client on the same issue. From my perspective, this is a dilemma around integrity - can the practitioner authentically challenge the client on an issue that she has yet to resolve? Further, will she be able to see the situation in the client's life?

Admittedly, there are no easy answers to any of these dilemmas. Instead Glassman advocates that practitioners dialogue and self-examine. It is her assertion that "Out of our struggles, we may develop better tools to help clients probe for themselves the meaning and impact of the paradigm" (p.166).

Jo Ann Allen (1993) presents a constructivist perspective on values and ethics in clinical social work practice. Clearly, the essence of Allen's article resonates with the feminist agenda for therapy.

Allen begins by articulating the inseparability of ethics from practice. She counters the notion of a value-free therapy and takes the modernist perception of therapist as expert to task. Congruence between values and practice becomes pre-eminent in Allen's argument. She contends that ethical practice can not exist apart from a congruent therapist stance. Allen posits that a practitioner must be willing to relinquish some of her power and enter into a dialogical relationship with the client - the shift becomes a movement toward an ethic of responsibility. Allen

also discusses the necessity of viewing the client in context and the indivisible nature of politics and therapy.

In sum, Allen (1993) calls the practitioner to take a "long hard look" at the values and ethics that guide her practice. She purports that an ethical stance is necessarily dialogical and collaborative. She calls attention to the inevitability of dilemmas that arise within the postmodern therapeutic context.

The feminist agenda in therapy - the values, beliefs, and aspirations that guide practice, inherently invites the practitioner into the place of ethical practice dilemmas. The feminist social worker is no longer the expert who makes objective judgments and offers curative prescriptions. As a collaborator and facilitator of process, the feminist practitioner must constantly attend to the complexity of thought. She must cultivate the emergence of an alternate knowledge - not hers, not the client's, but the one that is co-constructed in the therapeutic dialogue. This is an inherently political process and will necessarily dictate that the feminist practitioner be open to the negotiation of her personal and professional values within the therapeutic and broader socio-political context.

Summary

The literature that supports the field of feminist therapeutic practice is vast and diverse. Through this literature review the relationship of feminist theory to feminist social work practice has been articulated. What is more, specific models of feminist therapeutic practice have been highlighted.

Essential to a full understanding of the nature of feminist social work practice is an investigation of the helping relationship. In this light, the feminist

therapeutic alliance was explicated from the perspective of its structure, the practitioner's values, and the goals that direct practice.

Finally, from an articulation of the values and goals that direct feminist practice emerges a knowledge of the ethical implications of the practitioner's stance. Accordingly, the literature that articulated the presence of ethical dilemmas in feminist therapeutic practice was reviewed.

This Research in the Context of the Literature

This study "piggy backs" on the literature insofar as feminist practitioner roles, values, and desired therapeutic outcomes will be explicated. As well, practitioner-experienced ethical dilemmas will be examined. It is my hope that this study will not only validate what has been written to date, but that it will also take the investigation of feminist therapeutic practice one step further. There seems to be an absence of literature regarding the process by which feminist practitioners find congruence between their personal/professional values and their role in the therapeutic alliance. To this end, this study will address feminist practitioner perspectives on therapeutic practice and explore how these practitioners have managed to find congruence between their feminist-informed values and their therapeutic practice.

CHAPTER THREE

METHODOLOGY

I think that what was really interesting is that like in any other real conversation, where people listen to each other respectfully, we are at different places than when we first came in. I know that I am. I now realize that I know things that I didn't know that I knew. (Participant One)

Introduction

To study feminist therapeutic practice employing a quantitative framework would be incongruent. In doing so the researcher denies the uniqueness of those whom she interviews. To suggest that women are only a social category denies the individualism of each participant (Reinharz, 1992). Accordingly, the research design that guides this study is qualitative in nature. Specifically I have chosen to integrate feminist research methods (Reinharz, 1992) with a generic approach toward qualitative research (Taylor & Bogdan, 1984).

The following chapter has a four-fold purpose:1) to introduce the principles of qualitative research and to identify the reasons for my choice of a feminist based qualitative research methodology; 2) to outline the basic assumptions upon which feminists conduct research and to specifically examine feminist interview research; 3) to understand the nature of qualitative analysis as a method for data analysis and 4) to chronicle the research process that has unfolded in the course of this study.

Qualitative Research

The age old argument between qualitative and quantitative researchers is reflective of a larger schism between positivist and humanist inquiry. That one approach is methodologically superior to another is more a matter of the circumstances of research, the interests and training of the researcher, and the kinds of material she needs for her theory (Glasser & Strauss, 1967).

Qualitative research may take many forms - grounded theory, field study, and ethnomethodology to mention just three (Woolcot, 1990). Inherent in all qualitative methodology is a set of assumptions or principles that guide the research process.

Twelve Assumptions Inherent in Qualitative Research

According to Taylor and Bogdan (1984) there are ten assumptions inherent in qualitative research. To begin, they believe that concepts are developed from patterns that emerge from the data and are not directed by a priori assumptions, hypotheses, or theories. In other words, "qualitative research is inductive" (p. 5). The qualitative researcher is concerned with context. "People, settings, or groups are not reduced to variables, but are viewed as a whole" (p.6).

When interviewing, the qualitative researcher participates in the process in a natural and sensitive way. Interviews are more like conversations and less like a "formal question and answer exchange" (p.6); moreover, it is Taylor and Bogdan's contention that qualitative research is phenomenological: the

researcher attempts to understand people from "their own frame of reference" (p.6). It is impossible to take part in the interview process and to remain an objective observer.

When conducting research, the qualitative researcher takes nothing for granted. "Everything is a subject matter of inquiry" (p.6). All predispositions, perspectives or beliefs are set aside by the researcher at the beginning of the research process. The object of qualitative research is "a detailed understanding of other people's perspectives", not the discovery of truth. What is more, all people's perspectives are valuable and as such are deemed equally important (p.6).

Qualitative research is humanistic by nature. "When we reduce people's words and acts to statistical equations, we lose sight of the human side of social life. When we study people qualitatively, we get to know them personally..." (p.7).

In contrast to the quantitative researcher's concern for reliability, the qualitative researcher strives for validity. Her concern is "to ensure a tight fit between the data and what people actually say and do" (p.7). Accordingly, all settings and people are worthy of study - "there is no aspect of social life that is too mundane or trivial to be studied" (p.8).

Finally, Taylor and Bogdan believe that qualitative research is a "craft". The researcher is the craftsperson who follows guidelines but not rules. "The methods serve the researcher; the researcher is never a slave to procedure or technique" (p.8).

To this list of ten assumptions, Anslem L. Strauss (1987) would add two more. First, "without grounding in the data, theory is speculative and hence

ineffective" and second, social phenomena are complex and as such, require a "complex grounded theory" (p. 1).

Feminist Based Qualitative Research

The "Heart" of Feminist Research

Driscoll and Mc Farland (1989), in their article entitled "The Impact of a Feminist Perspective on Research Methodologies", note that feminist researchers concern themselves with three key areas. Accordingly, feminist researchers are cognizant of "the power relationship between the researcher and the subjects of research, the validity and importance of women's experiences, and the assumptions built into established techniques of data collection and analysis" (p. 185).

Judith A. Cook and Mary Margaret Fonow (1990) have also concerned themselves with the feminist research process and have identified five basic epistemological principles supporting its process.

To begin, they note the necessity of "continuously and reflexively attending to the significance of gender as a basic feature of all social life" (p. 72). They assert that by doing so, the researcher brings women's realities into sharper focus.

Cook and Fonow (1990) emphasize the centrality of consciousness-raising as a specific methodological tool. They challenge the norm of researcher neutrality and objectivity and the notion that somehow the grounded experience of research is unscientific.

Cook and Fonow (1990) assert that ethical feminist research is undertaken with the recognition of the possible exploitation of women as objects of knowledge. Feminist researchers must not view participants in this manner, but must be committed to a process that allows knowledge to emerge in such a way that participants derive benefit from it. Additionally, the researcher must be committed to not withholding information (i.e., using deceit or trickery) from the participants. Finally, the authors emphasize the importance of the empowerment of women and the transformation of patriarchal institutions through research.

In short, it is apparent that Driscoll and Mc Farland (1989) and Cook and Fonow (1990) do not present the driving force behind feminist research as reliability and validity in its conventional form. Rather, there is an apparent emphasis on the values and ethics behind the research process and an assurance that the research process is characterized and guided by these same values. Equally important is the researcher's commitment to changing the social context that marginalizes those who are participating in the research process. According to Maria Mies (1991), the intention and goals of feminist research should be consistent with the feminist movement. She contends that research conducted by feminist researchers should, in effect, be integrated into "social and political action for the emancipation of women" (p. 6).

Reasons For My Choice of A Feminist-Based Qualitative Research Methodology

My choice of research methodology was dictated by my topic of investigation and by my own values as a woman and as a researcher. Apart from

these very basic criteria, several other concerns directed my choice of research methodology.

It was my intention to focus on the uniqueness of feminist practice. In this light, it was necessary that I find a form that allowed for uniqueness to emerge. Had I begun with a generalized assumption about feminist practice or the dilemmas encountered by feminist practitioners, I would have alienated the participants from the particularity of their own experiences. Accordingly, my choice of a feminist based qualitative study allowed for conversation to occur naturally; what is more, the emergence of the data was unencumbered by a set of preconceived variables.

Although all those interviewed for this study had achieved at least a graduate level of education, they were nevertheless marginalized by virtue of their gender. Accordingly, it was my desire to give voice to the feminist practitioner as a member of an often silenced and reified minority.

Not only was I concerned that feminist practitioners be given voice, but I desired to integrate the practitioner's voice with my own as much as possible. Consequently, I needed to employ a research form that would permit the incorporation of participant quotes with my own descriptives.

Finally, as a researcher I was conscious of not taking an expert position. What is more, as a novice clinician I would have thought it inappropriate to represent myself as someone with comparable experience and/or insight. Most of those interviewed for this thesis had numerous years of practice experience and many had held to feminist values since before I was born. Through the use of open-ended, semi-structured interviews I was able to avoid the hierarchical

nature of a question and answer format. In addition, with no hypothesis to defend, I was able to relax and let the interview take its course.

Feminist Interview Research

The principles that guide feminist research are central to the feminist interview format. Shulamit Reinharz (1992) in her book entitled Feminist Methods In Social Research devotes an entire chapter to the subject of feminist interview research. In her discourse on this subject she discusses the issues of trust, researcher self-disclosure and versatility/variation. To this list I would add the issues of researcher subjectivity and participatory research and negotiated outcomes.

Trust

It is imperative that mutual trust be fostered through the interview dialogue. The researcher must trust that what the participant is conveying is the truth; similarly, the participant must deem the researcher safe and worthy of confiding in. Reinharz (1992) offers several suggestions to create an atmosphere that is safe for both the researcher and the participant. She suggests that the researcher begin by asking questions that allow the participant to "warm up" and get comfortable with the process. Further, she advocates a commitment on the part of the researcher to form an alliance with the participant and to listen respectfully.

Throughout the course of the conversations that emerged from my own interview format I was aware of things such as body language, tone of voice, and posture. I also prefaced many of my questions in such a way as to let the

participant know that they needed to disclose only that which felt comfortable. In one particular instance I noticed an incongruence between what the participant had told me earlier in the interview and what she had just said. In order to continue in the trust that had been established I opted to attribute this discrepancy to an increase in comfort and not an attempt at deceit. In hindsight I still believe this to be true and have understood this later disclosure to be an indication of the trust that was established between the participant and myself.

Researcher Self-Disclosure

Reinharz (1992) gives both positive and negative examples of the use of researcher self-disclosure. As a positive, she states that "researcher self-disclosure often put the women at ease" (p. 32). As a consequence, participants often feel free to self- disclose. Bristow and Esper (1988) in their paper entitled "A Feminist Research Ethos" coin the existential term "true dialogue" to characterize the nature of participatory research. It is their assertion that "self-disclosure (on the part of the researcher) initiates true dialogue by allowing participants to become co-researchers" (p. 71).

As a negative, Reinharz (1992) cites the example of an interviewee who felt the need to self-censor on the basis of what the researcher had disclosed. What is more, this same interviewee communicated that she felt the researcher's self-disclosure was a function of her own need to disclose and had nothing to do with "the interviewee's need to know about the researcher" (p.33). As a caution, Reinharz advocates the pacing of researcher self-disclosure and makes it a matter of discretion and sensitivity.

Versatility and Variation In Interview Format

Due to the often unstructured manner of the feminist interview format the researcher must be willing to be patient and allow the interview to take its course. Reinharz (1992) posits that often researchers do not have a set of questions and come only with a few prompts or a set of general topics about which they desire to converse. The length of time, the setting, and whether or not the participant has been previously known to the researcher are all factors that are left to the interviewers' discretion. Generally it is recommended that questions be posed in an open-ended fashion.

An interesting issue among feminist interviewers is the topic of digression; namely, can there be such a thing in a feminist based interview? Susan Yeandle (1984) values digression as much as the core concepts, opting more for an interviewee-guided conversation. In my own research I struggled with this issue. I was aware that at times I was conscious of time constraints. In the end each conversation found its own ending and, surprisingly, commonalties emerged from these experiences.

Researcher Subjectivity

Acker, Barry and Esseveldl (1991) challenge the patriarchal notion of the detached and neutral observer. It is their contention that the researcher must enter into a dialogue with the researched and that whenever possible there be a collaborative structure. Further, they assert that the research will not be tainted by the researcher's subjectivity. Rather, they posit that research fashioned after scientific principles with its supposed objectivity merely reflects the position of the

knower. In contrast, research directed by an egalitarian stance between researcher and participant can actually reflect both realities.

Participatory Research/Negotiated Outcomes

Sullivan (1984) and Lincoln and Guba (1985) present the notion of "negotiated outcomes" as a crucial aspect of participatory research. Sullivan (1984) makes this statement:

> "Since a social scientific account of human action is concerned with delineating the conditions and interests that entered into the constituting of the project, it would simply appear courteous, at least, to clear the account with those whose project has been interpreted. In other words, the interpreted must be able to identify themselves in the account given" (p. 146).

Given the collaborative and dialogical nature of the feminist based interview format, it would seem logical that the researcher verify her findings with the participants of the study. After all, as Bristow and Esper (1988) have indicated, the nature of participatory research is such that the participant becomes a co-researcher in the process. Katherine Borland (1991) notes the "reflexivity" required in the process of negotiated outcomes. It is her contention that we, as feminist researchers, must not refrain from interpretation of accounts; rather, she suggests that we extend the conversations, and increase the richness of our findings "through a sensitive negotiation of interpretive authority in research" (p. 73).

A Chronology Of The Research Process

Recruitment of Participants

Eight participants were recruited through a snowballing technique. Once identified as a potential participant, the respondent was contacted by phone and invited to participate. The phone call entailed an identification of myself as the researcher and my affiliation with Wilfrid Laurier University and the Faculty of Social Work. The stated purpose of my call was to introduce the study, its purpose and focus and to inquire about participation in the study. I had only one potential participant decline due to an already overwhelming schedule.

Participants

This study had as its focus an investigation of feminist therapeutic practice. Accordingly, all those interviewed for this study were feminist practitioners with a minimum of at least an undergraduate education. The educational backgrounds of the participants reflected the disciplines of social work, adult education, and medicine. Participant ages ranged from approximately twenty-six to fifty-seven years and practice experience ranged from just two school-associated practicum placements to thirty plus years in the field. While the sample was not considered random or representational by any means, I was conscious of giving voice to women of varying age, ethnicity, socio-economic status, practice experience, and orientation (both professional and sexual). Consequently, the sample was composed of six white women and two women of color. Professionally, participants held to the following theoretical orientations: narrative, constructivist, self-psychology, eclectic systems-based family therapy,

and eclectic psycho-dynamic based therapy. Two participants were lesbians, the other six were heterosexual in orientation.

The Consent Form

Once agreement had been obtained, a consent form (please see Appendix A for a copy) was sent to the participant. Due to the detailed nature of the consent form, it provided additional information about the study. In addition, the consent form outlined the conditions for participation in the study (i.e. the approximate length of interview time and the possibility of a second interview) and secured approval for both the taping and transcribing of the dialogue.

As a researcher I was concerned that participants be informed before consenting to participation in the study. As a result, a series of eight statements were included informing participants of their rights. Finally, it was agreed that the consent form would be returned to me at the beginning of the scheduled interview.

Ethical Considerations

There were no known risks to participants and no attempt on my part to use deceit or trickery. There was no perceived power differential between myself and those interviewed. Participants were free to interrupt the interview process at any point and could ask for clarification about any questions asked. All participants were ensured complete confidentiality by both myself and by the transcriber (who only had knowledge of participant pseudonyms). The benefits to the participants included the opportunity to gain a sense of personal and

professional validation and the opportunity for increased self and professional awareness.

The Interview Process

Approximately one week after the consent form was sent I called the participant to arrange a mutually acceptable interview time. All participants consented to being interviewed at their place of work with the exception of three. Two participants were interviewed at their respective university library, while another was interviewed at her home.

The interviews followed a consistent format. All began with a review of the participant's right to stop the process at any point and to decline the answering of any question that felt uncomfortable. In addition, participants were reminded about the taping and were asked to provide a pseudonym if they so desired. Tapes were filed and transcribed under the respective participant's pseudonym. Only two participants opted to take pseudonyms, the others asked that their initials be used.

In order to "break the ice" I shared a little bit about who I was and my motivation for the study. I also asked if there was anything that the participant needed to know about me before we began.

The Interview Guide

Most interviews lasted between sixty and eighty minutes. All interviews were semi-structured and most questions were asked in an open-ended fashion. It was my intention to dialogue about three separate areas (see Appendix B, for a copy of the interview guide). Accordingly, participants were asked to share their

perspectives on feminism, power, and feminist practice. One further topic for discussion that naturally emerged from a conversation about feminist practice was the issue of dilemmas. If in fact this topic did not naturally arise, I introduced it. This was done in accordance with my original intent to discover if the inherent power differential between the therapist and the client came into conflict with practitioner, feminist-informed values.

Negotiated Outcomes

Once the transcripts were coded, participants were given the opportunity to review them. Five of eight participants reviewed transcripts and offered no feedback. The three remaining participants opted to review only the final draft of the results section of the completed thesis. The determinants in this decision seemed to be participant time constraints and my desire to allow participant perspectives to drive the research. All participants will be sent a copy of the discussion chapter once the final revisions have been completed.

Data Analysis

Taylor and Bogdan (1984) subscribe to a form of data analysis that is on-going and based upon developing an in-depth understanding of the people under study. They state:

> The phenomenological perspective is central to our conception of qualitative methodology.... The phenomenologist views human behavior, what people say and do as a product of how people define their world. The task of the phenomenologist and, for us, the qualitative methodologist, is to capture this process of interpretation.

Taylor and Bogdan (1984) advocate that the researcher read and re-read the data. They recommend that themes, hunches, interpretations and ideas be noted. Similarly, they assert that the researcher look for emerging themes which could be used to direct the researcher's questioning. They emphasize paying attention to negative cases as a way of redirecting thematic and theoretical development.

If helpful, the researcher can construct typologies or classification schemes. Typologies and/or classification schemes are often helpful in the development of concepts and theory. Once the researcher has a sense of concepts and has developed some theoretical propositions, the research moves from being descriptive toward interpretation. As the researcher is working with the data, pertinent literature should be read and consulted.

My own research process held loosely to the outline that Taylor and Bogdan (1984) suggest. Because I ended up doing a lot of my own transcribing, this was actually the place where I got the best sense of some of the re-occurring themes, concepts and constructs. The transcribing of tapes was completed on an ongoing basis, generally within a week of the completed interview. Once transcribed, interviews were re-read for accuracy, spell checked, paginated, and put into a format that was amenable to coding. I chose to use a two column format, one column for the transcription and the other for my comments, thoughts and codes. Coding was also an ongoing process usually completed within a day of the interview being transcribed. When actually coding, I began by using three broad categories - the same three categories that I formulated my interview guide upon. As the analysis continued another two broader categories emerged. In the final stage of analysis, I cut up the transcripts and placed them in envelopes

according to similarity in statements. As an example, one envelope contained statements that reflected the development of a feminist consciousness. These statements were further divided according to formative influences. As a result of this process, this part of the data set was interpreted as reflective of the theme of feminism, the category of the development of a feminist consciousness and sub-categories of formative influences: family, education, employment, and reading. .

A final analysis of the data took place over four days. The results of this analysis are found in the following chapter and have been arranged thematically under the following headings: Feminism; Power; Feminist Social Work Practice; Statements Reflecting Congruence Between Practitioner Values and Therapeutic Practice; and Dilemmas.

CHAPTER FOUR

FINDINGS

To put it most simply, feminist practice - and any book that purports to document and explain it - must always be considered a "work in progress". Thus we attempt within the limitation imposed by the medium of the printed word to engage the reader in a dialogue and a co-creative process.... What we can do , is offer another set of truths ... that may help illuminate the practice arena from a different angle. (Jenkins, Hooyman and Gottlieb, 1991, p. 5)

Introduction

In this chapter I will present the findings of this study. The analysis of transcripts revealed that dialogues centered around five areas: feminism; power; feminist social work practice ; evidence of congruence between therapeutic practice and practitioner beliefs; and practitioner experience with practice related dilemmas.

Feminism

The Development of a Feminist Consciousness

All of the participants identified formative influences and experiences with regard to their being a feminist.

Family

For most, family was identified as the place where they got their first sense of socialized gender roles and expectations. A participant reported:

> I am wondering if my feminism is more of a backlash towards my parents - you know, wanting to individuate and separate and be who I was, choosing very consciously to eliminate certain ideas that they held and socialized me with. So it was a form of re-socializing myself.

Another participant, the eldest of nine children, was motivated to go to university because she had been told that there was only enough money to send her brother, She recalled:

> I was going to an all girls Catholic school and one of the nuns said "you should go to university". So I came home and said "I'm going to university" and my mother said that I couldn't go because my brother had to go and they couldn't afford to send both of us - so of course I was going to go then.

Not all participants were brought up in homes that subscribed to traditional gender roles and expectations. One participant recounted the influential role that her father played in her choice to become a doctor and not a nurse:

> I know many women who are my age that went into nursing, that's what you did if you were interested in medicine. It was simply because their families and no one else ever said why would you choose nursing, you are capable of medicine. My dad asked me that question when I was in grade ten - it was just a simple question but a question can open up a possibility.

This same participant credited her parents with instilling a desire for justice and equality within her, and for modeling a sense of purpose and conviction even if it meant "civil disobedience".

The Academic Context

The academic context was also noted as being highly influential to the development of the participants' feminist consciousness. One woman shared:

> I think that what really created the most struggle for me was in the Masters program, where I saw a lot of the injustices in the school, just hearing how students struggled and their feelings about themselves in the program. I didn't want to believe that these things [racism, sexism] existed.

Another participant shared that a lot of her consciousness-raising happened because feminists on campus were talking about issues that she felt "made sense" and that she had "not been able to name". She also expressed gratitude for professors who gave a "fresh perspective on women's issues" and who avoided "the mainstream garbage".

While in medical school, one of the participants was questioned regarding her loyalties:

> My mostly male colleagues and professors would always raise those terrible questions that were brought into medical schools in those days, you know the ones like 'if you were a famous surgeon and your child needed you and your patient needed you, what would you do?. A lot of the male hierarchy were very uncomfortable with women in those days.

The Employment Context

Employment experiences were equally informative for participants. Another woman recounted a remarkably similar situation with another male hierarchy:

> So I was at that point a Director of Family Services...but I resigned from that and started to work half-time so that I could be with my kids. I started to see how it is that women could at age forty-five end up with disparate incomes to the men whom they at one time had been equal with... It was also very clear to me that as soon as I got pregnant, the male hierarchy were relieved. It was like they said "whew, we don't have to put up with her anymore - she is not a force in this organization because she has gone and done that lady thing".

Mothering

Implied in both of the above examples are issues with mothering. One particular participant was very vocal about how her feminist consciousness was raised through the birth of her child:

> This impossible thing that I had thought, no way! had just worked and there was this lovely little baby who was absolutely perfect. And I realized absolutely and clearly that this was the first time I felt that my body was absolutely perfect ... and I had this comparison of this really functional body that does really wonderful work with what I had been told that the body was - always a site of lacking. I knew for the first time that something was wrong, something was drastically wrong when I had been controlled in my body in those kinds of ways.

Another participant recounted how her awareness of gender issues increased as a result of having children:

> There was always this feeling, although my partner is really sensitive and helpful - the division is still there ... I think it is the way that we were brought up, we feel we are the better nurturers and caregivers and that puts the burden further on us ... So I identified firmly with gender issues around child bearing and all of those other things.

Reading Feminist Literature

One final influence that was identified as formative by a number of the participants was reading. A participant revealed :

> during high school and my undergrad I started reading a lot of black feminist stuff and started to come to a point of healing - just to know that my situation was not uncommon to a lot of black women.

The feminist therapeutic literature was very influential for another participant. She shared how in fact, the literature concretized and "made explicit, some of the things that [she] had often thought, things that were important to therapy".

Practitioner Definitions of Feminism

Equality and Justice

Common to all definitions of feminism were the notions of equality and justice. This was evidenced in the following participant statements:

> A real rough definition for me personally would have to be trying to find some sort of sense of justice and equality in the macro perspective...

> I believe one needs to value difference, not just dilute it, so that I would look at feminism as being a movement to further women, equity, and justice in society.

A Movement on Behalf of Oppressed People

The idea of feminism being a movement that gives voice to and works for the oppressed and dis-empowered was also evident in the participants' definitions. This can be clearly heard in the words of one of the younger participants, who challenged feminists to go beyond just the labeling of oppression:

> Essentially feminism to me means that all people deserve to be treated with respect and that any kind of oppression is wrong. I mean no one is going to argue that there isn't evidence that oppression hurts people. And I just think that feminism is about recognizing that oppression, labeling for what it is and looking for ways to ... actively do something about oppression in terms of dismantling it, in terms of working against it. A lot of people will sort of just think feminist and they will be able to recognize it [oppression] , but then that is where it ends.

In defining the parameters of feminism as a movement for women, one woman qualified her statement by identifying who she meant when she referred to women. She asserted, "this would include poor women and non-white women, a movement where dis-empowered groups can find a voice. Another participant speculated that feminism provided a place for those who felt vulnerable or oppressed to find safety. She shared:

> I mean one of the things about an oppressed people is that by sticking together, they have at least some protection or at least a feeling of protection and sometimes a voice.

A second participant similarly stated that women often come to feminism by virtue of struggle with some form of oppression and that feminism allows women to "come to terms with [their struggle] ... with a group of people who would be understanding and appreciative".

A Forum for the Practitioner to Air Her Views

Feminism not only offered an arena for the oppressed to find a voice, it also provided the forum for social work professionals to air their views. Practitioners identified feminism as a vehicle to address the dichotomy between clinical and community social work practice:

> Look at the way they do the education, they split it up. You're doing clinical or you are doing community development/social planning. I mean the split is perpetuated in the education of it and that's exactly in terms of where feminism has taken us - it's really challenged that split.

Another woman reflected on her attempt to challenge the split, citing her feminist principles for the refusal:

> Well I was able to do that in the [Masters] program. I refused to identify myself as a clinician or a community worker and [student placement coordinator] had a hard time with me - to place me, but that was how I did my work.

This same participant identified feminism as a platform to speak to issues other than sexism. Her sincerity and commitment to a broader definition of feminism is echoed in her words:

> I think feminism allows me to meet and mix with other women who have thought similarly but, and this is a big but, with this struggle to allow them to really further their understanding around race issues. So there was always a but in terms of my relationship with other women who call themselves feminists because they weren't aware at all of the issues around race and that's been my agenda....sometimes you have to sell yourself out, in order to get in and then bring the issues with [you] and hope that they'll be heard and heard in such a way as it counts.

The Deconstructive Nature of Feminism

Finally, a number of women shared that feminism had concretized their experiences with their families, institutions, and societies. As such, they identified feminism as being "deconstructive" and as providing a space for "consciousness-raising".

Attraction to Feminism as a Framework for Practice

Personal Meaning for the Practitioner

Quite clearly, all participants identified with feminism because it had personal meaning in their lives. The most common explanation provided was that "it fit". This was evidenced in the following excerpts taken from participant quotes:

> ... This feminist stuff, it's sort of like hearing it and thinking, yeah! it's what I've been thinking all this time and it really fits.
>
> ... I really gravitated into lots of feminist analyses and feminist understanding of things because those really fit with my own experiences of the world.

The Feminist Analysis Provides Understanding for All Women

It was often from these "aha" experiences that practitioners gained a sense of the utility of feminism as a framework for feminist therapeutic practice. For example, the participant who reflected on how the feminist understanding of things really fit with her own experiences of the world added that: "it clearly went beyond that to other women's experiences as well". A similar experience was shared by another participant:

> I think that for me it was needing to find some sort of balance in all aspects of my personal life, like a power balance and then I tried to apply that to all other aspects of my life and to my soon-to-be professional life in counselling people - I hope to try to help them [the clients] to eradicate some of the bad pieces of power that are within [their] relationships.

The Utility of Specific Feminist Principles

Other women saw utility in feminist principles, believing them to be valuable as a basis for working with their clients:

MUTUALITY AND EMPOWERMENT

> I think, I suppose that the couples therapy that I do is based on the concepts integrated in mutuality ... and in individual therapy that's supposed to be a value and I think ... a sense of empowerment or ethic is probably the basis of mental health ... so people can be assisted to find a greater self-fulfillment, to develop a sense of greater confidence, to be able to elicit what they need from other people and to be able to accomplish tasks that are meaningful to them.

RESPECT

Respect was another feminist value mentioned by participants as important to social work practice:

> ... like I think the feminist ideology is all about respecting women, essentially that is the core - respecting women for who they are, asking what their thoughts would be. And I think that, that is brought into the therapeutic interaction in terms of the therapist respecting the client - regardless of whether or not you agree with their stand. They have the right to believe [what they want].

THE FEMINIST ANALYSIS OF POWER

A final example concerns the feminist analysis of power relationships and its usefulness as part of the feminist agenda for counselling. A participant asserts:

> the feminist analysis provides a really powerful analysis that at least takes into account that there are power relations and that power matters. I mean we all know it matters, but when it's invisible, then you can't speak of it.

Practitioner Reservations and/or Cautions Regarding Feminism

Reservation Regarding A Perceived White, Euro-Centric Bias

Many of the women interviewed expressed caution or reservations regarding the feminist framework. Many perceived a "white, euro-centric bias". One participant directly stated that she refused to identify herself as a feminist practitioner for these reasons. Others questioned the current feminist writing which was identified as: "... libertarian and a sort of highly individualized feminism; a very Caucasian oriented, middle-class educated perspective". This was alternately expressed in the following participant quote:

> I think that in recognizing history, feminism with black women was certainly there way back when - before the movement with the pioneers in feminism came about. I really recognize the good work that's been done because of the pioneers of the field, you know white, black, third world countries and so on. So I do not want to divorce myself from that at all. I would like to incorporate all of these, but for now, ... the literature for instance is predominantly around sexism, when for women of color, sexism is probably not the first oppression that I would identify.

Caution Regarding Alienation Within the Feminist Movement

Another reservation regarding feminism concerned the practitioner's feeling of being alienated or being made to feel guilty by the feminist movement. This was evident in the words of one practitioner who recalled:

> Even among feminists you find the same sort of rhetoric. You know if you don't read this book, if you are not up to date on this particular new idea, then you really feel marginalized within feminist circles. So that sort of alienates me from others.

In a similar conversation with another participant we talked about the "if you are not for us, you are against us" attitude amongst some feminists that can lead to feelings of guilt and ultimately to practitioners questioning whether they are "feminist enough".

Caution Regarding The Promotion Of A Victim Mentality

One participant took issue with the "victim mentality" that she perceived as possibly arising from some feminist positions. She asserted:

> ... as long as we go around with this little victim mentality about "they've got all the power and we can't do anything about it"... I mean what a crock .... It's not that there isn't some truth in that, yes the whole structure is set up blah, blah, blah, but I mean you can move in ways against that.

Caution Regarding Feminists Becoming The Oppressors

A second participant felt equally vehement about the possibility of the oppressed "rising to oppress the next generation". She expressed:

> One thing that worries me is that um, some of them [feminists] are sounding more like it is a grab for power and so the sharing of power - I want my son to have equal opportunities too. I mean I think that he will, but none the less, philosophically I feel that everybody needs to be on the same playing field."

Summary

Clearly, participants developed a feminist consciousness through interaction with their families, through educational experiences, in employment settings, and through reading feminist literature. These were formative experiences. The personal values and beliefs that the participants held regarding feminism reflected a connection to these consciousness-raising experiences. The terms equality, respect, and justice were synonymous with practitioner definitions of feminism. Ironically even the practitioner's reservations with feminism reflected concern with these same values. As a framework for therapy, participants were drawn by the utility of the feminist analysis and by the values that support the feminist position.

Power

General Perspectives on Power

Practitioner Acknowledgment Of Formal And Informal Power

The following quotes reflect an acknowledgment of formal and informal power:

> I started off certainly dismissing power and was sort of more level playing field and all that business - egalitarian stuff - both therapeutic and institutional power as well. I mean you certainly gain a better understanding of that later ... about how men view themselves in the world and then accordingly treat other people including women . I have been on this board of a shelter and you get a sense of the destructive nature of power - not just formal power but informal as well. It can be just as destructive.
>
> I think of my own family, just the power that my parents had over me as a child and sometimes as a women too.... And a lot of it is coming back, it is interesting. That is what I would think of, the abuse that is a blatant overt form of abusing power.
>
> Most power resides in money, status, institutions, positions in professions, access to resources which would include for instance, the old boys' network The old boys' network is a relatively undefined access to power.

Power As The Ability To Influence

Power was also perceived more positively by some. One practitioner equated power with the ability to influence:

> in a simple minded way, I see power as a way to influence your own life and the life of others, and so that the more you are able to do that, the more power you have.

Another participant, who was also a psychiatrist, recognized that she had a unique platform to speak from regarding women's issues. She acknowledged that her position as a medical professional afforded her "perhaps a little more

voice". She did, however, qualify her statement by recognizing that she still had less voice then her male colleagues.

Practitioner Experiences With Hierarchies

Hierarchies as Limiting of Social Work Practice

For the most part, hierarchies were seen to be power structures that were limiting to the feminist social worker's freedom to practice as she so desired. Two participants spoke of their interactions with medical hierarchies. One therapist who had worked in and out of medical settings for eighteen years stated:

> My experience out there is that most people don't talk about feminism in hospital or agency settings. So that it was not talked about and I think the male, usually medical people were somewhat threatened by the notion.... In one sense you didn't want to threaten male medical people too much so I think although I probably would have always considered myself to be a feminist, I would probably have to say probably I was more of a closet feminist.

A second participant shared about her experience as a feminist and social worker in a hospital setting:

> I was in a hospital and I had a male supervisor.... He would say, so how is it going and I would say this is the approach that I am using and this is how I validate the approach, it fits under feminist thinking and so on and so forth. But there are certain things that I think I would challenge more in therapy if I thought that I would be supported in doing so. ...I was working with children in this setting and there was a three-year-old girl with her mom and there was obviously abuse going on between the mom and the

> dad and I would have, because I am a feminist and because I think a feminist therapist should challenge this... sort of just look at the issue rather than going oh, okay but we are looking at your daughter right now ... I didn't feel free to look at that and discuss it with my supervisor - not that he would not see it as an issue to be addressed. I mean he thought it should be addressed, but only to a certain point.

Another practitioner recounted an agency experience that was limiting of her style and chosen way of working as a feminist practitioner:

> I'm talking of my experiences with a counselling agency, where there's pressure to see people, to have big case loads, and then you don't have time to develop those kinds of relationships where there could be meaningful change ... it's like a treadmill.

One woman after recounting a particularly painful experience with a hierarchy recognized the value in her experience. She shared:

> ... and I had absolutely no voice for a while, not a squeak. So that was a very, very growing experience - no pain, no gain applied there. But in the end of this experience I considered myself lucky to have had it. Until that point in time, I had no sense of being limited in my personal power and that was something that I will never forget.

Practitioner Views Regarding Women and Power

Women As Possessing Power

Participants held varying views regarding women and power. A similar perspective was shared by two women who preferred to view women as possessing power. Both acknowledged the presence of hierarchies as limiting of

women's power, they nevertheless chose to focus on whatever amount of power their female clients possessed and the personal agency that it afforded them. One woman shared:

> I have a position that people have power, if they don't, where do I move when working with women ... how can they make changes if they don't have the sense that they have power or that they can exercise power?

The Vulnerability Of Women

Financial limitations and an institutionalizing of male power were perceived as placing women in a vulnerable position:

> ... I guess in my books, the biggest one [power unbalance] is that women are often at a disadvantage to some extent, probably the base of the problem is financial and secondly it is the product of child rearing. Women are dependent and vulnerable, they want to do good jobs as mothers... I mean I don't know how many times I've heard in terms of child support payments, the power that goes into that , giving, withholding, begging... and some of that power has been institutionalized in the system... there are two lawyers, one is the mother's, and she has got to be the keeper of the children's interests, and the other is the father's - as if the mother's and children's interests are synonymous.

Women's Discomfort With Power

One participant shared her explanation of what she perceived as women's discomfort with power:

> I think that women are very nervous about their power, I mean that you are seen as a ball-busting bitch or an aggressive so and so... I think about all of the messages that I got as a kid about don't say that you are smart, I mean if you are out with the guys and they ask you how you did on that math test, don't tell them that you got a ninety-five, it wasn't cool. It was as if somehow it was going to interfere with their potency...

This same women speculated about the lack of women in leadership positions in the social work profession. She questioned:

> Why in social work of all professions are women not involved [in power]? Why are women not running agencies? Why is it that the fifteen percent of social workers who are male are minding the store? I mean there is some avoidance of it [power]. Maybe it's because we don't like the way that things have been structured.

Practitioner Perspectives on Power and the Helping Relationship

The Hierarchical Nature of the Therapeutic Alliance

The hierarchical nature of the therapeutic alliance is articulated in the following statements:

> No question, I still feel I always have more power, I get paid to do this...
>
> In therapy I am very aware of the power imbalance that is there...
>
> I suppose that there is something in the therapeutic relationship that you can't get away from that is a power differential. The question is how much?...
>
> Feminism is for me about respecting people, you can respect people but that does not mean that there is no power hierarchy there... I really believe

> that everyone should recognize that in the therapeutic interaction there is power. The therapist has power, the client does not.
>
> I think that there is a hierarchy, even if it's a little one.
>
> I mean I don't think of it as we are equal. I am there to do a job - I feel very, I take that very seriously. I mean I don't think that I can just cruise in there and sit back and do nothing. I am working, I am thinking, I am wondering and I am challenging...
>
> That's right, there is a lot more power and a lot more privilege and I think that until we begin to recognize the privilege that we enjoy, we can not say that we understand...

One practitioner added this sobering thought to the therapist's recognition of her power in the helping relationship. She shared:

> I mean the other part of that is I think that we sometimes overestimate how much power we have... because people make decisions about their lives and if I say "I think you should do this", I don't delude myself into thinking that O.K. now she's going to go and do that.

The Reduction of Power Differentials

Along with an acknowledgment of the hierarchical nature of the helping relationship and the practitioner's power, participants offered examples of how they consciously tried to reduce power differentials with their clients.

CLIENT BODY LANGUAGE AS AN INDEX OF PRACTITIONER POWER

An interesting example was brought forth in discussion by one of the participants. Not only was she a therapist but she also had to deal with the additional sense of power that comes with being a doctor, She recalled:

> Well one of the things that I do regularly is watch the client's body language because it guides me to when I am beginning to be the expert.... As soon as I begin to take on that expert role they [the clients] start to grip their chairs or they withdraw or tighten up. So I started to watch for that and when I noticed it, I would deconstruct what just happened. If a woman started tightening up her shoulders I might say "but you probably already knew that didn't you"...

SELF-DISCLOSURE

Self-disclosure was commonly used as a means to reduce power differentials:

> ... like self-disclosure, I use a lot of it...
>
> I would probably do more self-disclosures than the classical therapist would perhaps say necessary. At the same time I am pretty careful about self-disclosure as well. I mean I will identify myself as a feminist which you shouldn't do, right?

THE NON-EXPERT THERAPEUTIC STANCE

Other participants took the perspective of the non-expert and fostered a collaborative or dialogical relationship with their clients. They felt that this was the best way to give the client a sense of power. For example one participant recalled:

> I just kept reminding them that I think it is their problem and that they have to come up with the solution, and I'll help and that I don't have all the answers. I remind them that it is my job to help them find the solutions.

The Constructive Use of Practitioner Power

The data suggest that across all interviews, practitioners recounted times when they used their power as the expert. It is important to note that in each incident, practitioners believed that their use of power was constructive and not destructive.

DIAGNOSIS

A practitioner shared how she used diagnosis as an opportunity to empower families:

> ...diagnosis becomes a way, as much as we really want to resist issues of labeling, it becomes a way of naming their [the client's] reality. That there is something wrong... As the therapist we can then work through questions and value conflicts around medicine with the family in quite empowering ways... so that you end up treating them as people who are collaborating in the therapy.

EDUCATION

Practitioners recognized that educating clients was a constructive use of expert power.

> In teaching you are taking a very big expert role, but if you share your knowledge, then you are sharing your expertise, you are raising the expert knowledge of the family...

In a similar vein, one woman shared about how she made her clients aware of all the community resources, "including different women's groups and activities and various feminist organizations".

ISSUES OF CLIENT SAFETY

Issues with client safety caused practitioners to take the expert role. This was not seen as an abuse of therapist power. A participant asserted:

> ...I think that there are times when you need to exert that power. I mean if you can tell the client is going to hurt themselves for example. There are definitely times when you are not a facilitator and you need to exert your authority a bit.

Another practitioner offered an example of a situation where she felt that the therapist may need to exercise her judgment and make an expert suggestion. She questioned: "When is it okay to say no I don't think that the two of you should go home in the same car together, it's just too dangerous?"

CLIENT NEED FOR IDEALIZATION

A final example of constructive use of expert power was articulated by one practitioner who believed that there were times when clients needed to idealize the therapist. It was her contention that "...we all have a need... to have someone to idealize, to feel...a sense of being sheltered or protected in this person who is stronger that you..." She continued "... it occurs to me that people

do have very real idealizing needs and that inherent to that is some greater hierarchy."

Summary

Practitioners held various perspectives regarding power. They shared their own senses of formal and informal power and talked freely of their interactions with hierarchies. For the most part these hierarchies were perceived as limiting to their practice as feminists. There was unequivocal agreement regarding the presence of a hierarchy in the therapeutic relationship. Accordingly, the participants shared strategies for reducing power differentials. More importantly, the participants did not regard their power as a negative entity. In fact, they acknowledged incidents when they needed to use their expert power To this end, the participants articulated what they considered to be the many constructive uses of their power in the therapeutic relationship.

Feminist Clinical Social Work Practice

Practitioners' Perceptions of Their Role

Role Model

Participants identified their role in the helping relationship as being a role model. One practitioner revealed how she believed that she was not "the stereotype of the feminine woman", She continued:

> so that with families...I think that people see both sides. I can challenge people and I can get quite scared by aggression, but I can talk back to it.

> So there is a lot of modeling of both sides - being assertive and sensitive, I think.

Another participant asserted that:

> ...by virtue of the fact that I am a professional and that I am sitting in that chair I am [a role model] and I don't know if there is any getting away from that. They are at very vulnerable positions in their lives and you are the one that is supposed to be helping them and giving to them.

Facilitator

Participants also commonly identified their role as being a facilitator. A participant revealed: "in general I would see myself as being more of a facilitator, more as someone who is assisting that person from a very hands-off approach". She continued: "...I would like to take a back seat to whatever it is that they have to do and I would like them to be able to do it on their own."

Staying Close to the Client's Agenda

The idea of staying close to the client's agenda was mentioned frequently across most interviews. One therapist presented what she believed to be the essence of the client-centered therapist's role in this comment:

> the therapist's role is to maintain - to stay as close to the client as possible. Viewing it [the therapeutic relationship] in some objective way is a distortion of reality and that means that somehow the therapist could be the keeper of some objective reality.... You are not the expert who knows reality better than the client but you can take the lead of the client in

teaching them about their reality and in their explaining to you about their reality.

Practitioner Values

Political and Social Activism

The first set of values that emerged from the participant interviews related to the political agenda in feminist therapy. Practitioners recounted their belief that feminist therapists must be politically and/or socially active. One participant asserted:

> ... there are ways in which we could all work together to bring about small, meaningful changes. One thing would be to go out and understand a particular community and work with them and share your experience and talents. That's the kind of thing that you can do at a smaller level to influence the bigger picture...

The ideas of advocacy and networking were connected to a socially active therapeutic stance:

> ... I will also not be focused exclusively on the therapeutic relationship as sort of the cure or way to recovery.... I'd very much encourage women to go out and form other networks and other supports...
>
> ... I have a strong, strong belief in advocacy as part of a feminist agenda, a feminist approach in therapy... as a feminist we have to take ourselves out of our offices and into the community...

Consciousness raising was an intentional part of many practitioners' work. This was especially true for one participant who worked exclusively within the context

of violence. She recounted how much of her work was educating women regarding violence. She stated:

> You do need some sort of objective thing to put in front of them.... it takes the issue seriously and it also begins to, I mean this is often a primary issue with women who've had abusive partners, but it also makes it clear who is responsible for what... they've been told all along that it wouldn't happen if they wouldn't do that and all that business and so it makes it clear who's responsible.

As was illustrated earlier, practitioners had formative influences and/or experiences in their own lives that raised their own feminist consciousness. One participant expressed a desire to raise other women's consciousness, almost as if to make a reciprocal gesture:

> ... cause what it boils down to, I always thought I was just crazy... I was crazy and I was evil and I was bad and I think a lot of women feel that way. I think a lot of women think "you know I'm not happy, I must be crazy, there must be something wrong with me and I need to fix myself". And it was the realization [for me] that I was not necessarily crazy... it was sort of realizing that there is a balance and that some of it I do play out but there are reasons why I did... those things are some of the many things that I would like to bring out from my clients...

Ethnic Sensitivity

A sensitivity to cultural issues was also mentioned as one of the values that guide feminist practice. A participant recalled:

> I would also like to , it sort of falls under those categories, but part of my work is to be ethnically sensitive.... every culture has their own, um, values and beliefs about men and women and their roles...

Another practitioner remembered time spent in the States and in particular a year spent on an Indian reserve. One of the ways in which this experience had impacted her was in her speech. She shared: " I mean I lived on an Indian reserve for a year and you stop saying things like 'quit running around like a bunch of wild hooligans', but if you don't bump into that...."

The Practitioner Should "Open Space" for the Client

A second set of values that emerged from conversations with participants concerned the practitioner's stance. Two women expressed their belief regarding the need for the practitioner to "open space" for the client:

> ... I don't think that I pigeon-hole people in some kind of way about expectations. So I think that in some way I am really quite encouraging of people doing things and trying things with really quite a range....
>
> ... [with regard to the therapist wanting a woman to bring her partner into session with her] that woman does not have the space to say, "well the major players are here, so what if my husband is here, what do you think he is going to do? He'll come as a frill". Then the therapist interprets the experience [statement] as negative, because the power of the therapist is the power to interpret, automatically we want to discount what is said [by the client] because I am supposed to be the boss who knows what she is doing...

Client-Centered

There were an overwnelming number of responses that indicated a client-centered therapist stance. This was commonly expressed in statements reflecting a recognition of the client's uniqueness and a need to gauge interventions based upon client need and readiness:

> ... I mean the other thing is that it really has to do with who is sitting in front of you. I mean people are better and worse functioning...
>
> ... which for me is really what social work is all about and should be about: trying to understand where they [the client] are coming from, what informs the way that they are, the things that they do. Without that understanding, I don't think you have anything to work with.
>
> ... I like to gauge my clients individually...
>
> ... when in doubt, when things are puzzling, do what is best for the client who has the least voice...
>
> ...so I think what we do with all of these values is we keep them in the back of our mind, and they make a frame and they inform us.... But I think in my view, a therapist has to stay close to the experience of the client because if you don't, they are never going to move beyond it...empathy, staying with the client's material, being aware of their self-object needs...
>
> ...you have to be very sensitive in any kind of therapy to people's sensitivities, their sense of shame and that you have to be careful not to shame them more.
>
> ... challenging them in such a way as it does not put them on the defensive, but helps them to get to the place that they want to get to, the place that they are on the path to...

> ...every person if you can listen to their story will tell you a story that denies that they are constituted by their diagnosis and it doesn't matter what they are, what they are called. Their story, their real story will deny and deconstruct that categorization if it does not fit...

Respect

Respect was another value that characterized participants' interactions with clients. A woman asserted:

> ...which is what keeps me interested in feminism in terms of therapy, because that is how, that is my way of looking in terms of respecting them. They are the experts in their own lives, they make choices because they have good reasons to make them and I am not one to tell them what they should be doing.

Others added:

> ... obviously respecting where people are coming from...
>
> ... I mean respect, I think that it's there...
>
> ... and then a sort of respectfulness, that is there at the personal level...
>
> ...they are so amazing, such amazing people and so I think that an ongoing struggle is to listen respectfully because the more you do, the more you realize how personally powerful, and resourceful they are...

Honesty

Practitioners often associated ethical feminist practice with honesty. Honesty was also equated with authenticity, use of self, and self-disclosure. One participant shared that she tried to be "reasonably self-disclosing around [her]

own dilemmas about what [she] doesn't know". With regard to use of self another participant revealed: "I think that the other side of it is that I am learning to bring more of myself, I mean over time I bring more and more of myself into the room." Honesty was evident in this practitioner's recounting of what she tells her clients who have been "pushed around" by the system. She elaborated:

> It's just appalling what goes on in there and it's like wow, what can I do about that? I can't do bugger all except to say "yes, this is wrong and, yes, you were screwed by the court system..."

One final example of honesty is drawn from a practitioner's vehement dislike of strategic interventions and communication. She asserted:

> The question becomes a strategic question then "how can I get them to..." and I don't want strategic communication within the therapy that I do... I don't want myself engage in strategic communication with anyone, with ways of manipulating and getting things done. It is just a goal...

Desired Therapeutic Outcomes or Goals

Empowerment

Several participants identified empowerment and/or self-actualization as a goal of feminist therapy. For one participant empowerment meant " being who you truly are inside, once you're rid of all that societal crap that's buggering it all up...". Another practitioner talked about her ambivalence with the term self-actualization and preferred to use the word efficacy to describe one of the things that she desired for her clients. She revealed:

> ... So I have to go past self -actualization and say "what does that mean?" To me it means some sense of efficacy or competency, in terms of

activities that you feel competent and good at and also a confidence interpersonally, in being able to have an influence on another person.

Direct Communication

One participant believed that a particularly important goal for feminist therapists working with women was to model and encourage direct communication. She explained:

> I think that probably I also value and push people to deal with things directly... say what you want , say what you feel, not having them go that circuitous route. That is particularly important for women I think that they have all kinds of difficulties articulating what they want and need.

Generation of Alternate Client knowledge

An additional goal that was expressed by two participants was to come to the place where their clients had an alternate knowledge of their situation:

> ... so that I could say at the outset that what I would like to do here is work towards an different kind of story cause you "guys" are really trapped in a story about a problem".
>
> ... if in working with people, whether it be students or people in formal organizations, we can get people to think further than their own problem and issue, then we would create something different.

The idea of getting people to think beyond themselves was connected to social action and community participation by one practitioner. She shared how her clients may choose to take things one step further and get into government and social action stuff; however, she cautioned that while she would love to see

all of her clients take this perspective, it was ultimately the "decision of the client and not the therapist".

The Ability to Take the Perspective of the Other

A unique goal and one that a particular practitioner believed other feminists might 'take exception to' was her desire to get her clients to be able to take the perspective of the other. It was her contention that this was particularly helpful in couples work and was critical to the development of empathy. She posited:

> I don't think that it is [a feminist goal]. A lot of women would argue "why should I try to understand this jerk who is abusive and authoritarian like that?". She continued:
>
> it's so much easier to compromise if one enters from the position of feeling understood and that you are heard and listened to. I don't think that feminists think about that a lot or particularly want to. But then that is okay....

Cautions Regarding Feminist Therapeutic Practice

Caution Regarding Power

A number of participants offered cautions regarding practice as a feminist therapist. Often, they were related to the issue of power in the helping relationship. One practitioner warned:

> ... if we as therapists, as feminist therapists, do not stop to think about the process, we can very easily perpetuate what society does to women...

Another offered this observation:

you know it is hard to not get pulled in to the "that's not feminist and this is!" mentality. Some of the stuff that they are writing about what feminist therapy is scares the hell out of me. You know I read that and I think wow, I mean where power is used abusively and I don't use that word lightly. I just think, well, I don't identify with that.

Caution Against the Practitioner Becoming the Expert

A rather profound observation was made by one practitioner who offered this thought, "I think that there is a way in which a distortion of feminist theory can fall into that [the therapist becoming the expert]". She continued to explain how a therapist could be so bent on becoming a non-expert that she denies the client's need for an expert opinion or role model. It was her assertion that in this instance the clinician had taken an expert stance by failing to acknowledge what the client believed to be her need and by following her own sense of what was better for the client.

Caution Against Holding Too Tightly to Therapeutic Models

In a similar vein, one participant asserted that we need to have a "loose grasp" on therapeutic models. She explained, "We should never presume anything; you shouldn't presume anything... I mean it is something that should just guide you.

Caution Against Racist and Elitist Therapy

Two practitioners provided poignant examples of what they considered to be racist and elitist therapy. One shared:

> .. all of a sudden the issue of culture is one gigantic lack and one gigantic issue that would have to be changed into another story. Well that happens to be imperialism, that is simple racist imperialism and we could do that...

Another practitioner warned:

> We go into social work thinking that we can be great helpers and somewhere along the line there's also that pot of gold around private therapy or what therapy should look like or a social worker should be. And that's the kind of therapy and feminism that I abhor to the core and that, I sometimes even in myself, I get caught up.... And we get caught up in that so much that we need to move away from that realm of therapy that seems to be so elitist and so racist and so everything else.

Practice With Male Clients

Similar to Practice with Female Clients

Participants seemed to agree that feminist therapy was as good for their male clients as it was for their female clients. What is more, some practitioners saw little difference in their interactions with their male clients. A participant observed:

> I was in a general counselling program and had some male clients before I moved into the violence program. And I worked in a very similar way. I've seen men who come in because their girlfriends have accused them of rape, and they want me to try to fix their girlfriend and try to get her to come back to them. And what I will do is, I work with gender a lot, I make gender a theme, and I don't have a problem with that and that's what I say. I'll tell them "I think gender is really important to understanding this".

Another practitioner shared:

> When I work with male clients I think that I alsc try to form regular relationships. And I have something to do with that now, a project tnat I worked with [name of EAP project] I had a lot of male clients. I think that the relationship was the key to anything because you know men have fears about gender differences and so on, issues about the use of power. But it can cross all levels in terms of forming a relationship and having a mutual respect and understanding...

Different from Practice with Female Clients

Other participants noticed a difference in how they interacted with their male clients. A practitioner noted " I think for a whole chunk of reasons, I mean men are really different from women, and I think that I'm probably more confrontational with men". Another participant spoke extensively regarding her experiences with male clients. She explained these interactions in this way:

> I felt the need to be the expert, I mean I really pushed myself in trying to find formulations, in using the right "lingo". There was a lot of pressure and I placed myself in the position of having to be the one to find the answers for that person.... Also for me I think that males can really devalue what it is that we do. 'hink that they devalue the whole profession and so I was really conscious of trying to legitimize my profession with them in the room.... The other sort of twist in this, is that I had felt that I need to take on a kind of nurturing role, like " if you don't fix my life, who will, cause I can't do it?".

The issue of difference between male and female clients was also touched upon in this statement made by one of the participants:

> My use of self is different. I think that with women I am trying to get, you know, assertiveness training... so with women I am often trying to get them to gain that insight and build upon or rebuild something within them .. with men I almost find myself trying to soften them, you know, it's like resocializing them to become aware that they do not need to be the extreme. Not that all men are extremely assertive, but I mean that when they are they start to abuse that power...

Practitioner Perspectives on Being a Feminist Helper

As part of the interview process, I asked all participants to tell me what it was that they liked best about being a feminist helper.

The Integration of the Individual and Social

One participant responded:

> What I really like is the integration of the individual and the social, which I think social work has split the two off and is continuing to split them off, although there are some challengers to that. But I think that's the part I like, so that I can bring in fact, all of myself there and not just part of myself and I can work with the individual and the social within myself and integrate those for other people too.

Being a Part of Personal Transformation

Another participant shared that she enjoyed " being able to have an influence on other people having an influence on their life. So being a part of a personal transformation". Similarly, a practitioner explained how she felt good about " feeling secure enough in myself that I can give some of the power away. That I can feel confident in knowing that someone is doing something for themselves and I am not doing it for them".

Breaking Down Barriers

Having the privilege of "breaking down barriers and sharing with others" was identified as the most enjoyable part of one practitioner's job. She observed:

> You know I just see the vulnerability and that's all and when you meet people that are so strong and they are held up as the ideal and you realize that this person is vulnerable, very vulnerable, and that is the connection.

Personal and Client Validation

A final perspective on being a feminist helper articulated the validation that both the client and therapist received through the feminist framework:

> What it boils down to for me is that feminist therapy validates not only the therapist but it validates the client's experience. So it says to the therapist "trust your intuition, you are smart, based on your experience".

Analogies for the Helping Relationship

Participants likened the helping relationship to various things.

An Ameoba

One practitioner saw it as an amoeba:

> I see an amoeba; you know how an amoeba absorbs things?, and that's what I see myself doing, is setting up a really safe environment that is nurturing where the client as the amoeba can absorb these things.

A Connection

Another practitioner thought of the helping relationship as "a connection, some linking and sharing and advocating and good feelings together". In articulating her analogy for the helping relationship, one participant drew on a lesson that a student had taught her. She thus conceptualized therapy as:

> a conversation with another person where you keep their higher self in mind... the person who is not having problems, the person who is not stuck, whatever entity in us that propels us towards growth.

Walking with the Client

The idea of the therapist's task as being "not to decide for [the client] and not to walk in front of [the client] but to pull [the client] from behind" was expressed by a participant. She also added that she found this to be a difficult thing to do recognizing that we [practitioners] are in the business of "formulating, thinking of clever ideas, and it's very tempting, and we feel ever so smart to figure it out before [the] client...".

A Sweat Box

The helping relationship was also likened to a "sweat box" by one participant. She asserted:

> You put them [the client] in a state of being or thinking that is incongruent with what they have thought or experienced to that point. Any they have to do something with that and often times, I mean that it is inevitable that they do not come out thinking the same thing that they thought in the first place.

Summary

Feminist practice was thoroughly discussed throughout the course of all interviews. Practitioners shared extensively regarding their values, what they perceived to be their role in the therapeutic alliance, and their desired therapeutic outcomes. They also articulated some reservations and issued some cautions regarding feminist social work practice. Participant views on working with male clients and on what they enjoyed most about being a feminist helper were duly noted. By way of conclusion, participant analogies for the helping relationship were presented.

Statements Reflecting Congruence

Statements about Self

The Desire for Congruence

Evidence of and the desire for congruence in the practitioners' lives was indicated through the following statements:

... it doesn't always come out of what I have read in a textbook... it's also how I have lived out feminism in my own life and how it served me...

...I would like to believe that there is a congruence between the way that I conceptualize and the way that I practice...

I used to make a stronger division, but now it's sort of coming more together... I realize that I can't possibly separate who I am from my professional life cause I realize that all I have to bring to the profession is what I have in other spheres of my life...

...it's like, why are you a social worker? Easy, it is a way of life and you might as well get paid for it...

The thing is that I hope I am, I mean, I hope that I stay congruent with what I say I am - I think that I try to do that.

... I don't know other people's experience of their lives, but for me it seems to be a part of my life is to search for congruence...

Direct Statements of Congruence: Practitioner Values and Therapeutic Practice

Congruence was articulated by practitioners when they made direct links between their personal values and their chosen model of practice.

Forging Ties Between Values and Practice

A practitioner articulated her connection between practice and feminism in this way:

... I want to know so much, I want to be able to understand the people from different backgrounds, people who have issued their own sense of

orientation that caused them to be sort of be marginalized in society - from class to religion. These are the major points and where I have forged these ties - and that is feminism to me.

The Inclusive Nature of A Feminist World View

Another participant shared how her feminist analysis became such a part of her that she took it for granted. She explained, " when you have a feminist analysis or a feminist world view , a lot of things just come naturally from that and ... they sort of get taken for granted".

Formulating An Eclectic Feminist Position

Those practitioners who were eclectic in their choice of model found congruence in the following ways:

I think in the beginning, I was more looking for a structure to fit in to. And then I think that what really happened is I took pieces that I liked and made them my own, so I couldn't say that I follow any one model.

A similar perspective was voiced by a second participant. She shared:

If you think about it, all of the models came from Freud's model and Klein's model. They all came from their own personal experiences. They were working through their own crap as they were making these wonderful theories and I don't think they expected us to take their theories and apply them as is. It worked for them so we need to take what works for us from different models and make them our own.

Another participant shared her honest assessment of feminist therapy. Both she and one other practitioner struggled with seeing feminist therapy as an

entity of its own. Both practitioners took an eclectic stance toward therapy. One identified herself as a family therapist with a "feminist orientation". The other explained her position in this way:

> When I started out and I was , you know feminist therapy, feminist therapy, feminist therapy... and I struggled with the idea that feminist therapy had to be fundamentally different than all the other therapies.... but I think that there's sort of, there's good therapy and there's bad therapy, and when I think about and read about the criteria of feminist therapy it really fits in with the good ones. I would say that I am more eclectic and feminism fits in primarily for me in terms of the analysis.

Practitioner Congruence and Specific Models of Therapy

NARRATIVE THERAPY

Some practitioners identified with specific models of practice and made direct statements of congruence between the model and their personal values:

> As long as I have been in clinical practice I have been looking for a model which resonates with my personal values. And finally, in the Narrative [model] I found that resonance. That's why I am such a fan of it - because it resonates with me and I believe that I have been able to be more respectful of people...

POST-STRUCTURAL PERSPECTIVES ON THERAPY

> I think that one of the most liberating aspects of post-structuralism is that it gives a way to hold the social accountable. And what we can do in helping in therapy is to see people that are trapped in discourses and not to

> immediately resort to freezing them in abstractions around, she lacks self-esteem. Instead we can understand that these [discourses] are produced socially and that we invest in those for a lot of complex reasons.. and it gives one a sense of a genuine partnership with people. And a possibility of being authentic instead of this terrible sense when you walk in with a family that you are going to do something with them that they are not going to know about and that they are not going to like.

Two other examples of practitioners making direct links between their values and their chosen therapeutic model emerged:

SELF-PSYCHOLOGY

> I think that self-psychology is very different from other psycho-analytic theories, precisely because of how it works.... I actually find it a marvelously good model for all of social work practice. Kohut talks about the self-object as an experience of the person as the other and as part of yourself. Using the other as one needs to.... The point being that ... political action carries self-object functions for the individual... [it has] an important self-object function in terms of membership in cultural groups...

PSYCHO-DYNAMIC THERAPY

> ... on a very simplistic level, I think the main one [congruence] would be the fact in trying to understand how people get to the point that they are when they get to your office. Psycho-dynamic theory really helps you to work out the entire history of the person... realizing that everyone is

basically okay and there are certain things along the way that "trip them up" and put them off course...

The Integration of Feminist Analysis into Practitioner Understandings as Inferred Congruence

The integration of a feminist analysis into feminist practitioner perspectives was taken as an inferred congruence. The following statements serve as examples of this type of congruence:

The Identification of Women's Struggles

... I think it is sort of, you know, using yourself as a women, I mean these are women's struggles, struggling with too many demands and not enough time. In today's culture these tend to be women's issues...

A Feminist Analysis of Gender

... so I think that I am talking more about micro level changes - where you are addressing the political system in the couple...

... in couples therapy, if there is a readiness there are times when a description of power differentials or gender difference can be normalizing...

Practitioner Awareness of Blaming Women for Family Problems

... so you have a mother who comes in and says "I'm sorry, my husband didn't come", and "I can't get him to come in", and two things go through the practitioner's mind: they think "oh, she's inadequate" and the other is

"maybe she didn't want him to come".... and I think that we react quite naturally to that.

Practitioner Awareness of Gender-Based Diagnosis

... and we were doing assessments and making recommendations... you could see that... girls were being sent off to training schools for things like incorrigibility, which meant that they didn't listen to their parents...

Summary

Statements of congruence were evidenced across all interviews. These statements were of three different types: 1) personal statements regarding a stated practitioner desire for congruence or a statement articulating the practitioner's awareness of personal congruence; 2) practitioner statements making a direct link between personal values and their chosen theoretical model; and 3) inferred statements of congruence based upon a practitioner's awareness and integration of a feminist analysis into their practice.

Dilemmas

Through the discussions with the participants, two distinct categories of dilemmas emerged. The first concerned practitioner interactions with their agencies and the second concerned practitioner interaction with clients.

Agency-Related Practitioner Dilemmas

Participants provided examples of dilemmas that they experienced with their agencies.

Dilemma re: Self-Disclosure

In this first example, the practitioner, who is also a lesbian, faced dilemmas with self-disclosure. For various reasons this participant was not "out" at her agency and as a consequence she was often placed in a dilemma. She shared that her biggest dilemma was around self-disclosing to clients. Often, she found herself unsure of whether or not to disclose fearing that the agency may misinterpret her intentions, especially if her client was a lesbian. The practitioner's fear was compounded by the fact that she had a semi-supportive supervisor and was being evaluated. Thus, she felt in a bind, recognizing that " it's not always in my best interest to do so [self-disclose], even though it may be in the best interest of the client for that moment in time".

Dilemma: re Limitation of Feminist Practice

A second example was offered by a practitioner who struggled with the limitations of the agency that she was at. She explained:

> ... in settings where feminism is equated with radicalism... and for me in a [name of agency] you can say that you are a feminist, but how the agency interprets that may affect how many clients you see and what happens with them. So there was all of those dilemmas...and it was a major ethical dilemma for me at that point... so I survived by going out into the

community, which was unheard of in a [type of] agency, where you are only supposed to see your clients in your office.

Another practitioner felt constrained regarding the agency's policy about hugging clients, She shared:

> ... like for example if you have just done an intake and you find out that she [the client] has been sexually abused and she starts to break down... if the client needs a hug, I am going to give her one... but the agency, they made a really big deal about not touching the client... in fact, one of the psychologists said that if she was in the same situation, she would comfort the client in another way...

Dilemma re: Agency Expectations

A participant shared how her desire to practice medicine from a strengths perspective often created binds with the hospital and her medical colleagues:

> ... There are dilemmas that arise from the expectations of the more medicalized staff... they still believe that medicine knows more than I believe that we do... they want me to come up with cures and impose diagnosis and find solutions that I do not have...

Client-Related Practitioner Dilemmas

Most commonly, practitioners articulated the presence of dilemmas in relation to their work with their client's values. Frequently these dilemmas revolved around a conflict of their values with the clients. A variety of issues were prominent in these discussions.

Dilemmas Regarding Practitioner Power

Practitioners often found themselves in dilemmas by virtue of their position in the helping relationship. Often clients would ask them directly "what should I do?". Even in the offering of resources and strategies to clients, therapists were often perceived as being all-knowing and all-powerful. The following suggestions were offered by the participants as a way to deal with being perceived as an expert by the client:

> I want to be doing it [diagnosing] in a way that opens possibilities and does not close them. So even if I prescribe a medication and have no choice but to play the expert role, I want to do it in such a way that the families can fully participate in the decisions.
>
> ... well what I do know I know from women's stories I know that if she does this, this is likely to happen. And if she does that, that is likely to happen. It has to do with whose expert knowledge it is anyways. I am only passing on that which other women already know.
>
> ... then they will say, 'OK, well given that you know all this, you then know what I should do'... well from there I will just say 'I don't know what you should do, only you know best what's going to work for you'.
>
> ... Well one of the things that I do regularly is watch the client's body language because it guides me to when I am beginning to be the expert.... As soon as I begin to take on that expert role they [the clients] start to grip their chairs or they withdraw or tighten up. So I started to watch for that and when I noticed it, I would deconstruct what just happened. If a woman started tightening up her shoulders I might say "but you probably already knew that didn't you"...

Dilemmas and The Issue of Counter-Transference

The participants also articulated dilemmas arising around issues of counter transference:

> ... what happens is that you can see in this family issues that are in your own family, usually it has to do with family of origin issues. There is a scapegoat and there was a scapegoat in your own family or the father was aggressive and your father was aggressive. And so, it's like you're not sure then who you are dealing with. Are you dealing with the person who is sitting in front of you or are you dealing with the ghost sitting in the chair next to you?
>
> This particular practitioner suggested the use of humor as a way to deal with the dilemma. For instance, she has heard a colleague say: 'whose mother are we talking about anyways'.

Another participant raised the issue of dilemmas around counter-transference, as she struggled with her desire to protect a young black client. She was conscious of the counter-transference and acknowledged the danger in 'overstepping the boundary'. She thus reiterated the need for practitioners to have firm boundaries when working with women of similar origin.

Dilemmas Regarding Client Safety

Still other dilemmas arose when practitioners perceived that clients may hurt themselves. A participant recounted:

> ... for me, it is putting the client's safety first... and I think that is probably how I rationalize it ... she was having unsafe sex, she was putting herself at tremendous risk ... and it was difficult for me to get her to the point

> where she was taking responsibility for her own life without knocking her over the head. But I did get to the point that I didn't tell her things anymore, I phrased it in such a way that it was more of a question that she could think about.

Dilemmas Regarding Self-Disclosure

One participant presented her dilemma around the issue of self-disclosure. To begin, she questioned the appropriateness of self disclosing and suggested the use of humor as a means of resolving the dilemma, She shared:

> Like a client and I once decided we would do a coffee table book of adolescent bedrooms - I mean you get the picture. The two of us thought it was hilarious. She knew that I shared some of the same issues.

This same participant also expressed concern regarding "burdening the client with a self-disclosure" Additionally, she felt that self-disclosure could create client questions that could "become inhibiting to the therapy". As a means of dealing with these type of client questions, this practitioner suggested developing "lines, that indicate that the practitioner is human, and that there is lived experience, but that do not give away too much information". She offered the following statement as an example, "When I got married I thought that I would live happily ever after and when I got divorced, I believed the same."

Dilemmas Arising From A Difference in Practitioner and Client Values

Four separate examples were given of dilemmas occurring when the therapist's values could be seen as different from or detrimental to the client.

The practitioners were often unsure and fearful of imposing their own values onto the client.

HOMOPHOBIA

The first example involved a homophobic client. The practitioner was in a bind regarding whether or not to challenge his views:

> We are taught from the feminist ideology that you are to interact and to be responsible. To be a therapist who is not a hypocrite. You are to address the situation in a way that is still respecting of the client...

MAINTAINING A POLITICAL STANCE AS A THERAPIST

The second example came in the form of a question posed by one of the practitioners. She questioned:

> how do we maintain a political stance in therapy but avoid seeing ourselves as political educators and avoid seeing women as blank slates that you offer a political perspective to and make everything all right?.

VALUES REGARDING RELATIONSHIPS

> ... and then there are dilemmas around how much of your own values do you bring in [to the therapeutic context]. I mean I have some pretty clear values about relationships. I believe that they should be equal, that there should be partnerships and so I struggle with couples where this is not the case...

CULTURAL VALUES

The final example concerns differences regarding culture. The practitioner recounts the following bind:

> ... every culture has their own values, beliefs and ideas about men and women and their roles. But at the same time respecting it [culture] doesn't necessarily mean buying into it or allow women to be or continue to be oppressed by it. That is completely different.

Summary

In sum, practitioners articulated the presence of two types of dilemmas in their practice. The first type of dilemma arose out of agency-related binds, the second type of dilemma emerged through direct practice with clients. Most often client-related binds centered around a difference between practitioner and client values and perspectives. For example, the role of the practitioner in the therapeutic alliance was cited as a frequent source of ethical dilemmas in the therapeutic context.

CHAPTER FIVE

DISCUSSION

In this chapter I will discuss the findings of this study. To this end I will summarize the presentation of data; compare the findings with the literature pertaining to this study; discuss the limitations of this study; make recommendations for further research and offer some personal reflections on the undertaking and completion of this thesis.

Summary of The Data

The analysis of the data revealed that those interviewed for this thesis had a personalized sense of what it meant to be a feminist practitioner. Further, the findings indicated that all participants were able to articulate how they found congruence between their values as feminists and their practice as professional helpers. Concomitant with this understanding was an awareness of ethical dilemmas that arose in the course of their practice.

The participants shared their personal experiences of becoming feminists. They indicated that their formative influences included experiences in: their family of origin, educational institutions, and employment situations. Feminist literature was also influential in this regard. Participants also shared their definitions and/or senses of what feminism was all about. As a framework for practice they were drawn by the utility and values of the feminist framework.

According to the findings of this study, feminist social work/therapeutic practice is based on a set of values and ethics that are informed by feminist theory. Practitioners were fundamentally concerned with the emotional health of

their female clients. They were aware of the political and social milieus and explicitly connected their client's emotional health to it. Their professional practice was characterized by the values of respect, equality, and justice; they were committed to a feminist analysis of power and of gender. Some participants offered perspectives that were directly related to a particular feminist position. One practitioner, for example, expressed opinions that could be considered indicative of the socialist feminist position. For the most part, practitioners operated on personalized definitions of what feminist therapeutic practice meant. These definitions were often directly related to their own experiences of consciousness-raising and to the things that feminism offered to them.

On the whole, participants were committed to fostering a therapeutic relationship based upon honesty, clarity, and mutuality. All practitioners reported a collaborative, dialogical style and indicated a preference for a non-expert stance. Participants acknowledged the inherent power differential in the therapeutic alliance. Most did not see this as a disadvantage or something to be overcome; rather, they expressed a desire to use this power constructively and ethically. There was an overwhelming sensitivity to the needs of the client which seemed to be the driving force and ethical imperative upon which practice was based.

Practitioners indicated a desire to overcome what they perceived to be the false dichotomy of clinical social work practice from its community-based counterpart. Most spoke directly to this subject, and even those who did not, acknowledged the need for political and social activism as a part of their therapeutic agenda. In other words, if social and political transformation were

not stated goals, they were at least perceived to be by-products of changing the client (whose social and political system would then have to adapt to the change).

With regard to congruence, the findings indicate that participants articulated congruence in three distinct ways. Some participants made direct statements indicating their personal desire for congruence between their feminist informed personal values and their professional practice and ethics. Additionally, other participants articulated congruence through a direct linking of a particular therapeutic model with feminist values and/or principles. Congruence was similarly inferred when participant perspectives included an integration of a feminist consciousness and/or analysis into their statements.

For practitioners who held to an eclectic model of practice, congruence came as they integrated parts of models that fit with their values. They articulated a feminist-informed philosophy of practice that was their own. These practitioners indicated a good deal of self-reflection and continuously compared their practice with their personalized sense of feminist informed, ethical therapy. Similarly, those feminist practitioners who held to a particular therapeutic model had found congruence between their values and their practice - often as a result of an integration of a feminist analysis and/or consciousness into their chosen model. This group of practitioners had also found a direct congruence between the values and ethics that informed their chosen model and those values and ethics that are associated with feminist practice. There did not seem to be a clear-cut either/or scenario. In all cases but one, practitioners who held to a particular model of practice were able to articulate both a direct congruence and evidenced the integration of a feminist analysis into their perspectives. Even in

the case of the exception, it would be more correct to identify her as holding to an eclectic position within a specific practice modality (family therapy).

Dilemmas were articulated by participants as they shared their struggles to operate in a congruent fashion. Often these dilemmas were articulated in the form of a rhetorical question, perhaps indicating that the practitioner had yet to work it through. Other dilemmas were articulated in direct response to my question. These dilemmas seemed to be quite concrete and thought through. The practitioners had been obviously cognizant of their presence prior to the interview. With these dilemmas participants frequently offered suggestions and shared strategies for working them through. This is not to say that they did not continue to be a point of tension for the practitioner. Clearly, all practitioners desired to operate in an ethical fashion. They recognized that this would necessarily place them in the position of having to continuously review the ethics and values that guide their practice.

Comparison of the Findings to the Literature

Validation of the Literature

The findings of this research support and validate the literature. Nes and Iadicola (1989) posit that feminist practitioners often operate without complete ideas of the different perspectives within feminism and of the practice implications that follow. It is their contention that practitioners need to rectify this situation and gain a clearer sense of the application of specific feminist frameworks to clinical social work practice.

Bricker-Jenkins (1991) offers a caution to other feminist practitioners that would shed some light on this supposed lack of theory that guides feminist practice. It is her contention that "continual self-scrutiny, challenge and revision are not only ethical imperatives, but the essence of [feminist] practice" (p. 20). In other words, Bricker-Jenkins (1991) contends that feminist therapy is guided by a set of highly personalized feminist informed ethical imperatives. The issue is therefore not a lack of feminist theory and an incomplete sense of knowledge of the implications for practice, but rather, a movement away from a purist application of theory to individual therapeutic practice.

In this study, when asked, practitioners provided the researcher with highly personalized and informal definitions of feminism. Participants did not associate their practice with any particular feminist framework. They did, however, indicate a familiarity with feminist theory as some disassociated themselves from the "caucasian , euro-centric and highly individualized forms of feminism" (participant quote). Further, participants indicated a knowledge of feminist analysis based on the socialist, liberal and radical perspectives. They did not, however, articulate any formal identification with any one feminist position. Alternatively, there was an indication of what Bricker-Jenkins (1991) noted in her article. Among the participants of this study there was evidence to suggest self-scrutiny, self-challenge and revision.

In fact, this research indicates that practitioners found congruence between their feminist values and therapeutic practice through articulating a philosophy of practice that was based on the integration of differing feminist frameworks and a variety of feminist-informed ethical principles. Accordingly, this

research supports Bricker-Jenkins (1991) notion that " feminist social work practice is as feminist practitioners do" (p.20).

There were, however, commonalties among those who took part in this study. Participant perspectives on practitioner roles, values, and desired therapeutic outcomes supported the literature. Findings suggest that the therapeutic relationship was based upon an egalitarian ethic of partnership and collaboration (Sturdivant, 1980; Walker, 1990). Practitioners recognized client strengths (Sturdivant, 1980), used self-disclosure as one of the means to democratize the alliance between practitioner and client (Lundy, 1993), and considered themselves to be role models for their clients (Sturdivant, 1980). Further, there was evidence to suggest that some practitioners took a politically active stance with their clients and considered advocacy to be a part of their feminist agenda (Van Den Bergh & Cooper, 1986).

Most participants articulated a non-pathologized view of their clients (Walker, 1990). Their practice was characterized by a sense of empathy (Michaels, 1990; Wilson & Wykle, 1984), shared humanness (Reid, 1977), authenticity (Brody, 1984), explicitness and clarity (Mc Leod, 1994). The values that characterized the alliance between therapist and client fostered a sense of feminist solidarity. This sense of solidarity was facilitated through the practitioner affirming issues brought forth by her client as common to women in general (Sturdivant, 1980).

The Participants indicated that change was a desired outcome of feminist therapy. Accordingly, participants desired to see their clients gain a clearer sense of self (Sturdivant, 1980), generate their own solutions (Sturdivant, 1980), and cultivate their own analysis of situations based upon the introduction of a different

perspective (Bricker-Jenkins, 1991). Empowerment (Myers Avis, 1991), efficacy ((Bricker-Jenkins, 1991), and the education of clients were also articulated as participant-desired therapeutic outcomes.

Ethical practice-related dilemmas occurred as the literature indicated. They appeared to be a function of a practitioner movement toward an ethic of responsibility (Allen, 1993). Thus, in their efforts to be responsible, client-centered clinicians, dilemmas emerged. What is more, dilemmas also emerged as practitioners attempted to function in accordance with their feminist-informed values in agencies that were not amenable to such practice.

Client-related practice dilemmas emerged as a result of tension between the practitioner's feminist values and the values of social work practice (Glassman, 1992). As an example, one participant struggled to reconcile her desire to challenge a client regarding a particular statement with the social work maxim that says "you begin where the client is at". Another group of ethical dilemmas that were seen to arise in the course of feminist practice concerned practitioner values coming into conflict with client self-determined values (Glassman, 1992). Accordingly practitioners reported being in a bind when participants self-determined such values as homophobia, racism, etc. A third set of dilemmas stemmed from the relational aspects of the client-therapist interaction. These, too, were dilemmas that arose out of a concern for responsible and ethical practice. Practitioners spoke of an awareness of dilemmas regarding self-disclosure (Greenspan, 1986), concern for the client, and counter-transference. The "use of self" literature (Satir and Baldwin, 1987) speaks to the ethical considerations and implications of a practitioner's use of self in the therapeutic relationship.

Extending The Literature

This study has extended the literature in two ways. First, although there has been much theory generated on feminist therapy, there are not a lot of studies available that give voice to the feminist practitioner. What is more, when searching the literature, there appeared to be no research done that articulated how practitioners found congruence between their feminist-informed values and their therapeutic practice. This is an important point. Often, feminist practitioners are perceived as being all the same, as holding to one set of principles and practicing in the same way. The findings of this study indicate that this is clearly not true.

Conclusion

In conclusion, this study supports the literature that has been written on feminist therapeutic practice. To this end, the findings indicate that feminist social work practice "has evolved from the efforts of individual practitioners who have sought to reconcile and integrate their feminist perspectives and commitments with the conventional theory and methods in which they were trained" (Bricker-Jenkins, 1991).

This study has also extended the literature by investigating how these practitioners have reconciled and integrated their feminist principles with their theory and training. To this end it was discovered that some practitioners articulated a feminist philosophy of practice. They adopted an eclectic stance in therapy and integrated "bits and pieces" of various models in which they were trained. Other practitioners subscribed to one model of practice and believed that it resonated with their perspective on and commitment to a feminist based social

work practice. Still others found congruence in their practice through the integration of a feminist analysis of gender and power into traditional models.

Limitations

One identified limitation of this study concerns the homogeneous nature of the education of the participants. Seven of eight participants had obtained MSW's, the other was a medical doctor with a specialty in child psychiatry. All participants had been educated in North America. This was a well-informed, well -read, and highly educated sample.

The second and final identified limitation of this study concerns the use of snowballing as a means of obtaining participants. In effect , the network of connections between practitioners could indicate a similarity in perspective, values, and practice. Accordingly, the sample upon which this study is based represents only a "pocket" of the feminist practitioners who could have been interviewed for this study. For certain, the educational homogeneity of this sample is reflective of this reality.

Recommendations

Based upon the findings of this research, I would recommend that similar studies be undertaken with practitioners who have not had as much training and education. In doing so, the researcher may find alternate understandings of feminism and the feminist agenda. Further, I think that it would be interesting to employ the same research design to a group of male practitioners who identify

themselves as adhering to a feminist agenda for counselling. It would be interesting to discover how the therapist's gender impacts upon perspective and the interpretation of the feminist agenda.

Finally, I would recommend that studies of this nature be done periodically to assess the trends within feminist therapy. This would facilitate a more holistic understanding of the field of feminist social work practice. It would be interesting to repeat this study in ten years, for example, to see the impact that my peers and classmates may have upon the theories, ethics, and values that guide feminist social work practice.

Personal Reflections

As this study comes to an end I am struck by the ambivalence that I feel. On one hand I am experiencing a sense of relief, on the other, I find it difficult to let go of something that has consumed so much of my attention for the past year and a half. This study has undergone many transformations. In the end it seems more congruent with my simpler, original research goals. I recognize that it was my more grand illusions of what "real research" had to be that often tripped me up.

I feel privileged to have been allowed into the personal and professional lives of the participants. Their humanness, and their ability to poke fun at themselves and the profession were refreshing. Their honesty, humility, integrity, and conviction were key to keeping this study on track. How could this study diverge from such basic yet fundamental values when the participants so clearly modeled them?

This study has impacted upon me in a number of ways. Professionally, I am all the more committed to a feminist framework for practice. I now have a greater understanding and an increased capacity to appreciate my peers and colleagues who hold to a different perspective on practice than I. Most importantly, I am struck by the integrity and honesty of those whom I interviewed. I recognize that there are others like me who struggle for congruence in their clinical practice. I am comforted by this realization and do not feel as much like a "duck out of water", anymore.

Personally, I have struggled with my own internalized sense of hegemony and my own notions of what "real research" was about. Somehow, it felt as if what I desired to accomplish was not enough, that it needed to be more important, more academic. Despite this ongoing struggle, I was reminded of the importance and value of this research when dialoguing with the women involved in this study. I noticed that over the course of our discussion, participants became empowered in their own beliefs, values and perspectives on practice. Together we learned new things - about each other, about ourselves and about our common practice as feminist therapists.

In the end, I am satisfied. I hope that this study will be accepted in the same spirit in which it was written. My intention was to present a comprehensive examination of feminist therapeutic practice from the practitioner's perspective and to understand how these same women found congruence in their work. I desired to give voice to those who knew the work best. I believe that I have accomplished these goals. To this end, I conclude with the words of one of the participants. She shared:

One of the things about being a feminist social worker... is that it is really exciting. It's a phenomenal field to be working in because other disciplines are removed from the ground in ways that do not give them access to the concrete. Everyday we sit in the concrete and so our ability to identify with reality and to use our experiences is great. Every day we sit in irreconcilable dilemmas around practice and power, and I love it!

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Appendix "A"

CONSENT FORM

Information About This Study

You are being asked to participate in a research study which is being conducted by Kathleen Scott de Jong, under the supervision of Dr. Martha K. Laurence, Faculty of Social Work , Wilfrid Laurier University.

The purpose of this study is to: pose the possibility of a therapeutic dilemma and understand how it has and continues to be worked through by women who are feminist helping professionals; give voice to individual female perspectives on feminism so as not to assume a generic existence of feminism and participate in it's reification; and to give voice to individual female perspectives on feminist social work practice and/or therapy. The data collected in this research will be used to promote this understanding.

You are being asked to participate in an open-ended, semi-structured interviewing process that will take approximately 1.5 hours to complete. You are also being asked to review the transcribed and coded interview for accuracy. This may require a second interview to complete any revisions that you deem necessary.

Informed Consent

I understand that there are no know risks involved with my participation. I understand that I am free to contact the investigator at the telephone number listed below if I have any questions.

The following are benefits which I may derive from my participation in this study: a sense of personal and professional validation; an opportunity for

increased self and professional awareness; and the opportunity to learn first-hand about research in social work.

I understand that my participation is voluntary. I may refuse to participate in this study and may also withdraw from the study at any time. I may refuse to answer any question that is asked of me.

I understand that my research records will be kept confidential and that I will be identified by my pen-name only in any publication or discussion.

I understand that I have a right to have all questions about the study answered by the researcher or research advisor in sufficient detail to clearly understand the answer.

I also understand that this interview will be tape recorded and that in the signing this consent, I am agreeing to the tape recording and transcribing of the interview.

I understand that I can receive feedback on the overall results of this research by requesting a summary to be sent to me or by asking for access to the completed project.

If I have any other questions about the research, the procedures employed, my rights, or any other research related concerns I may contact the investigator and/or their supervisor. I acknowledge receiving a copy of this informed consent.

Kathleen Scott de Jong
Investigator
(905) 522-3680

Participant

Dr. Martha K. Laurence, Phd.
Advisor
(519) 884-1970

Appendix "B"

INTERVIEW GUIDE

Biographical Data

- Number of years in the field
- Education/Current employment

Feminism

- First identification with feminism
- Attraction to it
- Definition of feminism

Power

- First experiences with power
- Beliefs about power
- Awareness of power

Feminist Practice

- Define feminist practice
- Values, principles by which you practice
- Therapeutic Model
- Best part of being a feminist helper
- Strategies for reducing power differentials
- Awareness of dilemmas
- Working through of dilemmas
- Congruence in practice - yes or no? How?