

Counselling Girls and Women

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Personal Introduction: Vivian LaLande and Ann Laverty

As women counsellors, we know that relationships are central to our work. In particular, writing this text together has provided the opportunity to think back on our interest in counselling girls and women.

Sitting with a group of women counsellors in the basement of the University of Calgary student residence in 1985, we discussed our experiences as women, as women counsellors, and our work with women. We talked about our busy lives, juggling children, work and other commitments to be at the meeting. We shared feelings our frustration with the lack of representation of our work at conferences and in professional publications. We realized how our own experiences were often mirrored in the lives of the women we were helping.

We've been colleagues since these first meetings, working as counsellors and teachers on a variety of projects. We continue to discuss gender issues related to counselling, feminist supervision practices, and research. Although some of our professional interests are the same and some are different, we continue to work with issues regarding girls and women as colleagues

and friends. Some of our best learning continues to come from our clients and students as we continually refine and expand our understandings in this area.

One of the challenges in capturing our knowledge is the recognition of how cultural identity and context limits our understanding of other women's lived experiences. While we work with and write about women, we are very aware that our representation is interpreted through the lens of our own lives and experience. Knowing this, we acknowledge that gaps and questions remain within what we have written. Thankfully, feminist counselling philosophy and practice helps us bridge these gaps by endorsing the value of developmental process, contextual knowing and yet-to-be answered questions. In all of this, we recognize that the tension we experience in writing this chapter parallels the process we experience in counselling—the need to stay awake to new understandings or possibilities in the lives of girls and women similar to those of Harpreet, whose story follows.

Vignette

Harpreet stands at the reception desk crying. "I need to talk to someone right away," she murmurs. She is favouring her right leg as she enters my office and takes a chair. Sensing her reluctance to begin, I gently ask some questions to find out why she is crying. "I had a fight with my father last night and he kicked me out and disowned me," she said. "He was mad because I came in an hour late. I have nowhere to go, and no money or I.D. I tried to call home, but he won't let my mother or sisters talk to me. I am worried about my sisters, because they count on me to protect them from my Dad. He gets mad sometimes and hits us, like he did to me last night. My mother might help me because we get along and she has money to give me, but if he finds out she is talking to me, she may get in trouble with him too. I can't go to my aunt's house, because I have been disowned and this means the family and my community will have nothing to do with me either."

Listening to Harpreet, I begin to consider the complexity of her situation, the need to attend to the many layers of her experience. I decide to proceed by grounding our work in feminist counselling principles.

Introduction

Counselling girls and women like Harpreet invites counsellors to critique mainstream psychological research, theory, and practice. In doing this critique, counsellors draw upon knowledge of gender role socialization, psychosocial development and cross-cultural awareness. Feminist principles and philosophy facilitate best practices in counselling girls and women, and two emerging theories (relational cultural and social constructionism) allow for integration of feminist practice with counselling theory.

Feminist counsellors utilize particular processes, interventions, and strategies during the stages of discov-

ery/co-construction of goals and working together to achieve the goals in both individual and group counselling. They also develop ethical principles to guide their practice. In particular, there are effective approaches to assist women in dealing with depression, disordered eating, career development and violence. Feminist practitioners continue to emphasize the importance of integrating culture and diversity, respectful of the many layers of experience that women bring to counselling. This chapter uses case examples and Canadian literature to illuminate issues and practices and elaborate on the above areas.

Key Terms and Concepts

sex role socialization

gender-biased research

resistance

mutual empathy

personal as political

egalitarian relationships

multiple realities

individual and group counselling processes

gender role analysis

power analysis

Cultural Identity and Relationship to the Dominant Culture

Current research and theory relevant to the psychology of girls and women is situated in a history of extensive work and struggle for knowledge representative of women's realities. In particular, this work provides a context and framework for counselling. While it is impossible to adequately represent this history in a brief overview, some key concepts and issues will be discussed.

The definitions of the terms *gender* and *sex* reflect and operationalize the relevance of the psychology of women for counsellors. *Sex* refers to biological differences between males and females, whereas *gender* refers to the socially defined qualities and characteristics attributed to males and females (Gilbert & Scher, 1999).

Gilbert and Scher (1999) identify four common assumptions about gender that can influence our thoughts and actions: (a) males and females are different or have opposite qualities; (b) gender can be used to organize and structure situations and experiences; for example, dividing classroom space according to sex; (c) language reflects and maintains assumptions about gender; and

(d) gender is a noun and verb, in that social interactions create gender. Such views are not only present in culture; they also profoundly influence our thoughts and actions toward men and women.

Deaux and Kite (1993) define gender stereotypes as people's perceptions of traits possessed by a typical woman or man. In their review, women are characterized as more expressive, communal, and concerned with the welfare of others, and as having more traits of affiliation, nurturance, and deference. Men are stereotyped as more assertive and controlling, with stronger attributes of achievement, dominance, autonomy, and aggression. Research findings indicate that gender stereotypes persist over time, are resistant to change, and "are not limited to the belief system of a few prejudiced individuals, but rather that they are part of the fabric of general societal beliefs and norms" (p. 130). Expectations and behaviours associated with traditional male and female traits are seen in many life situations, such as partner roles in sexual relationships.



Snapshot #1

Gender Role Socialization

Mrs. Flett reads every issue of *Good Housekeeping*. . . . And every once in a while, between the cosmetic advertisements and the recipe columns, she comes across articles about ways a woman can please her husband in bed. . . . "There is no such thing as normal or abnormal sexual patterns. What goes on in the bedroom of married people is sacred." This advice struck Mrs. Flett as less than satisfactory; as a matter of fact, she isn't entirely sure what was meant. She does believe, though, that "every night" would be a lot to put up with. Nevertheless she always prepares herself, just in case—her diaphragm in position, though she is repelled by its yellow look of decay and the cold, sick-smelling jelly she smears around its edge. It's a bother, and nine times out of ten it isn't needed, but it seems this is something that has to be put up with. "Try to make your husband believe that you are always ready for his entreaties, even though his actual lovemaking may be sporadic and unpredictable." (pp.185– 86)

Shields, C. (1993). *The stone diaries*. Toronto, ON: Random House.

There is increasing recognition that many cultures are male-structured and dominated (Miller, 1976, 1985). Males often assume positions of power, and characteristics associated with male gender stereotypes are valued over female gender stereotypes. The recognition of the existence of gender-linked traits contributes to valuing of the term *androgyny*, which refers to the combination

of male and female traits in one individual (Finfgeld, 2001; Unger, 1992).

Although individuals may personally benefit from the development of both male and female traits, this does not imply that the culture of individuals will also value androgynous qualities and behaviours. For example, women who utilize the same assertive behaviours as men can be described as inappropriately aggressive.

Psychological Research

The majority of psychological research utilizes a positivistic paradigm or view of knowledge that assumes that research can be objective, free of researcher bias, and generative of truths (Douglas and Walker, 1988; Unger, 1992). Feminist scholars challenge traditional research, arguing that all knowledge occurs within a context and values guide the choice of research questions, how research is conducted and how results are interpreted (Bohan, 1992). Research citing support for the existence of biologically determined sex differences has been extensively critiqued for methodological and statistical problems leading to inaccurate conclusions (Shields, 1992; Sherif, 1992; Unger, 1992). Of note is the under-representation of women in research samples in much of the psychological research conducted until 1970.

Rabinowitz and Sechzer (1993) summarize a number of recommendations for improving research from a feminist perspective to fully include women in psychology: (a) study events as they occur naturally in the context of history, culture, and organizations; (b) utilize naturalistic, constructivistic, non-experimental methods

of research; and (c) conduct gender-fair research that includes topics of research relevant to women. In recognition of the greater influence men have had on research practices and language, there is also a need to study language and its meaning in order for women to generate new understandings of their reality (Hare-Mustin & Maracek, 1992). It is often through qualitative research and fiction that women can more fully "voice" their experiences. Gaps between experience and language are found in many contexts, such as that of menopause.

"The women's network let me down. Nothing I've ever heard or read prepared me for this!" This particular yelp resulted from the plummet of energy and purpose I experienced with menopause and quickly led us to wider, more lively musings on what else had caught us unprepared, where else we had experienced gaps between female experience and expression. (Shields & Anderson, 2001)

Current research and knowledge of the psychology of women has a tendency to reflect alpha and beta biases (Hare-Mustin & Maracek, 1992). *Alpha bias* occurs

when there are exaggerations of gender differences attributed to social inequities and power differentials. This can be the inadvertent result of attempts to affirm positive female qualities such as relational skills. *Beta bias* is the tendency to minimize differences between genders. This bias has been more common in psychological theories that minimize the influence of social context and assume equality in the social system for men and women. Both biases embody assumptions and have limitations in that neither fully represents the complexity of gender.

Androcentric biases present in psychological research are passed on to psychological theories and coun-

selling theories evolving from this body of knowledge. Moreover, women hold subordinate positions in most of the societies in the world, and this reality is reflected in psychology and counselling practices. Counsellors are at risk of perpetuating gender-linked assumptions and values of their culture in which men are attributed more power and authority while women occupy a more subordinate position. Principles of feminist research and therapy can assist practitioners in addressing the needs of clients from diverse backgrounds and to work against the oppression of women (Finfgeld, 2001).

Mentally Healthy Women

When 50% of the population has the power to identify health and illness according to their gender stereotype (men), the other 50% of the population (females) becomes over-represented in the total number of people treated for diagnosed mental disorders (Felipe Russo & Green, 1993). Diagnoses that share characteristics similar to the sex role stereotype of femininity, such as anxiety and depression, show higher rates of treatment. This reflects the tendency to perceive women's behaviour that goes against societal norms as illness. Women also receive more prescriptions for psychotropic drugs than do men (Travis & Compton, 2001).

Because the mental health of women is viewed within a social and political context, it is important to consider what women's mental health is not. Women's mental health is not what is defined as normal by the dominant male culture and is not the absence of pain

and distress (Brabeck & Brown, 1997). It is also not adjustment to the dominant culture through the acquisition of skills or coping strategies more adaptive to male standards and situations (Finfgeld, 2001).

What is healthy functioning for a woman? The definition of mental health varies depending on a woman's context. In general, it includes the skills and will to survive the experiences of powerlessness, dependency and violence experienced by many women. Mental health is resistance and the pain that resistance can evoke (Brabeck & Brown, 1997). It is the experience of agency and can include difficulties in psychosocial functioning due to learned ways of coping (Brabeck & Brown). Mentally healthy women are personally empowered to achieve their goals. Personal empowerment is finding your own personal power, developing increased self-esteem, and valuing one's self as a woman of strength and resources (Worell & Remer, 1992).

Theory

Psychosocial Development of Girls and Women

A surge of research and theory regarding the psychosocial development of women emerged during the late 1970s out of the recognition that previous developmental theory was primarily descriptive of males based on research of male subjects. Out of her research on women's moral development, Gilligan (1982) concludes that women and men experience moral development differently, and this is related to variations in the process of identity development. She builds on Chodorow's 1978 work, which was critical of the psychoanalytic formulation of women's identity development as incom-

plete due to their failure to resolve the Oedipal conflict; that is, separation from mother. Chodorow argued that a girl's attachment to her mother is the basis for empathy, by which identity is defined.

Moral development model. Gilligan (1982) elaborates an interrelated model of women's moral and identity development. She describes women's moral decisions as occurring out of consideration of responsibility in relationships and an ethic of care. This differs from the male conception of morality as problems of rights, rules, and fairness. Gilligan suggests that women develop an ethic of care through a three-stage process of (a) initially caring for self to ensure survival, (b) the

criticism of selfishness triggering a transition to an exclusion of self-care for the caring of others, and (c) a new understanding of self and other in which self and other are interdependent. These transitions occur in a society that values self-sacrifice in women, which is represented by the second stage in development. Gilligan proposes that women must overcome the opposition to self-development, and an awareness of women's rights allows women to consider their own needs.

Women experience developmental transitions during life crises, such as the moral crisis of unwanted pregnancies. In studying these crises Gilligan (1982) describes a process of developmental transitions that provide an opportunity to return to a previously missed opportunity for growth. For example, if a woman has the experience of being abandoned by significant others, such as her partner, during a crisis she will retreat to the stage of survival in which she will cut off feelings and not care for anyone but herself. If she does not experience abandonment, then the crisis has the potential for self-development. Through this process, women experience self-development within relationships.

Self-in-relation model. The theory of self-in-relation also emphasizes the centrality of relationships in women's self-development (Jordan, 1997; Jordan & Surrey, 1986). For women, the self is a relational self that is developed in the context of significant relationships. In this theory, self is defined as "a myriad of memory experiences that provide us with a sense of organization, coherence, and meaning" (p. 92).

Jordan and Surrey (1986) maintain that the capacity for relatedness is fundamental to women's development. They identify empathy as "the process through which one's experienced sense of basic connection and similarity to other humans is established" (p. 85). They emphasize that empathy is a two-way process of dialogue and communication. With empathy, intimacy in relationships is possible, and with mutual empathy, growth in the self is possible. There is a paradox within this process "in that in the joining process, one develops a more articulated and differentiated image of the other and hence responds in a more accurate way" (p. 85). An "oscillation of images of self and other" (p. 92), which defines self in a dynamic process, occurs in relationships. Surrey refers to this as the "oscillating self-structure" (p. 7). The process of self-definition is conceptualized as a continual differentiation of self from other within empathic relationships.

For women, Jordan and Surrey (1986) describe the mother-daughter interaction as crucial to self-development in relationships. The mother-daughter relationship is described as being one of mutual empathy and connectiveness that empowers both with mutual self-esteem. Within this relationship occurs an "oscillation of images of self and other" (p.92), which defines self in a dynamic process.

Jordan and Surrey (1986) suggest that women's self-development may also occur through a process of "self empathy" (p. 100). This occurs when the observing and judging self make understanding contact with objective aspects of the self (recognized characteristics of self), thereby modifying the self. This process of self-empathy implies that the oscillating self-structure oscillates between objective self in relationship with experiencing self, as well as the self in relationship with other.

Jordan and Surrey (1986) note that mutual empathy is difficult to establish in a society that values separateness and fails to value connection. This, they suggest, produces fragmentation and conflict in women in a number of ways. Women tend to adopt the two roles: behaving like a man outside the home and as a caregiver elsewhere, which produces a compartmentalization of functioning. With the loss or absence of close interpersonal relationships, women also "experience difficulty in delineating, articulating, and acting directly on their own needs and perceptions" (p. 99). For women, the absence of mutual empathy in relationships can result in a loss of self-esteem because women value the mutual empathy in relationships and feel guilt and shame if they cannot participate in these types of relationships. The difficulty of establishing and maintaining close interpersonal relationships in this society has consequences for both women's process and nature of self-definition and their related self-esteem. Adolescent Caucasian girls are vulnerable to developing low self-esteem due to the impact of the cultural roles they encounter (Phillips & Zimmerman, 1990).

Epistemological development model. Research also indicates that women's development of self-definition and epistemological perspectives are related (Belenky, Clinchy, Goldberger & Tarule, 1986). Females often identify less with the authorities from whom knowledge is initially received than do males. They start at a position of silence, unable to voice the opinions of others or to speak the knowledge of authorities. This silent, selfless stance has been attributed to the tendency of women to occupy subordinate positions in society. For females, development as a thinker has been described as a process of attaining "voice," which is the process of coming to understand knowledge as personal or private, and eventually arriving at the place of constructed knowledge. Five categories of women's perspectives of knowledge have been identified, which range from the perspective of no voice or self-definition to the perspective of a creator of knowledge.

Women integrate knowledge from others and self, utilizing empathy and the self as instruments of understanding in caring relationships. This is a process of connected knowing, in contrast to separate knowing, which is an impersonal, adversarial approach. In connected knowing, self-development and intellectual development are interrelated.

Future implications. Understanding of Caucasian women's identity development is improving; however, research is just beginning on how diversity and culture may affect women's psychosocial development. A more comprehensive understanding of women's development may involve consideration of a number of reference points, including women's developmental theory, the sociopolitical context or culture, and individual circumstances (Harris, 1992).

There is increasing support for the relevance of resistance in the process of identity development for

women across cultures (Collins, 1991; Gilligan, Lyons & Hammer, 1989; Petersen, 2000). Self-definition for many women involves resisting the images defined by the dominant culture that are designed to maintain the status quo of women (Peterson). Women may consciously or unconsciously adopt a personality trait such as assertiveness rather than risk being stereotyped as a passive female. Central to the psychosocial development of women is the relationship between the external social and political context and the internal psychological domain (Collings & Romans, 1998).

Theoretical Principles of Feminist Counselling

As with the research, theory, and knowledge developed about female experience, the field of counselling girls and women is shaped by feminist ideology and values. Feminist approaches to working with this population arose out of political, sociological and philosophical perspectives rather than psychological theories. Thus the practice of feminist counselling involves intertwining feminist principles with a variety of counselling theories.

When critiquing counselling theory and practice, feminist practitioners view all counselling as a value-laden process in which counsellors are challenged to hold philosophical positionings guiding their practice in equal tension with the theory and techniques used in counselling (Brown & Walker, 1990; Lerman, 1974; Sturdivant, 1980). Examples of philosophical positionings include the values, world-views, and experiences the counsellor brings to the counselling setting. For feminist counsellors, the following philosophical tenets and beliefs are used to evaluate the goals, techniques and theories that guide their counselling practice (Worrell & Remer, 1992).

Personal is Political

A key element in feminist therapy is that the personal is political. The experience of human living is shaped and directed by social and political influences that intersect with personal spheres. For example, issues such as traditional sex role stereotyping and institutional/societal gender-biased barriers are viewed as limiting to all individuals (Worell & Remer, 1992). Feminist counsellors recognize that much of the distress that brings people to therapy is socioculturally based (Hill & Balluo, 1998). Because of this derivation, counsellors must incorporate interpersonal, social, and political dimensions as well as intrapsychic analysis into their work with clients (Brabeck & Brown, 1997; Brown & Brodsky, 1992; Wyche & Rice, 1997). As Kitzinger and Perkins (1993) state, "Whatever it pretends, psychology

is never 'apolitical.' It always serves to obscure larger social and political issues (sexism, heterosexism, racism, classism) connecting them to individual pathologies by insistent focus on the person within therapy" (p. 6).

Perhaps, the primary essential work of feminist counsellors is to assist clients in developing an ability to incorporate the principle of the personal is political into their understandings of themselves and their lives. For example, we have worked with women who decide to not purchase fashion magazines that promote unhealthy attitudes and behaviours toward eating and body image.

Egalitarian Relationships

Egalitarian relationships are formed and maintained through an equal valuing and support of male and female perspectives. While feminist counsellors believe that healthy relationships are egalitarian, they also recognize that power differentials related to gender and status exist in many relationships. In particular, power imbalances exist in many male/female relationships, majority/minority relationships, and in counselling practice.

Feminist therapists refuse to accept that inequities between women and men are natural or inevitable, and advocate that such beliefs must be constantly questioned (Jackson & Jones, 1998). Within the practice of therapy, clients are assisted in assessing their own experience, including sex-role socialization and stereotyping and culturally oppressive and sexist practices, as central to their conceptualization of current issues in their lives. Change through therapy often involves individual and collective change and is a transformative movement within the therapeutic process and the client. Lerner (1993) describes this process as

the awareness of women that they belong to a subordinate group; that they have suffered wrong as a group; that their condition of subordination is not natural, but is societally determined; that they must join with other women to remedy these

wrongs; and finally, that they must and can provide an alternative vision of societal organization in which women as well as men will enjoy autonomy and self-determination. (p. 14)

In recent years, feminist counsellors have gained an increasing awareness of the limitations of their work and are now extending it to diverse populations to recognize all majority/minority relationships. For example, women of colour, lesbians, and women living in poverty argue that an emphasis on gender first and foremost may not speak to their lives (Epsin & Gawlek, 1992; Russo & Vaz, 2001). Feminist counsellors acknowledge that power differentials based on ethnicity, sexual orientation, and social class exist.

While feminist counsellors are beginning to address these issues (Jordan, 1997), there is a need to hear and integrate the knowledge of women of diversity, as they can offer an important corrective to psychological practice (Brabeck & Brown, 1997). In addition, while there is a need to empower the oppressed to speak for themselves, it is also necessary not to abandon the responsibility of the privileged to speak out against oppression. To not speak out is viewed as shirking the responsibility that is incurred by privilege (Forcey & Nash, 1998).

Finally, the practice of counselling must incorporate an awareness of the politics of psychology and counselling, which has historically been driven by traditional models of understanding that accentuate power differentials in counselling relationships (Worrell & Remer, 1992). While feminist counsellors acknowledge inevitable power differentials existing in counselling relationships, they attend to feminist principles by being sensitive to power in the structure and relationship of

counselling, including attention to gender, ethnicity, class, sexual orientation, and ability (Hill & Ballou, 1998). A more in-depth look at the application of these principles is covered later in this chapter.

Multiple Realities

Feminist counsellors support multiple, subjective viewpoints as viable and equally valid, rather than positions authorizing the objectivity of knowledge and one universal truth (Brabeck & Brown, 1997). Consequently, existing theories that are essentialist and individualistic must be critiqued to facilitate the development of new theoretical frameworks for counselling girls and women (Sampson, 1993). For example, while psychoanalytic approaches have historically focused on the inferiority of women, strength is noted in the importance placed on relationships (Chodorow, 1978; Eichenbaum & Orbach, 1983; Jordan & Surrey, 1986; New, 1993). Similarly, humanistic approaches have focused on personal experience and perceptions while failing to emphasize how external world influences, such as gender, class and ethnicity might be interrelated with the private self (Brown & Ballou, 1992; Enns, 1997). As well, cognitive behaviourism is critiqued for implicitly supporting the standards of dominant social groups by encouraging clients to improve their adaptive capacities to meet environmental conditions rather than focusing on the need to change the situation (Kantrowitz & Ballou, 1992; Morawski & Agronick, 1991; Worell & Remer, 1992). These issues with current counselling models demonstrate the importance of creating frameworks for counselling practice that are more reflective of the realities of girls and women.

Emerging Models of Feminist Counselling

Amidst this critique, feminist counselling theory frameworks are emerging that address the diversity present through gender and through other lenses, such as race, ethnicity, religious affiliation, class, and sexual identity (Jordan, 1997; Russo & Vaz, 2001). In particular, these theorists are working to develop models that permit flexibility in attending to multiple realities while holding up feminist principles. In this venue, Brown (1990) suggests that counselling women must emerge from multi-paradigmatic perspectives and move towards non-linear causality models.

In light of these directions, it seems unlikely that feminist counselling will be guided by a grand or meta theory that explains a universalistic understanding of women and/or ways to improve their lives. Maynard (1995) states: "There has been a move away from the assumption that theories need to be based on a funda-

mental core to which all elements of which they are comprised can be ultimately reduced" (p. 273). In other words, while all women share gender oppression, they experience it through their individual historical, social, political, economic, ecological, and psychophysical realities (Greene & Sanchez-Hucles, 1997). Consequently, there is a need to find ways to include an understanding of women as a group and to attend to the particulars of their lives. As de Laurentis (1989) noted, *woman* is a unifying term, not necessarily a unified experience.

To this end, we have identified two new theoretical frameworks that hold promise for bridging this gap. In essence, they typify 'middle-range theories' that fall between meta theories and the detailed descriptions of particulars not to be generalized (Merton, 1968).

Relational/Cultural Model

The relational/cultural model of feminist counselling evolved from the self in relation model of women's psychosocial development, which rejects the notion that women are mature when they achieve autonomy, independence, and self-sufficiency. This model was formulated from the research and writings of theorists at the Stone Centre, Wellesley College (Jordan, 1997, 2000; Jordan, Kaplan, Miller, Stiver & Surrey, 1991). In this model, the definition of a mentally healthy woman is one who experiences mutual empathy and empowerment in relationships. Jordan (2000) summarizes the core ideas of the relational/cultural model as follows:

- people grow through and toward relationship throughout the life span
- movement toward mutuality rather than movement toward separation characterizes mature functioning
- relational differentiation and elaboration characterize growth
- mutual empathy and mutual empowerment are at the core of growth-fostering relationships
- in growth-fostering relationships, all people contribute and grow or benefit; development is not a one-way street
- therapy relationships are characterized by a special kind of mutuality
- mutual empathy is the vehicle for change in therapy
- real engagement and therapeutic authenticity are necessary for the development of mutual empathy (p. 1007)

In relational/cultural counselling, the counsellor and client work to better understand and rework the client's patterns of relationship connections and disconnections. From this perspective, clients learn to be inauthentic in relationships from their experiences of being hurt and without empathy in a relationship with someone in greater power than themselves. They develop patterns of relating in which they cannot be themselves and may eventually be unable to clearly define themselves. They often yearn for close relationships, but cannot achieve them. The therapy relationship allows for corrective experiences through the development of mutual empathy. Mutual empathy is "emotional responsiveness, understanding and being understood, expansive growth process for both people. Seeing another's empathic response." (Jordan, 2001).

Counsellors who utilize a relational/cultural model must be authentic and mutual through engaging with the client and being "real," yet must remain aware of their possible impact on the client. They are open to learning from the client and offer genuine responsiveness that allows the client to develop an awareness of

their impact on others in relationships. Turner (1997) emphasizes the importance of using cross-cultural training interventions and strategies as an adjunct to relational counselling, encouraging counsellors to increase awareness of their own ethnicity and improve their capacity for understanding of a cultural world view that may be different from their own.

Social Constructionism Model

One emerging model is the development of a framework that links social constructionism and feminist therapy principles (Finfgeld, 2001). Gergen (1985) highlights key concepts of social constructionism, including (a) attention to personal experience as circumscribed by contexts of culture, history and society, (b) an emphasis on language as influencing what is known, and (c) the importance of negotiated meanings that bring forth understanding.

The multiplicity of perspectives allowed in this framework may hold possibilities of engagement with more than one cultural construct in working with women and does not insist on unified understanding or experience of these constructs. For example, when working with a black woman with a physical disability, attention can be given to her individual experience, ethnicity, gender, and ability as potential influences of the experiences that bring her to counselling.

Finfgeld (2001) draws out possibilities of how this might translate into practice. With an awareness of feminist principles, counsellors could engage their work from a self-reflective stance while assisting the client's self-reflective process to emerge and be valued within the counselling process. The positioning of both the counsellor and the client is understood as socially constructed and present in the counselling process. Working together, attention would be given to the client's unique individual life experience rather than relying on general, universal knowledge about the lived experience of particular groups based on ethnicity, sexual orientation, or religious affiliation. Significant time would be spent discovering and developing a deep understanding of the client's sociocultural viewpoints. Work then proceeds by helping the client see world-views as socially influenced and determined and therefore malleable to deconstruction and re-interpretation.

As deeper understandings emerge, the counsellor and client develop individually constructed mini-paradigms as the client comes to see her worldview as influenced by social interactions. Over time, options for possible change emerge from within the woman's personal paradigm rather than arising from understandings that may not honour the unique aspects of her life.

Counselling Process

Feminist counsellors support the belief that counselling needs to move beyond traditional pathways of symptom reduction and exclusive emphasis on individual concerns. Therefore, they advocate for change to occur at a variety of levels, including prevention, education, remediation, empowerment, and community change (Worell, 2001). While each of these types of work can be distinct from one another, a great deal of counselling women from a feminist perspective involves interweaving these forms of intervention into individual and group counselling.

Individual Counselling Process

From the initial meeting with a client through to the final counselling session, feminist counsellors utilize a number of common strategies and interventions relevant to working individually with girls and women. These can be considered in terms of an initial discovery/goal setting phase and a phase of working together to achieve the goals.

Discovery/co-construction of goals. The traditional model of assessment utilized to determine a diagnosis is widely criticized for the lack of relevance and potential harm for girls and women (Cammaert & Larson, 1988; DeBarona & Dutton, 1997; Enns, 1993). Diagnostic labels imply that the counsellor has the power of an expert to define symptoms as intrapsychic problems, rather than viewing symptoms as an indication of how the social/political context may be the problem. Assessment does not consider an individual's cultural context, and diagnoses of pathology are given when women do not conform to culturally defined gender roles. The assessment process involves an imbalance of power between client and counsellor that parallels women's experiences of disempowerment and reinforce assumptions of pathology and inadequacy as client-based. Rather than assessing clients, feminist counsellors prefer to utilize a process and focus to discover and co-construct goals with clients.

The process of discovery. Feminist counsellors create a context facilitative of a collaborative counselling process that starts in the discovery phase and continues throughout their work with clients. A number of strategies are suggested that allow feminist counsellors to establish a therapeutic alliance (Cammaert & Larsen, 1988; Cummings, 2000; Gilbert & Scher, 1999; Worell & Remer, 1992).

Although a counsellor will always have more power than her clients by the nature of her role, it is critical to

strive for a more equitable client/counsellor relationship. Open communication about the counsellor's theoretical orientation, information about what the client can expect during counselling, and offering the client choices regarding the topics and direction for each session are all strategies that can demystify the counselling process and empower the client. Feminist counsellors also tend to utilize increased levels of self-disclosure to appropriately show their "humanness" and offer role modelling. Consideration is given to the physical layout of the counselling office by feminist counsellors who are aware of how space and procedures can enforce power differentials between client and counsellor. The office of a feminist counsellor is often very welcoming, has a comfortable seating area apart from the desk or business space, and feminist counsellors openly involve clients when notes are made during sessions.

A feminist counsellor is aware of how non-verbal communication can convey assumptions or messages about gender. As women frequently experience violations of their personal boundaries through inappropriate touching or entering their personal space, it is important for counsellors to increase their awareness of non-verbal behaviours. Touching is usually avoided unless the client gives permission, and feminist counsellors monitor how their non-verbal behaviour may inadvertently reflect gender role assumptions. Personal reactions to client affect, focus of attention on particular topics or to appearance, and inattention are subtle non-verbal behaviours that can convey messages of what is appropriate and inappropriate to each client.

During the discovery process, feminist counsellors often avoid making judgements or providing opinions, but defer to the client as the expert on herself. The feminist counsellor takes the role of empathic listener, keeping an open, curious stance attempting to fully understand the woman's experiences and concerns from a holistic perspective. The clients' interpretations of her experience are considered as equally valid as the interpretation of the counsellor. Clients can be encouraged to disagree with the counsellor, who acknowledges that the counsellor can be wrong at times. An example of this type of response is "I have tried to summarize what you experienced just now, but I may not fully understand your experience, yet. Let me know if I am off-track."

The focus of discovery. During the discovery phase, the counsellor and client work collaboratively to describe the client's experiences within the complex context of her life at that time (DaBarona & Dutton, 1997). Both client and counsellor gradually come to a more complete understanding of the client's experiences and

together they identify goals for personal change. Rather than using standard diagnostic measures and approaches, a variety of strategies are recommended during the discovery phase (Cummings, 2000; Enns, 1993; Worell & Remer, 1992).

Experiences of pain and discomfort are recognized as possible indicators of victimization or the result of role conflict. If women sacrifice individual needs to conform to gender role stereotypes, they may develop symptoms in response to this conflict. Emotional distress or anger may be mislabelled as over-reaction or problematic by women if they adopt gender role expectations for themselves. Feminist counsellors explore symptoms in terms of how the woman's context may generate these symptoms. Brown (1987) suggests a process for evaluating a woman's environment that involves (a) determining whether the stressor is interpersonal, cultural, or environmental; (b) determining how often the stressor is experienced; (c) determining how the stressor effects the woman; and (d) considering how the stressor interacts with the woman's life stage. Symptoms can be reinterpreted as healthy responses to the environment; for example, a woman's fear and anxiety can be a natural response to having been raped. Reframing symptoms as natural or healthy responses rather than as signals of the woman's problems prevents the woman from being victimised twice: once by her attacker and again by the counsellor, who implies that the woman is ill or unstable.

Working to achieve goals. With an emphasis on social action and empowerment, feminist counsellors move with their clients into the work of counselling in order to achieve previously established, co-constructed goals. It is here that feminist counselling can take on many faces, as the counsellor uses not only feminist principles, but her own theoretical orientation of counselling. Thus, counsellors may incorporate cognitive behavioural, interpersonal, constructivist, humanistic, or other theories of practice into a feminist framework.

While feminist counselling does predominately focus on philosophical tenets, a number of specific interventions have emerged to support this perspective that are unique to feminist approaches or arise from other theories yet are compatible with feminist principles. A common strategy is gender role analysis in which attention is given to exploring how the woman has come to understand family values, life stage, and culture, and whether these understandings reflect gender role assumptions. Questions regarding choices can indicate expectations for rewards or penalties for gender role compliance or non-compliance. Women, who become aware of their gender role assumptions and biases through this process, then have the choice to keep or reject these assumptions according to their individual values and needs.

Following gender role analysis, the counsellor may make summary responses, for example, to a client who feels guilt about being a working mother: "Although you believe that your children benefit from the extra income and the role modelling you provide, you still tend to define a "good mother" in terms of how you were raised yourself. This conflict seems to create some feelings of guilt for you."

Power analysis is another strategy to use when working with women. The purpose of this strategy is to increase awareness of power differentials between majority and minority groups and to empower clients to exact change in systems and situations that affect their lives (Worell & Remer, 1992). Topics for discussion when engaging in power analysis could include defining power, recognizing different types of power, understanding different levels of access to power, and exploring how power can be extended to bring about change.

Assertiveness training can be a complementary strategy when using power analysis in counselling work. Once clients become aware of the presence of power, skill development is often needed to increase access and mobilize resources. Along with developing the belief that women have rights to power and opportunity, they need to develop an understanding of the differences among passive, assertive, and aggressive communication and have opportunity to practise skills through role-play situations (Alberti & Emmons, 1982).

Counsellors are cautioned to respect diversity in their utilization of the above principles, strategies, and interventions. Of significance is the potential for tension between a family's cultural norms and feminist principles of practice (Sparks & Park, 2000). For example, for Harpreet, the young woman introduced at the beginning of this chapter who had been kicked out and disowned by her family, learning communication skills to negotiate a later curfew with her father might be inappropriate. In her culture, the norm is often to give young women limited independence until marriage. Consequently, advocating for equal power between young men and women may be in direct conflict with cultural values that favour young men.

Minimizing power and authority in the therapeutic relationship may also be at odds with cultural assumptions regarding the authority of helping professionals. The feminist counselling process utilizes a variety of strategies to reduce power differentials between client and counsellor. For example, Mikako, an adolescent girl of Japanese heritage, may expect her career counsellor to provide expert knowledge on a suitable career goal. She may experience discomfort with a feminist counsellor who encourages her to be an active participant in the counselling process. Mikako may also assume that she cannot request a different style of counselling to better suit her needs.

Feminist counsellors working with Harpreet or Mikako cannot assume that gender is the most important

organizing construct for these women. Of equal or greater significance may be their ethnicity or other frames of reference.

Group Counselling Processes

The implications of the ways women come to think and learn are important when offering psychoeducational groups. Women, particularly those from lower socioeconomic or oppressed situations, may have difficulty finding their “voice” and expressing self-knowledge. Groups can facilitate the development of voice through the use of a connected teaching style (Belenky, Clinchy, Goldberger & Tarule, 1985). Rather than lecturing to the group, information is generated through discussion that helps the participants to elaborate their own tacit knowledge.

Uncertainty is welcomed during these types of discussions, as women formulate ideas and opinions. As each woman is encouraged to express tentative thoughts and feelings, and has the experience of being deeply heard, she will begin to carefully listen to herself and come to recognize herself as an important source of knowledge.

Connected classrooms (Belenky, 1994) also tend to evolve when groups of women meet over extended periods of time during which they learn to trust each other and gain the confidence to participate. The leader has a role to lead the group, but does not exert unnecessary power over the participants. Her role is to provide understanding, which is achieved through hearing women’s stories rather than arguing opinions. Other strategies that encourage epistemological development are listed below.

1. The leader requests that the participants write a journal of thoughts, ideas, and feelings after each session. This can facilitate further reflection on the information learned and personal insights.
2. During group discussions, the leader writes a summary of ideas expressed on posted flipchart paper. This can be typed and returned to the group during the next session. Participants may be surprised to see the value of their ideas and gain confidence in participating in further discussions.
3. When women are expressing personal opinions, the leader acknowledges these ideas and validates this form of expression as important to the issue at hand.
4. Women may find cooperative structured exercises more supportive than competitive situations.
5. Frequently do rounds during the session so that everyone has an opportunity to express her thoughts or feelings at that moment. This can ensure all participants opportunities to become involved, even those women who may find it difficult to interrupt or break into discussions.

6. Be aware of the physical space and how it can impede or encourage participation. Circles of chairs are always better than rows and the leader should have space as part of the group and at their physical level, when possible.
- 7 Provide a variety of participation levels for the participants. Not all people are comfortable speaking before a large group. Provide time for individual exploration, small, and large group discussion.

Ethical Practice

The professional training of feminist counsellors can arise from a variety of disciplines including psychology, counselling, social work and nursing. In any profession, the importance of ethical practice cannot be understated, and disciplines generally have a code of ethics to guide practitioners (Canadian Association of Social Workers, 1994; Canadian Counselling Association, 1999; Canadian Psychological Association, 2000). When working with clients, feminist counsellors are to adhere to the ethical principles of their professional body and to utilize the *Feminist Therapy Code of Ethics* (Feminist Therapy Institute, 1987). This code of ethics outlines five main areas that need attention in ethical decision-making, as discussed in an earlier chapter by Jean Pettifor.

First, feminist counsellors acknowledge the influences of ethnicity/culture, gender, class, and sexual orientation and view them as inseparable elements in experiencing their own lives and the lives of clients. Consequently, they continually use self-reflexivity in their practice as they attend to issues of accessibility to counselling, uncovering and respecting differences and confronting oppression.

Second, feminist counsellors acknowledge power differentials between themselves and clients and work to effectively utilize this dynamic to the benefit of the clients. This can be demonstrated through appropriate self-disclosure, modelling healthy personal power, ongoing collaboration in working towards counselling goals, and informing clients of their rights as consumers of counselling services. In obtaining informed consent for videotaping of sessions, feminist counsellors ensure that the client fully understands the purpose of taping and that the client is fully capable of refusing to give consent without jeopardizing her counselling. The counsellor may delay videotaping and asking for consent for many sessions so as to empower the client in this regard.

Third, feminist counsellors recognize the complexity of overlapping or dual relationships and accept responsibility for ensuring client safety through attending to confidentiality, not engaging in sexual behaviour with clients, and discussing with clients any concerns about possible overlaps in their relationships.

Fourth, feminist counsellors attend to the importance of accountability in their work with clients. Taking

time for self-care, working only in areas of professional competence, seeking out consultation opportunities with colleagues, and engaging in ongoing professional development and learning are key to this area.

Finally, feminist counsellors continually critique professional practices that are sexist or oppressive and work for continued social change at public, institutional, and individual levels. This is exemplified by the work we do coordinating education initiatives to promote healthy body image and working toward women-friendly counselling practices within the Canadian Counselling Association.

As noted previously, feminist practitioners believe that feminist practice must emerge from the practice of counselling (Enns, 1997). This principle guides the development of feminist counselling practice and ethical decision-making. To this end, written materials continue to be produced to assist counsellors in the application of these ethical guidelines (Hill, Glaser & Harden, 1998; Lerman, 1994; Rave & Larsen, 1995). In these works, the process of ethical decision-making is supported through attending to rational and intuitive realms as well as through providing specific case examples where ethical decisions arise.

Women's Issues

Girls and women can come to counselling with a variety of presenting concerns. While a complete exploration of all possible concerns is not feasible within this chapter, a brief review of four common issues is provided.

Depression

Depression is a common presenting concern for women in counselling. Research indicates a 2:1 female to male gender ratio in depression (Statistics Canada, 2001). Boyd and Weissman (1981) report that the lifetime risk of unipolar depression for men to be 8% to 12% and for women to be 20% to 26%.

While conclusive reasons for the greater presence of depression in the lives of women do not exist, various models and theories exist to explain why more women than men become depressed. Psychosocial models focus on an interaction between psychological traits or attitudes and the presence of stressful life events (Belle, 1982; Jensen, 1994; Stoppard, 2000; Walters, 1993). Biological approaches emphasize genetics, biochemistry, and hormones, with particular attention to women premenstrually, postpartum, and

during menopause (Brems, 1995; McGrath, Keita, Strickland & Russo, 1990).

Women-centered approaches examine both personality differences between men and women and the significance of relationship in women's lives. While some research suggests that women are more likely than men to seek help (Hammen, 1982), other studies indicate that women and men with similar symptoms are equally likely to consult a physician (Amenson & Lewinsohn, 1981). Some feminist theorists note that key symptoms of depression, such as inhibition of activity and anger and low self-esteem, are encouraged in women's development and socialization (Stiver & Miller, 1997).

Perhaps most comprehensively, feminist approaches stress that while depression can be present in women's lives, it likely emerges from a complex variety of variables, including biological, societal/situational, and sex-role socialization factors, rather than individual control (Worell & Remer, 1992). This can be confusing for depressed women who recognize themselves as "sick," yet acknowledge how their situation contributes to their problems.

Snapshot #2 Women and Depression



Surely no one would expect Mrs. Flett to come up with a theory about her own suffering—the poor thing's so emptied out and lost in her mind she can't summon sufficient energy to brush her hair, let alone organize a theory. Theorizing is done inside a neat calm head, and Mrs. Flett's head is crammed with rage and disappointment. She's given way. She's a mess, a nut case. In the morning light her hurt seems temporary and manageable, but at night she hears voices, which may just be the sound of her own soul thrashing. It sings along the seams of other hurts, especially the old unmediated terror of abandonment. Somewhere along the line she made the decision to live outside of events; or else that decision was made for her. (pp. 261–262)

Shields, C. (1993). *The stone diaries*. Toronto, ON: Random House

In working with women experiencing depression, counsellors may begin by exploring these contributing factors in more depth. Biological connections may include postpartum depression, menopause, or other chemical/hormonal imbalances. Referral to a physician to assess for physical health contributors and possible use of medication can be essential at this stage. Societal/situational factors may include lifestyle factors, relationships, and multiple role conflicts. Sex role socialization factors may include learned helplessness and gender role stereotypes (Worell & Remer, 1992).

When counselling women with depression, new best practices are emerging through the work of Canadian researchers. Hurst and Genest (1995) explore the use of a cognitive-behavioural approach with a feminist orientation in counselling women with depression. Through intertwining feminist principles about the sociopolitical environments in which women live with the tenets of cognitive-behavioural approaches, increased benefit is realized by clients. For example, a client may feel depressed due to pressures to get paid employment, when she would prefer to maintain the more traditional roles of wife and mother. A feminist counsellor would acknowledge the stress inherent in managing this conflict and provide support in making choices congruent with the client's values.

Gammell and Stoppard (1999) interviewed women about their experiences of diagnosis and treatment of depression and found that a medicalized understanding and treatment of their depressive experiences did not co-exist with personal empowerment. With the label of depression, women can feel they are weak or flawed, which contributes to lower self-esteem. These researchers stress the importance of giving women choices in treatment options and of the need to continue to work towards greater integration between theoretical positions and the experience of depression in women's lives.

Eating and Body Image

Eating and body image issues are common concerns in the lives of girls and women. According to a recent release by Health and Welfare Canada, 1 to 2% of Canadian women between 14 to 25 years of age have anorexia, 3 to 5% experience bulimia, and another 10 to 20% engage in many of the behaviours associated with both eating disorders (National Eating Disorder Information Centre, 2000). Earlier Canadian statistics indicate that 70% of women are weight preoccupied, 40% engage in yo-yo dieting, and 20% experienced disordered eating (National Eating Disorder Information Centre, 1996). More recently, Jones, Bennett, Olmstead, Lawson and Rodin (2001) reported that 27% of girls

aged 12 to 18 years experience disordered eating attitudes and behaviours that gradually increased throughout adolescence. Given these realities, it is likely that women initiating counselling will experience concerns related to eating and body image issues as primary or secondary reasons for accessing assistance.

Extensive research is being conducted into the etiology of eating issues and is highlighting sociocultural, familial, biological, psychological, and genetic factors at play (Gordon, 2000; Polivy & Herman, 2002). We are coming to understand that single factors and simple linear models are inadequate, and greater hope is extended to models that focus on a combination of interacting factors (Stice, 2001). Feminist researchers support the use of multidimensional understandings of eating issues in women and attend to a number of important issues in this regard. (Streigel-Moore, 1995; Surrey, 1991).

While counselling women with eating concerns can proceed from a variety of theoretical orientations, use of a multidimensional model that attends to both psychosocial and physical health is paramount at present (Fairburn & Brownell, 2002). Of particular note, cognitive behavioural and interpersonal approaches are being evaluated as holding particular promise in the treatment of eating issues and can be easily integrated into a feminist framework. A cognitive behavioural approach focuses on engaging the client by explaining a rationale for treatment, re-establishing regular patterns of eating, combining cognitive and behavioural techniques to target both problematic cognitions (over-evaluation of shape and weight) and behaviours such as dieting. An interpersonal approach focuses on identifying relationship issues that contribute to the eating concern, assisting the client in developing potential solutions and supporting the client as she initiates change.

In either case, treatment will often include a team of health professionals, including a counsellor, a dietician, and a physician working with the woman and her social support system. Feminist counsellors working from either of these orientations will integrate discussion and critique of sociocultural factors that pervasively influence the experience of girls and women related to eating and body image concerns (Hutchinson, 1994). Discussion may include a critique of media and advertising industries, cultural imperatives valuing thinness, and gender role socialization of girls. To this end, a counsellor may ask girls to create a collage from magazines reinforcing societal norms that promote thinness.

Women's Careers

No other topic so clearly demonstrates the relevance of feminist counselling as that of women's career development. Measurable inequities in occupational opportunities, wages, and workplace barriers continue to exist for women. A wage gap between women's and men's wages still exists. For example, there is a 2% difference in pay between men and women two years after graduation, but this increases to a 16% difference in pay from two to five years after graduation (Drolet, 2002).

Astin (1985) labels the influence of societal forces on occupational decisions as the structure of opportunity. Along with being socialized along gender lines, women's

expectations about work are determined primarily by work opportunities. The structure of opportunity includes how jobs are distributed, sex-typing of jobs, overt and covert discrimination, job requirements, the economy, family structure, and reproductive technology. These changing factors influence the type of work expectations women come to hold, along with their educational and occupational choices.

Socialization experiences can reduce their expectations for self-efficacy: the extent to which they believe they can perform a task or behaviour successfully (Hackett & Betz, 1981) and the values they come to hold. For example, in Canadian politics, women are subject to discrimination by the media and male colleagues.

Snapshot 3 Women and Work



Sadly, I must state that I do not think there has been a great deal of improvement in the last fifteen years. The media are still writing stories about what female politicians are wearing. Hustler magazine recently tried to threaten the Honourable Sheila Copps into submission by sponsoring a contest surrounding sexual activity with her as the topic. The Honourable Anne McLellan's voice is called "piercing" and "grating" and "helium-dependent." More significantly perhaps, the women who get most of the other media coverage are the ones who most frequently act like men. It is when women are raucous that they get publicity, not when they are sound and reasonable. The critics are quick to point out they do not like the raucous behaviour from woman politicians. Rarely, however, are men criticized for such behaviour. Consensus-building skills, which are so often part of a woman's attributes, are both underrated and undervalued. Yet woman parliamentarians quietly go about their work representing their constituents—work that frequently goes unnoticed by the media...For many female politicians, the frustration remains. (p. 314)

Carstairs, S. (2001). Politics: Is it a woman's game? In C. Shields and M. Anderson (Eds.) *Dropped threads: What we aren't told* (pp. 311–316). Toronto, ON: Vintage Canada.

Women tend to have higher self-efficacy for traditional occupations and working with people, and lower self-efficacy for non-traditional occupations and working with things (Whiston, 1993). Women continue to experience lower career aspirations than men (Phillips & Imhoff, 1997) and are under-represented in some fields, such as physical science, applied mathematics, and engineering (Davey, 2001).

For many women, a combination of work and family is a reality. A review of research involving young women and adolescents provides evidence that the majority plan to be involved in both work and family (Weitzman, 1994). Although women's careers include plans to combine work and family, little is known about how women make decisions such as how to sequence work and family or choose to alternate work patterns (Sullivan, 1992). The centrality of relationships to

women's career decisions is being identified as a critical factor in women's career development (Lalonde, Crozier, & Davey, 2000). There is a need for women's career models that include the interaction of career, relationships, sociocultural contexts, and individual factors.

In her review of 20 years of feminist counselling and therapy, Enns (1993) notes that there has been a vast amount of research leading to a better understanding of women's career paths. However, the implications for counselling women have not been elaborated upon. Enns calls for the development of feminist career interventions to restore options, overcome barriers, and balance personal and career goals. Women's career counselling needs to include relevant forms of role analysis, social analysis, therapist self-disclosure, role models, information, and interventions relevant to specific stages of career development and particular groups,

and to offer strategies for dealing with barriers such as sexual harassment and job discrimination. Because women live in a society that presents barriers and may discourage and limit women's career development, it is important to counter these influences with proactive strategies. As opposed to a "null environment" in which the counsellor is neutral and unbiased, women's career counsellors should be biased toward women's career development, providing encouragement, coaching, and validation when possible (Betz, 1989).

Violence against women

In 1997, 88% of all victims of spousal abuse were women and 79% of all victims of family-related sexual assault were girls (Statistics Canada, 1999). Abuse can be broadly defined as "any threats or acts of coercion (controlling another's behaviour), aggression (intent to cause harm to another), or violence (perpetration of damage or injury to another or to their belongings and property) that are unwanted by the victim" (Worell & Remer, 1992, p. 233). Abuse is thought to be reflective of the norms and values of a culture, and is consistent with the subordinate, powerless position of women. The effects of abuse include profound emotional, physical and

sexual problems, including difficulties in cognitive processing (Thorne-Finch, 1992).

Women who experience abuse in a close relationship may feel unable to leave the abuser due to experiencing a cycle of violence in which each violent episode is followed by a period of remorse and apologies from the batterer along with a honeymoon period (Walker, 1984). The woman loses self-confidence from repeated acts of violence, while the possibility of the batterer's changing encourages perseverance in the relationship. Counsellors who are not familiar with this model have a tendency to blame the victim for remaining in the abusive relationship. Worell and Remer (1992) describe a three-stage model for intervention: (a) crisis intervention involving increasing the woman's safety, documenting the violence, and providing information and support; (b) exploration of possible options and decision-making; and (c) resolution and restructuring in which options are implemented and the woman can increase her levels of self-confidence and self-sufficiency.

Many women experience sexual assault in the form of rape or incest and struggle to integrate this experience of violence into their realities, as exemplified in this snapshot.

Snapshot #4 Rape



Then I fell and he covered me with himself. There was something sharp against my cheek from one of his pockets. A pencil or maybe or a stem of a pipe. The terrible stink of him and his hand was beneath my dress, tearing at my underclothes. Ripping them away from me. I was dizzy from all that turning and sick with the notion of what was happening. I said to the tramp, "You musn't do this to me. You musn't harm me like this." But he was only desperate and obscene. "Oh yes, Missus. Yes, Missus. I want to ____ you so bad. I do. You'll like it, Missus. You'll like it." His words were something like that. Then I thought this. A terrible thing is going to happen and I can do nothing about it. It will be an ordeal, but I do not think they will kill me. There are not murdering men. They will run away as soon as this is over. My eyes were closed and I shuddered with the pain of his entrance into my body. (pp. 57-58)

Wright, R. (2001). *Clara Callan*. Toronto, ON: HarperCollins.

As with other acts of violence against women, sexual assault is considered in terms of the culture within which it occurs. Research of societies that have rape and those that do not have rape, has found that rape-prone societies tolerate violence, encourage men to be aggressive, isolate the sexes, devalue feminine traits, and promote male dominance over females (Worell & Remer, 1992).

Part of living in a male society includes silence about experiences of incest, and it is important to encourage

our clients to give voice to the "unspeakable" (Hyde, 1990). Along with trauma counselling and long-term counselling to facilitate healing, feminist counselling approaches for rape and incest victims acknowledge and provide correct information about the internalized societal myths about sexual assault that imply that the victim is somehow responsible for being sexually assaulted. Empowerment of survivors involves validating their experiences and the strengths they bring to coping with the trauma. Education is also provided about the reality

and incidence of these crimes and how social structures and the power differentials between men and women contribute to these violent acts.

Whenever counselling involves both the woman and the abuser, such as in family or couple's counselling, a systems approach is not recommended because of the assumption of equality of power in the systems approach (Bograd, 1988). Systems approaches do not recognize the inequities in relationships and can blame the victim by analyzing the relationship in terms of circular causality, whereby the victim is encouraged to consider how she has contributed to the abuse and the abuser does not take full responsibility for his actions.

Feminist family counsellors acknowledge that the family often mirrors societal constructions of gender, and are careful not to perpetuate these in counselling.

The full responsibility for the abuse is openly attributed to the abuser with the expectation that the abuser is responsible for not being violent in the future.

Summary

Girls and women encounter a variety of difficult situations and interactions that are primarily influenced by the fact that their gender is female. Other common presenting women's issues in counselling include self-esteem, sexual harassment, parenting, eldercare, ageism, relationships, self-esteem, sexual harassment, and poverty. Counsellors working with girls and women are strongly encouraged to familiarize themselves with the literature relevant to each of these areas.

Case Study

The following case study contrasts cognitive behavioural and feminist approaches to counselling a woman who experiences symptoms of depression. The column on the left provides a description of the case, while specific strategies and interventions are highlighted in the column on the right.

<p>Mona is a 32-year-old wife and mother of an 8-year-old daughter. She came to counselling for help with her depression. The counsellor directs Mona to sit across the desk from him and picks up a pen to make notes while she speaks. Mona tearfully describes how she has experienced symptoms of depression for many months. She is very upset with herself because she cries uncontrollably and is unable to accomplish very much each day. She feels lazy because she sleeps approximately 13 hours a day and has not been able to cook the meals or care for her daughter. The counsellor diagnoses Mona as depressed and indicates that he will give her treatment for this illness.</p> <p>Mona says that she needs some strategies for overcoming her depression because she believes her husband, Bill, is running out of patience, although he has tried to be very tolerant with her until now. She thinks she is stupid and doubts whether she can get better. As treatment proceeds, the counsellor tries to teach Mona how to change her thinking from being so negative to being more positive. He tells her to monitor her use of time for a week and teaches her how to set goals and use positive reinforcement to reward herself for accomplishing her tasks. He tells her she needs to change her thinking and distract herself to control her tears. Mona becomes frustrated as her symptoms of depression decrease only slightly. Feeling like she has failed at therapy, she changes counsellors to try one more time.</p> <p>When Mona walks into the office of her new counsellor, she likes the inviting atmosphere and the fact that her counsellor does not sit behind her desk, but sits in a chair next to her to talk. Upon meeting</p>	<p>Counsellor as expert</p> <p>DSM-IV diagnosis</p> <p>Cognitive restructuring</p> <p>Behaviour modification techniques</p> <p>Minimizing power differential</p>
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<p>Mona, the counsellor recognizes her from their community association meetings. She asks Mona whether she would feel awkward seeing her counsellor in the community meetings and Mona indicates that this does not bother her. They discuss how they will handle these meetings in a professional, respectful manner. Mona indicates that she does not mind if the counsellor says "hello," but wouldn't want to work on the same committees. The counsellor tells Mona a bit about her professional background and theoretical approach to counselling, and invites Mona to ask questions or express concerns about their work together at any time.</p>	<p>Overlapping relationships</p> <p>Demystifying counselling and valuing client input</p>
<p>Mona's new counsellor asks Mona to describe her current life in more detail. Mona tells the counsellor she is depressed and unhappy. The counsellor invites her to talk about her daily routines. Mona describes how she tries so hard to be a good wife and mother but cannot achieve this. When asked for examples, Mona says she cooks elaborate meals, but is not able to find recipes that her husband likes. Bill often refuses to eat, even when she has spent 2 hours cooking a dish he has liked before. Mona tearfully says he has been willing to give her a chance to improve her housekeeping and cooking skills, but he often criticizes her for spending too much money on groceries or for putting too much salt in a soup. The counsellor empathizes with Mona's feelings of distress and says she understands how Mona feels upset in this situation.</p>	<p>Understanding client's experience in context</p> <p>Valuing client experiences</p>
<p>Mona is afraid to talk to Bill about what is wrong for fear that he will be less patient with her. She wants desperately to feel less depressed so she can work harder to make up for the problems she is causing at home. Despite having gone for counselling previously, she is upset with herself for not being able to learn how to control her feelings and stop her depression. The counsellor focuses on Mona's persistence in working to overcome the problems in her life.</p>	<p>Reframing problem as a strength</p>
<p>Utilizing feminist counselling principles, the counsellor and Mona begin to explore her assumptions and beliefs about her role as a wife and mother. Questions used to guide this exploration might include: How have you and Bill decided who is responsible for the various household chores, such as cooking and childcare? Who was responsible for these chores in your families when you were both growing up? What are other ways of deciding who is responsible for doing particular chores; for example, based on areas of expertise? What household chores do you prefer to do, and do you have a choice?</p>	<p>Gender role analysis</p> <p>Reframing from intrapsychic to societal/political</p>
<p>The counsellor also asks for more specific examples of when Mona feels upset and the preceding events or context for these symptoms. Over time, as Mona begins to recognize how problems in her life contribute to her feelings of frustration, inadequacy, and sadness, she feels less inadequate and more self-confident. Once she identifies problems in her life, she is encouraged to consider whether she wants to problem-solve so as to be happier in her life. Problem-solving becomes a goal that Mona and the counsellor agree to work toward in future sessions. The counsellor explores when Mona has successfully problem-solved in other areas of her life, and suggests that she utilize her problem-solving skills to deal with the current identified issues.</p>	<p>Collaborative goal setting</p> <p>Building on strengths</p>
<p>Mona is concerned about how to talk to Bill about her dissatisfaction with their current situation and how to present her solutions that she has discovered from problem-solving. Through counselling, she has</p>	<p>Empowerment through increasing sense of choice</p>

<p>identified that one solution would be for her to cook half of the meals each week. She indicates that she has never told Bill what she wants and is concerned he may become angry or defensive, resulting in her backing down. The counsellor asks Mona if Bill has ever hit or hurt her and Mona says he just yells at her.</p> <p>Because Mona says she has never stood up to anyone in her life, the counsellor asks Mona if she would like to learn how to be more assertive. Mona says that she would like that. To assist Mona in becoming more assertive, the counsellor may suggest readings on assertiveness, discuss verbal and non-verbal communication and engage in role plays with Mona to practice her skills. The counsellor also normalizes Mona's lack of assertiveness skills by disclosing how she herself has had to learn these skills and how many women are not taught assertiveness growing up.</p> <p>Mona expresses frustration about the idea that women are not taught to be assertive and wishes this could be different. She indicates that she has talked about this with her sister before and doesn't want her own daughter to go through the same problems they've experienced as women. The counsellor talks with Mona about what she might do to make a difference and Mona indicates that she plans to share her reading and insights with her daughter and even to find out if she can give a talk to her daughter's Brownie group.</p>	<p>Learning assertiveness skills</p> <p>Bibliotherapy</p> <p>Counsellor self-disclosure to decrease power differential</p> <p>Personal is political/social change</p>
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Chapter Summary and Directions for Future Research

Knowledge about girls and women and feminist counselling provides a framework for the counsellor working with clients such as Harpreet and Mikako. Understandings about the nature of their socialization as women, struggles to find voice, the importance of relationships, and issues of power inform the counselling process. Whether drawing from a social constructionist or relational-cultural model of feminist counselling, the counsellor would collaborate with Harpreet and Mikako to discover goals and to work together to achieve them.

Although a feminist approach has much to offer, there are limitations within current knowledge and practices for women of diversity. There is concern that the current state of knowledge of the psychology of women and feminist psychology primarily represents white, Anglo-Saxon, middle-class women (Green & Sanchez-Hucles, 1997; Kaplan, 1997; Russo & Vaz, 2001). Women who represent various cultural/ethnic groups, sexual orientations, socioeconomic standings, ranges of physical ability, and ages have not received adequate attention from researchers and theorists. These will be important areas for future research and theory development. With increasing recognition that the identity of

woman may not be as central in the woman's conceptualization of self and other identities such as *black* or *poor*, it will be important to develop models of feminist theory and practice for diverse groups of women.

In our experience, feminists continually challenge assumptions of counselling research, theory and practice, including the field of counselling girls and women. Current understandings of the concept of cultural diversity are under review with respect to whether diversity refers only to only non-dominant groups or includes all reference groups. As Landrine (1995) states:

To bring cultural diversity of feminist psychology requires not only a focus on the cultures of others but a focus on European American cultures. As long as "cultural diversity" means "how those minorities are different (from whom!)," diversity discourse eludes addressing, but quietly maintains, existing social arrangements. . . . Culture will be regarded with dignity and the sociology of knowledge altered only when European American cultures are treated like all others. (p. 16)

Exciting new models of practice, such as the social constructivist model, represent increased interest in postmodern issues as they relate to feminist thought. Postmodern thought can offer some interesting challenges to feminist therapy theory building, which could help push it away from essentialist positions to remain true to its goal of multiplicity and diversity within theory. Further research on these types of models will

greatly inform and make significant contributions to counselling practice.

As we continually refine and elaborate upon the knowledge and practice of counselling girls and women, we will be better able to work with clients such as Harpreet, Mikako, and Mona. Perhaps equally significant is the work of counsellors in striving to eliminate the social and political inequities that create and maintain barriers to mental health for girls and women.

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