SAMPLE CHAPTER 11:
The Fourth Force in Counseling and Therapy: Multicultural and Feminist Perspectives

The pages of this Sample Chapter may have slight variations in final published form.
Historically, we talk of first-force psychodynamic, second-force cognitive-behavioral, and third-force existential-humanistic counseling and therapy theories. Counseling and psychotherapy really began with Freud and psychoanalysis. James Watson and, later, B. F. Skinner challenged Freud’s emphasis on the unconscious and focused on observable behavior. Carl Rogers, with his person-centered counseling, revolutionized the helping professions by focusing on the importance of nurturing a caring therapist-client relationship in the helping process. All three approaches are still alive and well in the fields of counseling and psychology, as discussed in Chapters 5 through 10. As you reflect on the new knowledge and skills you exercised by reading the preceding chapters and completing the competency-building activities in those chapters, hopefully you will see that you have gained a more sophisticated foundational understanding of the three traditional theoretical forces that have shaped the fields of counseling and therapy over the past one hundred years.

Efforts in this book have been intended to bring your attention to both the strengths and limitations of psychodynamic, cognitive-behavioral, and existential-humanistic perspectives. With these perspectives in mind, the following chapters examine the fourth major theoretical force that has emerged in the mental health professions over the past 40 years: the multicultural-feminist-social justice counseling worldview. The perspectives of the fourth force challenge you to learn new competencies you will need to acquire to work effectively, respectfully, and ethically in a culturally diverse 21st-century society.

Part Three begins by discussing the rise of the feminist counseling and therapy perspective (Chapter 11) and multicultural counseling and therapy (MCT) theories (Chapter 12). To assist you in synthesizing much of the information contained in all of the preceding chapters, Chapter 13 presents a comprehensive and integrative helping theory referred to as developmental counseling and therapy (DCT). Chapter 14 offers a comprehensive examination of family counseling and therapy theories to further extend your knowledge of ways that mental health practitioners can assist entire
families in realizing new and untapped dimensions of their collective well-being. Finally Chapter 15 provides guidelines to help you develop your own approach to counseling and therapy that complements a growing awareness of your own values, biases, preferences, and relational competencies as a mental health professional. Throughout, competency-building activities offer you opportunities to continue to exercise new skills associated with the different theories discussed in Part Three.
**Feminist Counseling and Therapy**

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**chapter goals**

This chapter is designed to:

1. Increase your knowledge of the evolution of the feminist movement, in general, and the feminist counseling and therapy movement in the United States, in particular.

2. Introduce you to three myths that many counselors and therapists operate from when working with women.

3. Stimulate new insights regarding the need to deal with the complex problem of sexism in our society when working with women and men.


5. Facilitate a more expansive understanding of the similarities and differences in feminist counseling and therapy (FCT) theories and multicultural counseling helping models.

6. Introduce you to relational-cultural therapy (RCT).

7. Provide competency-building activities that can assist you in exercising new skills to use when implementing FCT theory into your professional practices.

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**Introduction**

There are a number of important commonalities that characterize the three major theoretical forces that continue to have a significant impact on the work counselors and therapists do.

1. The fact that the majority of persons who developed the psychodynamic, cognitive-behavioral, and existential-humanistic theories discussed in Part Two of this book are men.

2. These men also worked from a middle- and upper-middle-class socioeconomic position.

3. The vast majority of them come from White European-American backgrounds.
All of these factors (a person’s gender, socioeconomic background, and cultural/racial group affiliation) are known to significantly affect one’s psychological development and relational empowerment. In addition, feminist theorists and researchers point to the impact of a person’s gender in shaping one’s psychological perspective and meaning of the world. Feminist theorists and researchers direct particular attention to the negative economic, social, psychological, and spiritual consequences that commonly ensue from being socialized within a societal context that perpetuates various forms of institutionalized sexism and patriarchy.

These forms of institutionalized sexism and patriarchy are manifested and maintained in hierarchical power arrangements in which men are consistently placed at higher, more privileged positions in our society. Specific manifestations of these hierarchical power arrangements include, for example, the fact that men typically have higher-paying career positions and the continuing disparity in pay women with the same qualifications receive for doing the same work as men (Evans, Kinade, Marbley, & Seem, 2005).

An example of how patriarchy is manifested in counseling and therapy is when practitioners are viewed (and commonly view themselves) as experts who have the right and responsibility to impose specific helping theories and perspectives of mental health on persons experiencing psychological distress, regardless of the fact that cultural, racial, or gendered biases are reflected in these theoretical viewpoints (Cartwright, D’Andrea, & Daniels, 2003). The perpetuation of these complex forms of social injustice not only result in the privileging of men by continuing the oppression of women but also adversely affect the mental health and psychological well-being of millions of women and men through creating other forms of cultural stratification and oppression (hooks, 2000).

Feminist counseling and therapy (FCT) advocates have long noted that the imposition of gender-biased helping strategies that are embedded in the three major theoretical forces discussed earlier constitute unique forms of social injustice that continue to be perpetuated in the fields of counseling and psychology (Brown & Root, 1990). The imposition of gender-biased theories by persons in positions of power (e.g., by counselors and therapists) on those with less power (e.g., female clients seeking help during times of personal vulnerability) is one way in which social injustice is played out in many traditional counseling and therapy settings.

The continued emphasis by traditional helping theories on having clients reenter the environmental settings that contributed to their psychological distress also characterizes the inherent social injustice of traditional counseling and psychotherapy (Comstock, 2005; Ridley, 2005). Feminist and multicultural counseling theorists consistently question the ethics of such practice (hooks, 2000; Parham, 2002).

This chapter aims to increase your understanding of the ways in which FCT advocates have worked to overcome these forms of sexism and patriarchy in the helping professions. It is also designed to assist you in developing some of the skills necessary to implement feminist counseling and therapy strategies in your future professional practices.
The Feminist Counseling and Therapy Movement: An Overview

While the feminist counseling and therapy (FCT) movement emerged during the cultural revolution that took place in the United States in the 1960s and 1970s, much earlier in our nation’s history many women set the tone for the spirit and principles that underlie this movement. The calls for freedom and social justice by many contemporary feminist counseling and therapy theorists are in accord with efforts of Harriet Tubman, who assisted hundreds of Black slaves to freedom through the Underground Railroad during the early and mid 1880s. Many other female abolition and women’s suffrage advocates, such as Elizabeth Stanton, Sojourner Truth, and Susan B. Anthony, played pivotal roles in fostering an expanded consciousness related to the rights to life, liberty, and the pursuit of happiness as they applied to all people, including women, during the mid 1800s and early 1900s.

Although the social justice principles and spirit that underlie the FCT movement have roots in a long history of the struggle for women’s personal and political empowerment, mental health, and collective well-being, the genesis of this movement can be found in the publications of feminist counseling theorists of the 1960s and 1970s. At that time, increasing numbers of women actively took a stand against the various ways in which institutionalized forms of sexism and patriarchy undermined women’s human dignity, mental health, and full citizenship rights. The early pioneers in the FCT movement directed much attention to three areas of relevance:

- uncovering the ways in which the gender biases that are embedded in the three traditional theoretical forces are routinely played out in the work of mental health practitioners
- describing how the use of gender-biased counseling and therapy theories and practices are harmful to women (and men)
- developing an alternative helping paradigm that is better suited for women’s health, development, empowerment, and psychological liberation

Space limitations restrict a detailed description of the numerous pioneers who created the FCT paradigm that continues to significantly shape the way many mental health professionals operate in the field today. What follows is a brief description of some of the key persons and the contributions they made in building the FCT force in the United States, a force that has helped formulate a new psychology of women.

Developing a New Psychology of Women

As noted earlier, the traditional counseling and therapy theories that have been implemented in the field over the past one hundred years reflect the gender, economic class, and cultural values, preferences, and biases of the men who developed them. FCT pioneers focused on these values, preferences, and biases as they sought to build new helping frameworks that reflected greater respect for and understanding of the unique psychological development of women.
Jean Baker Miller

The efforts of the early FCT pioneers took place during the fervor of the 1960s and 1970s, when the United States was in the midst of major social, political, and cultural change. The opening sentence in Jean Baker Miller’s (1986) book entitled Toward a New Psychology of Women captures the zeitgeist of that time. In her opening sentence, Miller notes that “there is a new spirit abroad among women today, a new kind of collective and cooperative devotion to each other and to the search for the knowledge about important matters” (p. ix).

As one of the early pioneers in the feminist counseling and therapy movement, Miller recognized that this “new spirit” held the potential to create a new helping paradigm in the fields of counseling and psychology by bringing a more expansive understanding of human development into view. The new and more expansive view of human development that Miller helped to unveil relates to the distinctly different psychological strengths and challenges that women typically face as they navigate their lives within the context of a sexist and patriarchal society.

Among the important contributions Miller made in this area was her description of the central role relationships play in women’s development, the psychological challenges women face in dealing with conflict in their lives, and the tendency for women to unconsciously adopt a negative perspective of womanhood.

Miller makes the point that several premises common to most traditional counseling and therapy theorists conflict with women’s psychological needs and development. One of the central premises of traditional counseling theory that Miller and other FCT pioneers challenged at the time (Chodorow, 1978; Rawlings & Carter, 1977) included the high value placed on the individual’s capacity to develop a sense of autonomy and independence.

The concepts of autonomy, individuality, separateness, and independence that have been associated with healthy human development reflect the Western, male perspective that underlies the three major theoretical forces that have dominated the fields of counseling and psychology for the past one hundred years. Miller and other FCT advocates provided empirically based evidence that verifies the ways in which women’s healthy development is fueled by their sense of connection and interdependence with other people. The important roles that these factors play in women’s development has been further substantiated by the work of more contemporary FCT advocates, including Carol Gilligan (1982) and Dana Comstock (2005).

The second major contribution Miller made to the fields of counseling and psychology concerns the unique challenges women face when they experience interpersonal conflicts in their lives. In discussing these challenges, Miller (1986) points out that women are socialized to suppress feelings of anger and frustration that are often natural outcomes of interpersonal conflicts. She explains that this socialization process leads many women to experience negative psychological and physical outcomes because they are fearful of expressing their thoughts and feelings about conflicts they are having with people, especially interpersonal conflicts that occur among individuals.
women are emotionally close to (e.g., boyfriends, husbands, family members, etc.). Comstock (personal communication, April, 18, 2006) refers to these dynamics as “prohibitions against women’s anger.”

The third point Miller focused on in formulating her theory of a new psychology of women relates to the tendency for women to unconsciously adopt a negative perspective of womanhood. Although the devaluation of a woman’s own gender group is not a psychologically healthy perspective, it is understandable, given the developmental barriers that commonly emerge from living within a social context that

- maintains gender power imbalances that perpetuate various forms of sexism and patriarchy
- affirms male psychological characteristics of autonomy, independence, and separateness as indicators of a more mature and well-developed person
- works to silence the legitimate frustration and anger many women experience
- devalues women’s strengths as the keepers of connection, the paradox being that this role is essential to human survival (D. L. Comstock, personal communication, April, 18, 2006)
- continues to inaccurately describe the feminist perspective in oppositional terms in which feminist advocates are projected as being in opposition to men

Miriam Greenspan

Other early and contemporary FCT theorists supported Miller’s claims about these issues and discussed the ways in which many counselors and therapists contribute to these problems (Contratto & Rossier, 2005; Greenspan, 1983; Rawlings & Carter, 1977). One of the early feminist theorists to support Miller’s thinking in these areas was Miriam Greenspan. In her 1983 book entitled *A New Approach to Women and Therapy*, Greenspan extended many of Miller’s theoretical concepts. In doing so, she helped shape the early stage of the FCT movement by asserting that many counselors and therapists operate from three general myths. Greenspan further argued that, in operating from these myths, mental health practitioners fail to address the social/contextual factors and injustices that underlie women’s oppression and ensuing psychological difficulties. They also underestimate the frustration and anger that many women experience as a result of being routinely subjected to these environmental conditions.

**Myth 1. It’s All in Your Head.** According to Greenspan, this myth is commonly manifested when counselors and psychologists focus on unconscious and unresolved conflicts thought to be the cause of many female clients’ feelings of frustration, anger, or depression. In perpetuating this myth, counselors and psychologists conveniently avoid directing attention to the oppressive and unjust stressors that occur in women’s workplaces or within their families and their other relationships and instead primarily direct time and energy to “fixing” the female clients who seek
their help. This results in an overemphasis on the intrapsychic issues female clients experience and a neglect of the environmental/contextual factors that undermine women’s mental health, psychological liberation, relational competence, and collective empowerment.

**Myth 2. The Medical Model of Psychopathology.** This myth suggests that all emotional pain can be treated the same way that one would treat medical problems, by prescription (Contratto & Rossier, 2005). Similar to the first myth, the underlying assumption of this second myth is that the problem lies within the client. Consequently, corrective actions are aimed at changing those aspects of the individual that are causing psychological distress. Culturally and gender-biased diagnostic and assessment tools that are contextually insensitive are used to further legitimize the use of an intrapsychic approach, which is aimed at addressing the individual’s perceived deficits and psychopathology.

In viewing their problems in the terms set forth by myths 1 and 2, female clients (and many male clients as well) fail to consider the important personal strengths they bring to the helping situation. This may often result in a disempowering process that is antithetical to the strength-based approaches to counseling and therapy so central to the microskills approach to helping (Chapter 4), the positive psychology paradigm (Chapter 5), and the multicultural counseling and therapy framework (MCT) (Chapter 12).

**Myth 3. The Doctor as “The Expert.”** This myth helps perpetuate the power imbalance that is noted to exist between the doctor, therapist, and/or counselor and the female clients who seek assistance with their medical, psychological, or emotional difficulties. Contratto and Rossier (2005) point out that this myth not only increases the disempowering process noted above but also leads clients to adopt a sense of powerlessness, which can carry over to other social relationships outside counseling and psychotherapy.

The FCT movement has directed much time and energy to debunking these myths. It has done so by helping women and other persons recognize that their problems are often rooted in their environmental contexts. In addition to assisting clients to realize this fundamental aspect of their own psychological liberation (and not merely accept the myth that their problems are “in their head” or a reflection of their personal deficits), FCT-oriented practitioners provide opportunities for clients to exercise new and untapped empowerment capabilities. Thus, from a FCT theoretical perspective, it is not enough that mental health practitioners help clients feel better about themselves in counseling and therapy. They must also

- continually strive to become aware of the ways in which their social/professional context and conditioning impact their own psychological development, in general, and their biased views about helping, in particular
- understand how clients’ social/cultural/environmental contexts affect their development, mental health, and sense of individual and collective well-being
implement counseling and therapy strategies that stimulate a greater sense of personal and collective empowerment and psychological liberation in the counseling and psychotherapy setting

• work intentionally to stimulate clients’ relational capacities/competencies

• exercise advocacy services that are aimed at promoting positive environmental changes that help to sustain and amplify the above-mentioned counseling and psychotherapeutic outcomes

The latter point is the focus of increasing attention in the mental health profession, as the practitioner’s role as client advocate is being more fully and explicitly encouraged and defined by various professional groups and organizations. For more information on this emerging issue, review the advocacy competencies that have been developed and formally endorsed by the American Counseling Association (ACA) in 2003 (www.counseling.org).

These and many other changes occurring in the fields of counseling and psychology are fueled by new ideas put forth by supporters of the FCT theoretical movement. Although these new ideas contribute to the ongoing evolution and transformation of the mental health professions, there continues to be a great deal of resistance to implementing an FCT approach in counseling and therapy settings. Competency-Building Activity 11.1 aims to help you assess your own resistance or proclivity to use some of the FCT concepts in this chapter in your professional practice.

The FCT Worldview

Three concepts are of particular importance to the FCT worldview: the notion of power and its many manifestations in our contemporary society; the adverse impact that sexism has on women and men’s psychological development; and the important place that the self-in-relation (or person-in-relation) concept holds in this theoretical worldview. Traditional theories of counseling and therapy direct little attention to the ways in which the appropriation of societal power affects people’s mental health and psychological well-being. In contrast, FCT theorists acknowledge that societal power, or the lack thereof, plays a major role in the way people, in general, and women, in particular, develop psychologically, how they come to view themselves and their place in the world, their sense of human agency, their connections with others, and their constructions of fairness and justice (Gilligan, 1982; Hill & Ballou, 2005).

FCT theorists direct specific attention to the ways that the various forms of social-political-economic power that are disproportionately appropriated to men in our society help maintain complex forms of individual, institutional, and cultural sexism. From this worldview, sexism is viewed both as a pervasive form of injustice that not only undermines women’s social, political, and economic standing in society, but also fosters a disordered psychological state that adversely impacts millions of people’s (e.g., both women and men’s) development and mental health (hooks, 2000).
Although the early FCT theorists primarily focused on the adverse psychological effects that sexism has on women, attention has increasingly been directed toward recognizing the negative psychological outcomes that men commonly experience as a result of being raised within a sexist environmental/societal context. It is helpful to use concepts that are associated with the three traditional theoretical forces discussed in Part Two to understand some of the ways in which men are negatively affected by the perpetuation of sexism in our society, in general, and address the stereotypic feminine and masculine social expectations that guide how we relate to each other, in particular.

From a psychodynamic perspective, many men employ defense mechanisms regarding the unfair treatment and inferior power status of women in our contemporary society. One defense mechanism is denial, which allows men to psychologically divorce themselves from consideration of the existence of sexism as well as other social injustices in our society (e.g., racism, ableism, heterosexism, classism) and the tremendous psychological, social, and economic difficulties and injustices they place on many women and men subjected to these cultural oppressions.
Repression is another defense mechanism that helps protect men from feelings of guilt and anger about the unfair and destructive ways in which sexism undermines women’s rights and their psychological and spiritual well-being. These and other defense mechanisms adversely impact men’s psychological development because they lead to serious distortions of the sociopolitical realities that continue to adversely impact many women’s lives in the United States (hooks, 2004). If people value their connections with others, as encouraged in the feminist perspective, they will more likely begin talking about these problems as “mutual concerns” that are not exclusive to women or persons in other devalued groups.

From a cognitive-behavioral perspective, the perpetuation of sexism in society often results in the development of a number of irrational beliefs about women. These often include, but are not limited to, the belief that women are innately inferior to men in many ways, are often to blame when they are sexually assaulted (e.g., because of the provocative way they dress or act), and are destined to play particular social roles, as prescribed by certain religious and political doctrines.

Although many mental health professionals would likely agree that these statements represent inaccurate stereotypes of women, there is a danger in identifying these ideas as being “irrational” without also commenting on the social/contextual forces that tend to “normalize” them. Comstock (personal communication, April 20, 2006) points out that “these ideas are actually taught to (and violently instilled in) us from our socialization and through the media and in advertising. Recognizing the systemic underpinnings from which these ideas are produced, it might be dangerous to say they are irrational, since some counselors and therapists might simply conclude, ‘It’s not rational; it really is in these women’s heads. So we need to help them change the way they think.’ ”

While psychodynamic, cognitive-behavioral, and existential-humanistic counseling and psychotherapy theories have many strengths, they are not always helpful in enabling men to become aware of their own unconscious sexist ideologies or to be cognizant of their irrational beliefs about women’s lives and development. The emphasis on intrapsychic issues and the individual’s meaning-making system directs men’s attention away from the ways in which their own unearned gendered power and privileges contribute to the complex problem of sexism and adversely affect women’s psychological health and sense of empowerment.

Self-in-Relation: The Importance of Relational Considerations

Another important factor that characterizes the FCT worldview involves the notion of self-in-relation. Unlike traditional theories of counseling and psychotherapy, which place a high value on clients’ autonomy, separateness, and unique individuality, FCT theorists assert that women’s psychological health is anchored in their relational connections with others. The term self-in-relation refers to the important part that interdependent and mutually respectful relationships play in women’s mental health and collective well-being (Gilligan, 1982).

In short, the concept of self-in-relation acknowledges the intimate linkages that exist between people and their environment. It affirms that human development,
psychological health, and spiritual well-being are all significantly affected by one’s cultural/contextual history and relational experiences with the world and with other people.

From a multicultural perspective, this aspect of the FCT theoretical worldview is consistent with Buddhist principles of the interdependence of all animate and inanimate elements in the world (Levine, 2000). It also complements many Native American Indian (Smith, 2005) and African-centered (Graham, 2005) constructs about the manner in which contextual factors and a relational consciousness impact a person’s sense of personal wellness.

Factors That Disrupt Relational Connections and Undermine Psychological Health

As noted earlier, FCT theorists point out that the fields of counseling and psychology are situated within a broader social-political context that perpetuates various forms of social injustice and cultural oppression, including overt and covert manifestations of sexism (Robb, 2006). It is within this broader social-political context that theorists from each of the three traditional theoretical forces (psychodynamic, cognitive-behavioral, existential-humanistic) developed gender-biased views of helping, human development, and mental health. These gender-biased approaches continue to be implemented by many practitioners in the field today.

FCT researchers provide clear evidence that substantiates the ways in which cultural and gender-biased values related to autonomy, separateness, and independence undermine women’s psychological health (Hill & Ballou, 2005). These and other feminist researchers have directed particular attention to the ways in which these values commonly come into play in counseling and psychotherapy and lead to ineffective and harmful outcomes for many female clients (Worrell & Remer, 2003).

Other FCT theorists and researchers point out that while these biases contribute to disconnection between therapist and client, this situation is not limited to counseling and therapy settings. Such unhealthy disconnections also ensue from the perpetuation of the cultural and gender-biased values embedded in broader societal hierarchical power arrangements that privilege those in certain cultural and gender groups at the expense of people in less privileged positions in our society (Comstock, 2005).

The hierarchy of societal power arrangements in the United States results in people being effectively relegated to particular social positions in life (Scheurich, 1993). This social positionality not only impacts our psychological development and orientation to life but also contributes to various forms of human disconnection that diminish our ability to relate in mutually empathic and respectful ways to one another (hooks, 2000; West, 1999). Scheurich (1993) describes this phenomenon:

Each of us is socially positioned or located by major sociological categories, such as race, class, and gender. Those in different positional intersections, like lower-class females or Asian middle-class males, are socialized in different ways.
These positional intersections, however, are not equal in our society. There is a hierarchy of positions, with upper-class White males at the top and lower-class males and females of color at the bottom. Resources and power—economic, intellectual, and emotional—are largely distributed according to this hierarchy. Whites as a group get more resources and power than people of color. The upper class as a group gets more resources and power than the middle class as a group, which gets more resources and power than the lower class. Men as a group get more resources and power than women.

This inequitable distribution of resources and power by social group is concealed by middle- and upper-income White people’s and men’s investment in the idea of individualism. Despite the grouping effect of racism and sexism in our society, many people of color and women are not seduced by the idea of individualism and the myth of meritocracy. People of color and women, through their socially positioned experiences, know that they are a part of racialized and gendered groups rather than separate individuals.

Although we live in a culture that distributes its resources most disproportionately to middle- and upper-class White males, this does not mean that there are not exceptions to this arrangement or that groups do not persistently resist the inequitable distribution of power and privilege in our society. Middle- and upper-class White males, nonetheless, consistently reap the most benefits and have done so for a very long time within Western culture. The result of this historical dominance is that the styles of thinking, acting, speaking, and behaving of the dominant group have become the socially correct or privileged ways of thinking, acting, speaking, and behaving. (p. 7)

The social positionality, power arrangements, and cultural privileges described above are maintained and reinforced in the social-economic-educational-political institutions that mental health practitioners and their clients are a part of. They are largely sustained by organizational policies and practices, educational curricula, and mental health care practices that promote social conformity and control over the way individuals think, talk, feel, and behave (Daniels et al., 2002; Martin-Baro, 1997).

The focus of traditional counseling and therapy theories is on the individual rather than on the client’s environmental context and the impact that this context has on mental health. Ignoring clients’ environmental context and the impact of their social positionality is considered by feminist therapists to be a major shortcoming of traditional helping theories.

**Self-Reflection by Counselors and Therapists**

Unlike traditional theoretical approaches to counseling and therapy, the FCT worldview (like the multicultural counseling worldview) is more expansive, in that it directs much attention to contextual issues, power dynamics, and the psychological impact of social positionality and how these factors affect the client. Adapting this expansive and contextualized worldview leads FCT-oriented therapists to place much
emphasis on understanding how the hierarchy of societal power and the social positionality that ensues from it affect their clients’ development as well as their own personal and professional development. As a result, feminist counselors and therapists routinely reflect on the ways that various environmental/contextual factors in their own lives and their professional training influence

- their thinking about the process and goals of counseling and therapy
- their ability to effectively connect in mutual and empathic ways in gender-similar and gender-different helping relationships
- their interest in their clients’ and their own psychological liberation and empowerment
- how these factors might facilitate or block mutuality in the therapeutic relationship

Such self-reflection and self-assessment are essential in implementing FCT. By regularly engaging in this process, counselors and psychologists can become more mindful of the relative strengths and limitations of all helping theories and more cognizant of the ways in which counseling and therapy can either contribute to the maintenance of the status quo or can serve as a liberating force (Prillitensky, 1997).

The self-reflective therapist will also be better able to avoid becoming intellectually limited in the use of a single theoretical helping perspective for various persons from diverse groups and backgrounds. The self-reflection processes not only enhances counselors’ and therapist’s understanding of the many ways their context and experiences affect their clients’ development and worldview (as well as their own) but also facilitate the kind of psychological liberation that is a cornerstone of the FCT and MCT theories.

The commitment that FCT-oriented practitioners make to understanding the impact of contextual factors on their own development is manifested in their work with clients in counseling and psychotherapy. This commitment results in a helping approach that is intentionally designed to facilitate a greater understanding of the ways in which clients’ relationship with their social/environmental contexts (e.g., clients’ self-in-relation) affects their mental health and sense of psychological well-being. This approach helps FCT practitioners avoid the first myth Greenspan (1983) discussed—“It’s all in your head.”

Avoiding “Victimology”

By taking a self-in-relation approach to helping, FCT counselors and therapists intentionally avoid fostering a sense of victimology among the clients they serve. The term victimology refers to the belief that a person is the helpless victim of one’s environmental/contextual circumstances. FCT-oriented practitioners work toward increasing women’s (and men’s) understanding of the responsibility to learn new ways to more effectively address unique stressors, injustices, and oppressive treatment within different environmental contexts.
To avoid promoting a sense of victimology in counseling and therapy, FCT-oriented practitioners utilize many helping strategies associated with the three major theoretical forces (e.g., psychodynamic, cognitive-behavioral, and existential-humanistic) to stimulate clients’ psychological liberation as well as their individual and collective empowerment. These include, but are not limited to, the following:

- psychodynamic strategies aimed at increasing clients’ understanding of contextual factors and experiences that contribute to repressed frustration and anger (Miller, 1986)
- cognitive-behavioral approaches that foster more effective and assertive communication skills, self-management abilities (e.g., through stress management and meditation training), and the eradication of irrational beliefs resulting from various forms of internalized oppression (Hill & Ballou, 2005)
- existential-humanistic helping skills that stimulate a greater acceptance for responsibility in making choices to realize new and healthy connections with others (Comstock, 2005)

These strategies incorporate some of the constructs associated with the three major theoretical forces of counseling and psychology into an FCT approach to helping. By including concepts of social positionality, hierarchies of power, and self-in-relation in the work of psychodynamic, cognitive-behavioral, and existential-humanistic oriented counselors, these traditional theoretical frameworks can become more respectful of client differences and needs. This is true for female clients as well as males, who are also adversely impacted by the various forms of sexism, patriarchy, and “gender straitjacketing” that continue to be perpetuated in our contemporary society.

Dealing with Sexism in Counseling and Therapy

Gender issues and sexism are, of course, central to feminist therapy. In their critique of the mental health professions, Hill and Ballou (2005) explain the numerous ways that gender issues and sexism are embedded in the fields of counseling and therapy. They point out that traditional systems of counseling and psychotherapy make a serious error by operating from sexist assumptions about mental health and human development. Consequently, traditional counseling and psychology research paradigms, personality theories, clinical practices are all suspect, from a feminist helping perspective.

Besides becoming knowledgeable of the various ways that gender issues and sexism impact the mental health professions, counselors and psychologists have an ethical responsibility to take into account the interface between gender and other characteristics of diversity. For example, Islamic women will have different issues than those of Jewish or Christian women; African-American men will have differing ideas on the pace of therapy than will Native American Indian or Irish-American
men. Those with physical issues, gay or lesbian identity issues, spiritual issues, or other issues also will have unique perspectives. With this in mind, FCT practitioners realize that they must not assume a common context for all client concerns and issues.

A particular value conflict within feminist theory focuses on the issue of when and how female clients should be encouraged to explore issues of sexism and their impact on clients’ psychological well-being and perspective on womanhood. Clearly, a fragile individual could be overwhelmed and disturbed if suddenly confronted with the social facts of her life. Marriages can be broken by the anger that often comes as a client moves from lower to higher levels of feminist consciousness. Some practitioners believe that traditional therapy is more appropriate for the “traditional woman” and that feminist therapy can be used later, when the individual has achieved a greater level of social insight. Alternatively, some see difficulty and personal pain as a necessary part of the route toward a larger, evolving feminist consciousness, psychological liberation, and collective empowerment.

It is clearly risky to promote a feminist consciousness by challenging gender roles in many women’s lives. The literature on domestic violence demonstrates that raising one’s voice in protest about these issues can lead to increased assaults within some male-female relationships. In some cultures, standing up for one’s rights as a woman is sometimes treated as a crime. For example, under the rule of the Taliban in Afghanistan, women’s “allies” were often criminalized as well, including men who fought against sexism and related issues, which was perceived as taking power away from the dominant male group.

The following transcript illustrates some of the issues and therapeutic approaches one might take into consideration when dealing with the problem of sexism from a FCT perspective. The method presented in the following transcript is different than other theories of helping, particularly in the mutual exploration by both therapist and client and the manner in which socioeconomic factors undergirding the interview are included.

Client: Yes it is, but what should I do?

Counselor: Let’s see if we can explore this a bit more. For example, imagine what would happen if Joe was an apartment-mate, not a boyfriend/partner?

Client: His demands for so much attention and sex would go away, and the help with the money and the baby would still be there. My family and church would approve. But I would be lonely, and you are supposed to love and give sex to your boyfriend.

Counselor: Let’s look at the hidden views under your ideas. One is that your family and the church can and should define your choices. Another is that male-female relationships are a bargain—money and childcare for attention and sex—and OK if you love him. A third is that you cannot make new choices about how to meet your own needs. The final one is that there are realities outside of our control, for example, money needed for food, rent, medical care. These factors affect us deeply but are outside of our control. Do I understand correctly?
Client: I think so but I never thought of it that way.

Counselor: In fact many social and economic arrangements often benefit one party over the other. Many people just follow the rules, assuming it’s the way it is. Often the reasons behind the rules and just who benefits are not very clear. Options are not talked about. I think the key is to see all the reality and make our own choices. How does this strike you?

Client: It means I have to think about everything and then decide. That’s scary and hard.

Counselor: Making decisions about what to value and how to live instead of following preset answers and patterns is difficult, and yet it can be exciting. There are conditions that are givens, like responsible childcare and needing money, about which there is little real choice. But there are also some options to sort through and choices to be made. The decisions are yours to make, and although it is hard, whatever you decide is not cast in stone. Decisions can be looked at and remade. I think the keys are to claim the power to make decisions and to make them carefully and with the complicated pieces in mind. Now, these are my ideas and I have been talking a lot. I want to listen to your ideas.

Client: I’d like to talk about deciding about Joe, especially the apartment-mate idea and relationships being mutual rather than bargains. Both are very different from the way I’ve thought about things.

Counselor: Maria, last week we talked about your relationship with Joe, the baby’s father. You said he is living with you and the baby again. We identified the positives as meeting your family’s wishes, more money to pay the bills, help with childcare and transportation, and your sense of rightness as defined by the church rules and your community’s standards. We also identified the negatives as more yelling at home, which is disliked by you and upsetting for your daughter; more physical and emotional caretaking responsibilities for you; conflict about sexual demands and other relationships; a recent episode of his hitting you; and your sense of Joe’s immaturity and dependence rather than experiencing him as a partner. Is this how you remember our session, and is there more to add from your thinking this week?

Client: That covers last week pretty well. This week I’ve been thinking that I do not love him but I need him and think he should be here. I just don’t know what to do.

Counselor: What is the need to do something?

Client: I must love him and make him be a partner or have him leave and raise my baby alone.

Counselor: Are those the only options?

Client: What do you mean? I don’t love him so he should go, but we need him to make it as far as money, babysitting, and transportation.

Counselor: What I mean is, you are thinking of the situation as either/or. Maybe there are some other ways to think about it. It seems instead of mutuality your relationship is a bargain, with lots of tension and conflict.
Several aspects of this interview illuminate key concepts associated with FCT. Among these are the egalitarian nature of the counselor-client relationship. The egalitarian nature of this interaction was enhanced by the active participatory manner in which both the counselor and client explored the various challenges and problems the female client brought to this helping session.

Obviously, this client was in a good place, cognitively and emotionally, to engage in the sort of counseling process that involves an in-depth exploration of the various forms of sexism that are adversely impacting her life, sense of well-being, and the level of growth that fosters mutuality in her current relationship. As a result of realizing she possesses these qualities, the client is able to actualize a new relational awareness through working with the counselor in this session.

Not all clients come to counseling and psychotherapy with this psychological disposition. What can counselors and therapists do to better understand female clients’ readiness for such an approach to helping or to recognize the need to implement other intervention strategies? Feminist identity development theory can be a particularly useful resource in answering this question.

Feminist Identity Development Theory

Feminist identity theory was developed by Downing and Roush (1985) and is based on the theoretical constructs of William Cross’s (1971) model of Black identity development. This theory consists of five developmental stages that describe how women construct meaning of themselves, others, and the world as a result of being subjected to various forms of sexism in society.

Stages of Feminist Identity Development Theory

According to the feminist development framework, women typically manifest qualitatively different ways of thinking about themselves, others, their social context, and the hierarchies of power in which they are situated when they enter counseling and therapy. Movement through these stages involves a shift from a general lack of awareness of the ways in which various forms of sexism affect women’s mental health to an increasing understanding of these issues and a growing commitment to actively address different forms of oppression and injustice in their lives. What follows is a description of some of the indicators of a raised feminist consciousness.

Passive Acceptance. The first stage of feminist identity development is called passive acceptance. In this stage, women embrace traditional gender roles and see these roles as advantageous to their lives. Women either deny or are unaware of issues related to oppression, prejudice, and discrimination that occur as a result of sexism in society and in their own lives. These women are typically situated in a social context that supports traditional sex roles and is structured to maintain a hierarchy of power and privilege for a male worldview over a feminist perspective.

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Operating within this gender hierarchy of power and privilege, many women exhibit an automatic acceptance of traditional female sex roles and commonly acknowledge that men are indeed superior to women in many ways. As a result, men and their roles and contributions are valued more than those of women.

**Revelation.** When a woman experiences a crisis or series of events that are so powerful that they call into question traditional sex role assumptions, she may move into the stage of revelation. In this stage, sexism is no longer denied, and feelings surface that cannot be ignored. Women often experience anger and guilt regarding their previous lack of awareness and general acceptance of sexism. Persons operating from this developmental stage commonly manifest dualistic thinking, where men are devalued and viewed as being oppressive while women are held in high esteem.

**Embeddedness-Emanation.** As women nurture closer bonds and relationships with other females who embrace a feminist consciousness, they often begin to realize new ways of thinking and acting, described as the embeddedness-emanation stage. In this third stage of feminist identity development, women explore and solidify new ways of thinking and feeling about womanhood and the importance of confronting the various forms of sexism that continue to exist in our contemporary society. These new ways of thinking and feeling are nurtured and supported through the connections that women have with other individuals who embrace a feminist worldview. The dualistic ways of thinking and behaving that are manifested at the second stage (the stage of revelation) begin to be replaced by more relativistic ways of conceptualizing life experiences, particularly as they relate to women’s experiences with men.

**Synthesis.** At the fourth stage, called the synthesis stage, a more positive and consolidated personal identity emerges. The psychological disposition associated with the synthesis stage is marked by a more complex understanding of the important linkages that exist between the hierarchy of power arrangements that continues to disempower women, the unjust social positionality in which women are situated, and the personal problems that individual women experience in their daily lives.

The developmental advancements that occur at the synthesis stage enable women to more clearly see multiple sources of oppression that occur at different levels of their ecological context and that affect their and other women’s lives. Woman operating from this stage typically value the support of other woman but increasingly voice independent views about a broad range of issues related to women’s and men’s lives and development.

**Active Commitment.** The fifth stage is called active commitment. While women continue to exhibit a complex understanding of the impact of sexism and become more knowledgeable of the ways in which hierarchical power arrangements negatively affect women’s and men’s development, those at this stage also demonstrate an active commitment to promote social justice, especially as it relates to women’s rights.
Women in the active commitment stage set personal priorities based on their unique talents for effecting societal change. It is recommended that counselors and psychologists implement helping strategies that are different from those used with clients operating at the other four stages.

How can counselors/therapists intentionally work toward addressing the unique psychological perspectives manifested by female clients operating from different stages of feminist identity development? Before we address this important question, complete Competency-Building Activity 11.2. This exercise will help you think about how you would presently work with female clients who are operating from different stages in this model.

Working Intentionally with Women

It is hoped that your increased understanding of feminist identity development theory will extend your thinking about the different ways female clients may construct meaning of themselves and the challenges they experience in their lives. Competency-Building Activity 11.2 is provided to help personalize the new knowledge you may have gained by reading about Downing and Roush’s theoretical framework. By considering the types of women you prefer to work with and believe you are prepared to effectively serve, you will be better positioned to reflect on the types of approaches you might intentionally use to foster the psychological health, liberation, and empowerment of all the female clients you are called on to serve in the future.

Intentionality in counseling and therapy, highlighted in Chapter 4, is described as follows:

Intentionality is a goal of effective counseling and therapy. This goal has two dimensions. First, from the practitioner’s perspective, intentional counseling involves selecting a theoretical approach and using various skills in a deliberate and purposeful manner. The deliberate and purposeful manner in which one selects a given theoretical approach and various counseling skills depends upon a host of cultural and gender factors.

Second, rather than trying to find a single correct response to clients’ issues, intentional counseling is aimed at assisting individuals to look at their life situations in a new light with an increased sense of hopefulness and direction.

The feminist identity development model represents one resource that counselors and therapists can use to guide their work with women and enhance their intentionality in the process. To work effectively and intentionally with female clients, mental health practitioners need to accurately assess their clients’ and their own level of feminist identity development. They also need to use therapeutic strategies and counseling skills that complement and extend clients’ current constructions of themselves, the world in which they are situated, and the challenges and problems they are experiencing.

One of the strategies many feminist counselors and therapists use early in the helping process involves the implementation of a developmental-ecological assessment to
Competency-Building Activity 11.2

Becoming Aware of Your Own Approach to FCT

FCT theory suggests that counselors/therapists need to provide effective services among women who are operating at different stages of feminist identity development. Given their own personal biases and professional preparation, counselors/therapists are likely to prefer and to be better prepared to work with female clients operating from some of the stages of Downing and Roush’s feminist identity development model than from other stages.

This activity is designed to serve multiple purposes. First, it is aimed at helping you gain a better understanding of the feminist identity development theory from a personal perspective. Second, it encourages you to reflect on the types of female clients you would presently prefer to work with as well as those that you have less personal interest in working with. Third, it provides an opportunity to have you reflect on the types of female clients you believe you are best prepared to work with at the present time as well as those female clients that you are not as prepared to work with professionally, given their unique feminist identity. Finally, this activity will encourage you to consider what you can do in the future to become better prepared to work with female clients.

Instructions:

Step 1. Review the description of the five stages of Downing and Roush’s feminist identity development model. The stages are (1) passive acceptance, (2) revelation, (3) embeddedness-emancipation, (4) synthesis, and (5) active commitment.

Step 2. Think about those you know personally or professionally who may embody some or all of the characteristics associated with each stage.

Step 3. Think about the types of female clients you would most prefer and be best prepared to work with at the present time. Use the feminist identity development model as a guide. List the stage or stages that these women are likely to be operating from on a blank piece of paper.

Step 4. List general goals you think might be appropriate to work toward with these female clients. Then, briefly describe the counseling and psychotherapeutic approaches (e.g., psychodynamic, cognitive-behavioral, existential-humanistic, multicultural, feminist counseling) you might use to achieve the goals you listed. Try to be as specific as you can when listing the approaches and skills.

Step 5. Think about the types of female clients you would least prefer and think you are least prepared to work with at the present time. Use the feminist identity development model as a guide. List the stage or stages that these women are likely to be operating from on a blank piece of paper.

Step 6. Describe general goals you think might be appropriate to work toward with these female clients, even though they are not who you would prefer to work with. Then, briefly describe the counseling and psychotherapeutic approaches (e.g., psychodynamic, cognitive-behavioral, existential-humanistic, multicultural, feminist counseling) you might use to achieve the goals you listed for these female clients. Try to be as specific as you can when listing these approaches and skills.

Step 7. Think about what you could do to better prepare yourself personally and professionally to work with those female clients you may not prefer to serve or believe you are not prepared to work with professionally at this time. It is likely that you may be called on to work with female clients who manifest some or all of the characteristics associated with each stage of the feminist identity development model. It is your ethical responsibility to provide effective counseling and therapeutic services to all the clients you work with.

Step 8. List at least two things you will commit yourself to doing in the next 30 days to increase your personal readiness and/or professional effectiveness when working with continued on next page
PART 3. THE FOURTH FORCE IN COUNSELING AND THERAPY

Competency-Building Activity 11.2, continued

for improvement you have identified in this competency-building activity. Add any additional ideas you may come up with to the list of things you can do in step 8.

As you read further in this chapter, you may have additional ideas that will help you address the personal and professional areas those female clients you least prefer to work with and/or believe you are not professionally prepared to serve at the present time.

After you have completed this exercise, take time to write down some of your reactions to completing this activity and file it in your personal/professional development portfolio.

determine the client’s strengths and needs. This includes thoroughly analyzing with the client how social, political, and cultural contexts impact her or his psychological development and current functioning. In doing so, counselors/therapists carefully consider the ways in which a female or a male client’s ecological contexts (1) contribute to the strengths clients have developed, (2) underlie the challenges and problems they are encountering, and (3) create a certain way of viewing the world at large and oneself as a woman or a man.

It is important to point out that in directing attention to clients’ personal assets, resources, and strengths as well as the specific challenges and problems that bring them to counseling and therapy, the FCT approach is similar to other helping theories discussed in this book. This includes the positive psychology/wellness counseling paradigm (Chapter 3), the microskills counseling model (Chapter 4), and the multicultural counseling and therapy metatheory (Chapter 12).

By working in an egalitarian and collaborative manner with female (and male) clients and using feminist identity development theory as a guide, practitioners can effectively learn about their clients’ strengths, resources, needs, challenges, and problems from their clients’ perspective. Because feminist identity theory is grounded in developmental-ecological considerations of clients’ psychological processes, it leads practitioners to direct attention to the impact of multiple contexts on clients’ mental health and sense of individual and collective well-being.

Focusing Intentionally on Women’s Strengths

FCT theorists emphasize the importance of intentionally using a strength-based helping approach with women (and men). They do so because they are cognizant of the many ways that female clients have been (and in many instances continue to be) pathologized by traditionally trained counselors and therapists.

Brown (2000) discusses the importance of not assessing women from a pathological orientation but rather in terms of how their life experiences and coping strategies are related to the various forms of sexist oppression women encounter in life. The tendency to pathologize women’s expressed concerns and problems represents one of the common ways that sexism continues to be manifested in the fields of counseling and psychology at the present time.
Feminist identity development theory provides mental health professionals with a practical framework for assessing female clients in a nonpathological manner. It also provides guidelines for working intentionally from a strength-based perspective to stimulate women’s mental health, psychological liberation, and personal/collective empowerment. To assist you in thinking of some of the ways that you can work more intentionally to foster these counseling and therapy outcomes, we present the following discussion, which focuses on the different helping strategies counselors/therapists can use with women who are operating at different stages of Down and Roush’s feminist identity development model.

**Working with Persons at Stage 1: Passive Acceptance.** Clients operating from the passive acceptance stage may be the most difficult to help develop a more complex feminist identity. This is because they are embedded in a sexist orientation to life and willingly accept traditional sex roles. As such, female clients operating from this stage may prefer a male therapist, since males are often viewed as being generally superior to and more competent than female counselors.

Women at this stage may have difficulty accepting many of the major tenets of feminist therapy. This may include having difficulty with the egalitarian relationship that FCT counselors work to establish with their clients. Consequently, it may be useful to operate in a direct manner and assert the role as “expert” to build a trusting relationship with passive acceptance stage clients early in the helping process. This is useful to do before trying to create a more egalitarian helping approach with women who exhibit characteristics of the passive acceptance stage.

Because passive acceptance stage persons are usually not interested in exploring women’s issues and the impact of sexism on their own and other women’s mental health, it is important that counselors and therapists affirm the dignity of these clients as it is manifested in their current stage of feminist identity development. This can be done by addressing the expressed needs and concerns of clients in this stage and not examining feminist considerations until a more trusting therapeutic relationship has been developed.

Once a positive therapeutic relationship has been established with these clients, it may be appropriate for the counselor or therapist to introduce gender-related issues into the helping process. Clients who continue to resist exploring these issues will signal the counselor that they are not ready or interested in probing these issues further. When this occurs, the counselor should respectfully refrain from pursuing these issues.

However, if the client signals a readiness to begin to explore these issues, the counselor should proceed slowly and cautiously, so as not to outpace the client beyond her state of readiness. After exploring how gender issues may relate to the client’s current challenges, the practitioner may want to help the client examine some of the ways she might benefit from the current arrangements of power in her relationships. This discussion may eventually include an examination of the ways in which the client plays a subservient role to maintain these benefits.

If the client continues to exhibit an interest in probing the meaning of gender issues for her life as well as the lives of other women, the counselor or therapist may
consider the appropriateness of exploring other important factors related to FCT. This may include, but is not limited to, exploring how issues related to dependence, passivity, patriarchy, and gender socialization affect women’s and men’s psychological development.

As the client demonstrates a greater level of trust and openness in counseling and therapy, FCT-oriented counselors can make an intentional effort to build a more egalitarian relationship with passive acceptance individuals. The counselor can begin this process by intentionally asking the client if they can work together to assess the progress the client believes she has made up to that point in time in counseling. They then can talk in a mutual manner about benefits the client may derive from modifying previous goals or establishing new goals.

By intentionally striving to build an egalitarian relation in this way, the counselor can help foster a new sense of empowerment among female clients who have grown accustomed to operating in a generally subservient manner in the stage of passive acceptance. This strategy can be further nurtured by introducing these clients to bibliotherapy and cinematherapy—that is, recommending that as a part of their therapeutic “homework” they read books and view videos that depict other women who are grappling with gender-related issues. This exposure can help stimulate new ways of thinking about the traditional roles women are expected to play versus newer roles of psychological liberation and empowerment. In this way, counselors and therapists may help stimulate a shift in the these clients’ way of thinking toward the next stage of feminist identity development.

**Working with Persons at Stage 2: Revelation.** When a woman experiences a crisis or series of powerful events that confront her previously unquestioned traditional sex role assumptions, she is often catapulted into the second stage of feminist identity, called the revelation stage. As a result, the problem of sexism can no longer be denied. The increasing awareness and acknowledgment of this complex problem and the adverse impact it has on women typically results in heightened feelings of anger and guilt.

This level of feminist consciousness is often an entry point into therapy, as many women experience a growing need to deal with their heightened feelings of anger and guilt. Since men are often viewed as oppressors at this stage, these clients likely will gravitate to female therapists.

At this stage, clients are more receptive to examining how external conditions and gender socialization have impacted and continue to impact their mental health and sense of empowerment. Counselors and therapists can play an important role in helping clients in this stage uncover how their socialization and stereotypic views of the roles and functions of men and women have contributed to their own psychological incarceration and disempowerment. Working with these issues in counseling and therapy includes an intentional and in-depth analysis of the costs and benefits of maintaining a traditional sex role orientation in life.

While it is vital to communicate a genuine sense of empathy in affirming the client’s anger and guilt at this stage, it is equally important to assist these clients in
exploring how they think these feelings can be used as a catalyst for positive change rather than an excuse for personal immobilization and nonaction. By affirming these clients’ feelings and helping them extend their thinking about the ways in which their feelings are connected to external sources of sexism and injustice, counselors and therapists will be better able to assist these women in shifting from a reactive mode characterized by anger and guilt to a more proactive cognitive-behavioral approach to their life situation.

FCT-minded counselors and therapists are likely to more readily offer advice and use appropriate self-disclosure when working with revelation stage female clients than traditionally trained practitioners. There are several reasons for intentionally using these strategies when working with these clients. First, offering advice can facilitate new ways of thinking among many clients at the revelation stage. The new insights female clients can gain from this advice may help balance the heightened and disruptive emotions they are experiencing as a result of their awareness of the impact that sexism has on their lives and the lives of other women in society.

Second, although most traditional helping theories discourage giving advice in individual counseling and psychotherapy situations, this counseling strategy can help these clients think about what they can do to more effectively deal with their feelings of anger and guilt. It should be emphasized that the advice giving should not be done in an authoritarian manner, but, rather, it should be presented as suggestions for the client to consider and respond to within an egalitarian relationship. In this sort of relationship, clients are given the space to agree or disagree with the advice offered by the counselor or therapist.

Third, FCT-oriented counselors and therapists who also intentionally use appropriate levels of self-disclosure can serve as a model for the client needing to find new ways to more effectively channel her feelings of anger and guilt, which, unless addressed, could lead to increased feelings of hopelessness and cynicism. Similar to the advice-giving strategy, the intentional utilization of appropriate self-disclosure should be done in the context of an egalitarian relationship. Counselors can encourage individuals to apply whatever insights they may gain from the therapist’s modeling to their own unique life situations if they think this will be useful.

By maintaining an egalitarian relationship, which most revelation stage clients prefer, practitioners can serve as a positive model to the client and avoid the inappropriate imposition of power dynamics that imply that the client should do what the therapist would do. When used appropriately, self-disclosure can foster clients’ empowerment and psychological liberation. This occurs when individuals genuinely feel free to use all, some, or none of the information they receive from the counselor’s self-disclosure.

Many cognitive-behavioral approaches discussed in Chapter 7 are also helpful to implement with revelation stage clients. This includes the use of meditation and relaxation training as well as assertiveness training. While meditation and relaxation training can be useful in helping clients at this stage more effectively manage their heightened feelings of anger and guilt, assertiveness training can increase the skills they will need to actively and effectively deal with future sexist situations. All three
of these cognitive-behavioral approaches (meditation, relaxation training, and assertiveness training) can help promote the development of a greater sense of empowerment and psychological liberation, which are foundational in FCT.

**Working with Persons at Stage 3: Embeddedness-Emanation.** Persons functioning at the embeddedness-emanation stage are distinguished from individuals operating at the two preceding stages by their increased motivation to explore and solidify new ways of thinking and feeling about womanhood and the need to confront various forms of sexism and other social injustices. These new ways of thinking and feeling are nurtured and supported through the connections women at the embeddedness-emanation stage have with other individuals, particularly those who embrace a similar feminist worldview and experience similar struggles in realizing a greater level of psychological liberation and collective empowerment.

As a greater collective consciousness emerges at this stage, the therapy of choice for these women is group counseling. Counselors/therapists who work with female clients at the embedded-emanation stage are well positioned to help these clients understand the benefits of moving into a group counseling situation.

Group counseling modalities that are intentionally aimed at helping female clients consolidate a more expansive feminist identity can be quite effective with persons at the embeddedness-emanation stage. To facilitate this outcome, counselors/therapists need to refer these clients to a group that provides a safe place to nurture their growing feminist values.

Among the tasks that are helpful to address in stimulating the psychological development of women who exhibit characteristics associated with the embeddedness-emanation stage include

- consciousness raising
- naming issues related to sexism, gender oppression, and social injustice
- discussing power issues, especially as they relate to the gender/cultural/racial hierarchies of power in society
- exploring clients’ thoughts and feelings about these issues in greater depth
- providing opportunities for female clients operating at the embeddedness-emanation stage to bond with other women experiencing similar challenges

Practitioners can use Fritz Perls’s empty chair technique (Chapter 10) to assist female clients at the embeddedness-emanation stage come to a deeper understanding of the impact that others’ mistreatment has had on them. Perls’s top dog/underdog technique (Chapter 10) may be another useful helping strategy.

Group counseling and therapy provide an opportunity for women to explore these issues and discuss other developmental tasks in a safe, respectful, challenging, and empowering environment. In addition to these interventions, there are a number of other “therapeutic” activities designed to further promote the psychological liberation and empowerment of women at the embeddedness-emanation stage,
including (1) linking female clients to community events that honor and showcase women, (2) encouraging women to see movies and plays that deal with feminist issues, and (3) introducing them to other female role models through the use of bibliotherapy. If the therapist's level of feminist identity is beyond that of the clients, real-life examples from the therapist's own struggles for liberation and empowerment may provide powerful models for development and transformation. In providing these examples, the therapist is able to model the relational competencies that clients at this stage can aim to attain and realize.

FCT counselors and therapists also intentionally utilize helping strategies aimed at assisting these clients to view men in a different light. Whether it is done within the context of individual or group counseling and therapy or in follow-up conversations, practitioners can encourage discussions that assist women to view men less as a stereotypic collective group and more as individuals. By intentionally facilitating these discussions with clients operating at this stage, counselors/therapists can assist female clients to move beyond dualistic thinking about men and women (e.g., men are oppressive and women are empowering) that characterizes persons at the earlier stages of feminist identity development.

**Working with Persons at Stage 4: Synthesis.** At this stage, the central task for counselors and therapists is to facilitate a more differentiated understanding and affirmation of their female clients’ identity. This process includes assisting women to develop a more complex understanding of their similarities and differences with other women as well as of the impact that different environmental contexts they are a part of have on their lives. By working to extend women's understanding of these issues, FCT practitioners intentionally assist synthesis stage clients in exploring new and uncharted dimensions of their own personal identity as it relates to and extends beyond their identification with their gender group.

Individual counseling and therapy may be a particularly appropriate helping modality to use in addressing these issues. Within individual counseling and therapy settings, synthesis stage women have the opportunity to more freely examine the costs and benefits of engaging in the sort of “group think” that women at the revelation and embedded-emanation stages commonly exhibit.

Self-reflection is a key psychological process in acquiring a more differentiated sense of psychological liberation and empowerment at the synthesis stage. Recognizing this, counselors and therapists can intentionally employ helping strategies that encourage clients at this stage to (1) reflect on their past histories and present life situations from a contextual-ecological perspective, (2) more fully analyze from a feminist perspective how they have come to be the person they are, and (3) explore the choices they can make in the future to realize new and untapped dimensions of their humanity.

Some of the traditional counseling and therapy theories discussed in this book are helpful in assisting female clients at the synthesis stage to achieve these objectives. The nondirective helping approach developed by Carl Rogers (Chapter 9) is helpful in assisting women to reflect on their past histories and present life situation in a
nonjudgmental and affirming manner. Rogers’s insistence on exhibiting genuine empathy in counseling and therapy is another important consideration when working with women at the synthesis stage.

Communicating a nonjudgmental and empathic attitude is vital when working with all women, regardless of their stage of feminist identity development. However, the Rogerian approach is particularly helpful in enabling individuals at the synthesis stage to develop a more differentiated and integrated sense of who they are as individuals and as a part of a gender group that continues to be oppressed and unfairly treated in our society.

Viktor Frankl’s logotherapy theory (Chapter 10) is another traditional therapeutic approach that has relevance for work with synthesis stage clients. Practitioners may find Frankl’s dereflection technique to be particularly helpful when working with clients who have reached an impasse from fixating on negative aspects of their past experiences as females.

The dereflection technique may also be useful when these clients exhibit a growing sense of cynicism and hopelessness over the harmful impact of sexism and other social injustices. FCT counselors/therapists can implement this helping strategy by encouraging their female clients to not lose sight of the positive potentiality that can be attained by engaging in the difficult and ongoing struggle to realize untapped aspects of women’s psychological liberation and collective empowerment.

**Working with Persons at Stage 5: Active Commitment.** Women operating at the active commitment stage pose unique challenges for mental health practitioners. First, women at the active commitment stage possess an understanding of the adverse impact that sexism and other forms of cultural oppression (e.g., racism, heterosexism, ageism) have on women’s and men’s development. This awareness extends beyond the knowledge and sensitivity many other people have about these issues, including many counselors/therapists.

These women are also very cognizant of the hierarchical power arrangements that underlie such social injustices and know how such arrangements effectively disempower women and negatively affect men. Their understanding of these societal dynamics is further enhanced by a clear understanding of the many ways in which sexism and other social injustices are deeply ingrained in the organizational and institutional structures that make up our society. This includes being knowledgeable of the many ways that sexism and gender biases continue to be concretely manifested in our nation’s religious, economic, educational, health care, media, political institutions, organizations, and communities.

In addition to possessing a complex understanding of the world from a feminist perspective, women at this stage are also highly motivated to actively participate in endeavors designed to promote organizational, institutional, community, and societal changes that are congruent with their social justice principles. The breadth and scope of their understanding of these issues and their commitment for action represent unique strengths that clearly distinguish individuals operating from this fifth stage of feminist identity development from women at other stages of this theoretical framework.
Paradoxically, these strengths also represent major sources of stress, which can negatively affect the psychological health and well-being of women at this stage. Having this expanded psychological perspective is not common, and thus operating at this stage can be a lonely endeavor that may result in a heightened sense of stress and disconnection from others.

Another major source of stress for women at the active commitment stage involves the various ways in which their understanding of sexism and other forms of cultural oppression are dismissed and marginalized in society. Women at the active commitment stage commonly experience feelings of marginalization in different ways. On the one hand, the sophisticated knowledge these women have about how sexism and other forms of social injustice get concretely played out on a daily basis in our society is easily dismissed by many men, whose motivation in doing so is grounded in an interest in maintaining the status quo and their privileged position in it.

On the other hand, many persons at this stage can be marginalized by other women who are not operating from the same perspective of psychological liberation and empowerment. This marginalization frequently results in individuals at this stage being viewed with suspicion, distrust, and trepidation by women at the first stages. This sort of marginalization is communicated in different ways by women who are comfortable with the status quo (passive acceptance), preoccupied with heightened anger and guilt over their experience with sexism (revelation), in need of exploring and solidifying new ways of thinking and feeling about their womanhood (embeddedness-emanation), or simply are less committed to feminist and social justice activism (synthesis). These forms of marginalization can lead to an increased sense of disconnection that can contribute to the unhealthy stressors many active commitment stage women encounter in their lives.

Numerous feminist theorists have discussed the negative outcomes that many women (and men) experience when they are psychologically disconnected from other people, especially from individuals with whom they would like to have a more authentic and mutually respectful relationship (Hill & Ballou, 2005; Jordan, 2001). In focusing on these issues, feminist theorists have extended the FCT paradigm by developing what is referred to as relational-cultural theory (RCT). This theoretical model directs attention to the ongoing challenges women (and men) face in negotiating the connections and disconnections that represent a normal part of life and people’s interactions with others (Comstock, 2005).

Although discussed in greater detail later in this chapter, it is suggested that RCT approaches to counseling and therapy can be an effective way to assist women at the fifth stage of feminist identity development in dealing with the unique stressors they commonly encounter in their lives. RCT directs particular attention to the ways in which clients’ connections and disconnections with others contribute to their feelings of stress, frustration, and shame.

Comstock (2005) explains this further by noting that “basic to RCT is the process of moving through connections, disconnections, and back into new, transformative, and enhanced connections with others” (Comstock & Qin, 2005, p. 32).
Thus, this helping theory suggests that, while a sense of disconnection with others is a normal and inherent part of life and human development, all individuals have a fundamental yearning for connection. Consequently, one of the central challenges that underlie human development is to have women (and men) learn how to effectively negotiate disconnections that predictably occur during one's life in ways that lead to increased mutual empathy, understanding, respect, and authenticity with others. This may be especially helpful when women at the active commitment stage express concern about their sense of marginalization by and disconnection with others.

By communicating mutual empathy in counseling and therapeutic sessions with active commitment stage women, mental health practitioners can help build a unique collaborative alliance that enables these female clients to explore new dimensions of their potential connections with others as well as analyze some of the underlying factors that contribute to their sense of disconnection and marginalization. This therapeutic exploration and analysis is aimed at intentionally stimulating an increased level of differentiation in clients' self-understanding and assisting clients to develop new images of their present and future relationships with others (Miller & Stiver, 1995). These new relational images can help illuminate how clients can more effectively

- accept themselves and others for who they are
- use this increased awareness and acceptance to enact new interpersonal interactions that stimulate a greater sense of mutual respect and authenticity with others
- determine when it is important to disconnect from interpersonal relationships that result in an undermining of mutual respect and authenticity
- reflect on how and if they can or should move beyond their sense of disconnection with specific persons
- make an effort to reconnect (if they determine that this is the course of action to take) in ways that are intended to foster transformative relational changes with others

RCT theorists' claims about the positive psychological benefits that ensue from intentionally promoting mutual empathy, increased differentiation, and new relational images in counseling and therapy are supported by a growing body of research in this area (Comstock, 2005; Jordan, 2001; Miller & Stiver, 1997). In addition to these therapeutic approaches, it is important to reflect on the qualities that counselors and therapists themselves need to bring to the helping encounter to work effectively with these clients.

It is also important for FCT practitioners to possess some of the same psychological characteristics as their active commitment stage clients. This includes (1) understanding the adverse impact that sexism and other forms of cultural oppression (e.g., racism, heterosexism, and ageism) have on women’s and men’s development, (2) being cognizant of the hierarchical power arrangements that underlie these social injustices,
(3) being knowledgeable as to how such power arrangements effectively disempower women and negatively affect men, (4) cultivating an awareness of the many ways that sexism and other social injustices are deeply ingrained in organizational and institutional structures, and (5) possessing a personal understanding of what it means to be marginalized for one’s beliefs and actions.

In Competency-Building Activity 11.2, you were encouraged to reflect on some of the counseling and therapy strategies you thought you might employ when working with female clients. By completing Competency-Building Activity 11.3, you can assess how your thinking about counseling women may have been affected by reading the counseling and therapy approaches described above.

FCT and Multicultural Counseling and Therapy

There are many aspects of FCT that can be applied to the practice of multicultural counseling and therapy (MCT) (Chapters 2 and 12). For example, the emphasis that FCT-oriented counselors/therapists place on external reality and its impact on their clients is central to MCT theory. Although the concept of power is often missing in psychodynamic, cognitive-behavioral, existential-humanistic, and other psychotherapeutic theories, it is an essential concept in both FCT and MCT theories. The idea that working in a community context can be more important than one-on-one counseling is challenging to the psychotherapy and counseling establishment but central to feminist and multicultural practitioners.

Despite the ways that FCT complements MCT, feminist counseling theorists have received sharp criticism in the past from multicultural advocates (Barret, 2005, hooks, 2000). These criticisms largely focus on the cultural and racial biases and insensitivities that many FCT theorists and researchers reflect in their earlier writings.

Over the past several years, many FCT theorists, researchers, and practitioners have worked to address these criticisms. As a result, FCT theorists and researchers have directed increasing attention to the linkages that exist between clients’ gender and their cultural/ethnic/racial background and group identity. Competency-Building Activity 11.4 is designed to help you adapt some of the ideas of feminist and MCT theory in an interview setting.
As briefly stated earlier, the ongoing evolution of feminist counseling and therapy movement has led to the creation of another new theoretical framework called relational-cultural theory or RCT. Comstock and her colleagues (2002) describe RCT as follows:

Step 4. Oppression/harassment analysis. It is particularly important to look for real issues of oppression or harassment that may occur in the story. Oppression may come from others to the client or can originate unconsciously as self-oppression (e.g., internalized oppression). It also can be helpful to review the same story from an ethnic/racial perspective. Religious or spiritual dimensions may provide still other views of the same story.

Step 5. Informing the client/volunteer about oppression or other contextual issues. One of the major tenets of feminist and MCT theories is the emphasis these theoretical models place on explaining clients’ development and behaviors from an environmental/contextual perspective. Many times clients will continue to blame themselves when it is obvious that responsibility for the events lies outside the person. Counselors and therapists can carefully assist clients to construct alternative views about their contextual reality by using FCT and MCT helping approaches in their clinical practices.

You can try to do this at this point in the interview by spending a few minutes brainstorming alternative ways of analyzing the client’s story. Then discuss with your client or volunteer other reactions to the situation now that she or he has looked at it from a different perspective.

Be sure to end this activity by asking your volunteer what she or he thought of this exercise. Also, take time to write down your own reactions to this competency-building activity and file it in your personal/professional development portfolio.
The relational-cultural model was conceived after the publication of *Toward a New Psychology of Women* (Miller, 1976). What followed was the unfolding of what is sometimes referred to as “self-in-relation” theory or the “relational-cultural model” of counseling and therapy.

The relational-cultural model looks at all interpersonal dynamics through a relational lens. Miller and Stiver (1997) suggested that although individuals yearn for connection with others, they develop a repertoire of strategies that keep them out of connection. Such strategies, for example, include withholding love and affection, withdrawing from others, criticizing loved ones, and hiding authentic feelings (Hartling, Rosen, Walker, & Jordan, 2000). At worst, these strategies are destructive and could involve addictions, compulsions, abrasive behaviors, eating disorders, and workaholism. Each of these strategies has the potential to keep individuals out of relationships and subsequently to evoke a deep sense of shame (Hartling et al., 2000; Jordan & Dooley, 2000).

The relational model provides an alternative perspective to traditional ways of viewing both internal processes and relational dynamics in counseling and therapy. For example, traditional therapies value the identities of individuation, separation, and autonomy and generally honor the concept of the “self” (Fedele, 1994). In contrast, this model espouses that we become increasingly relationally complex rather than more individuated and autonomous over the life span. The uniqueness of relational therapy is its focus on achieving growth by enhancing each individual’s capacity to create, build, sustain, and deepen connection as a life-long goal. (pp. 254–256)

As with multicultural counseling theories, the creators of RCT realize that many clients blame themselves for problems that are linked directly to the sociocultural contexts of which they are a part. Consequently, much attention is placed on clients’ environmental contexts to understand their problems and challenges as well as to identify their sources of personal and collective strength and support.

RCT differs from multicultural counseling and therapy theories by the emphasis it places on the relational connections and disconnections people experience in their lives. RCT theorists readily acknowledge that people normally encounter various relational connections and disconnections throughout their lives. However, they also assert that the way people navigate through these relational changes significantly affects their mental health, psychological development, and sense of empowerment across the life span. Comstock et al. (2002) explain these points further:

According to this model, understanding one’s relational capacities in a sociocultural context allows one to move out of a place of shame and frustration and into the possibility for more mutually empathic and authentic connections (Hartling et al., 2000; Walker, 2001). As such, the relational model can be used with both women and men from diverse backgrounds and in counseling settings that address a multitude of issues (Jordan & Dooley, 2000). (p. 256)
Key Concepts Associated with RCT

Mutual empathy, connections and disconnections, the central relational paradox, and relational images are key concepts associated with RCT. As stated earlier, mutual empathy extends our thinking about the more common expression of “one-way” empathy, which was popularized in Rogers’s counseling theory (Chapter 9).

Rogers emphasizes the importance of communicating a genuine sense of empathy to enable clients to experience greater personal acceptance, validation, and psychological well-being. Mutual empathy, on the other hand, refers to more empowering and psychologically liberating human experiences that go beyond Rogers’s theoretical views. According to RCT theorists, these experiences occur when the listener (e.g., the therapist) shows that she or he has been affected by the experiences of the other (e.g., the client). The client not only experiences acceptance and affirmation by the therapist but also recognizes that she or he has impacted and changed the counselor in this way (Comstock, Duffey, & St. George, 2002).

The increasing personal power people experience in mutual connection with others stimulates a greater level of psychological liberation. This occurs as individuals move from feelings of self-doubt, shame, and frustration to a clearer understanding of how they can affect others who engage in mutually empathic, respectful, and authentic relations. Thus, mutual empathy results in more empowering and liberating relational development as a result of (1) the heightened authenticity and mutuality that is manifested in such connections and (2) a more differentiated understanding of the connections and disconnections we have with people in our lives.

Commenting on empathy as discussed by the ideas of Rogers and RCT on mutual empathy, Comstock (2006, personal communication) pointed out that “Rogers never much addressed how he handled or named the ‘disconnections’ or ‘empathic failures’ that happen all the time. It is important to understand that our empathic capacities grow in relationship like everything else and expand/transform when we name our disconnections, not by pretending we don’t have them.”

Also, one of Rogers’s goals for his clients was helping them become more aware of themselves as unique individuals. In contrast, RCT involves developing increased relational competencies and an increased capacity for authentic relating and resistance to the forces of disconnection, both interpersonally and sociopolitically, as these are often one and the same. Rather than asserting that individuating is key in one’s development (as the three traditional theoretical forces in counseling and therapy agree), RCT maintains that the acquisition of new and more differentiated relational competencies and mutual empathy are vital for healthy human development across the life span.

In essence, mutual empathy broadens and deepens both the counselor’s and the client’s experience and perspective. Miller and Stiver (1997) point out that this results in people becoming more “empathically attuned, emotionally responsive, authentically present, and open to change” (p. 11).

Building mutual empathic bridges in counseling and therapy provides a means for clients to explore the various ways in which their connections and disconnections
with others affect their development. Miller (1986) explains that when authentic and mutually empathic connections occur:

Each person feels a greater sense of “zest” (vitality, energy); each person feels more able to act and does; each person has a more accurate picture of her/himself and of the other person(s); each person feels more connected to the other person(s) and feels a greater motivation for connections with other people beyond those in specific relationships (p. 3).

The opposite characteristics are manifested when people experience unhealthy disconnections with others, including “decreased energy; an inability to act; a lack of clarity or confusion regarding self and other; decreased self-worth; and the turning away from relationship with others” (Jordan & Dooley, 2000, p. 13).

It is important to reiterate that the process of experiencing connections and disconnections with others is a natural and reoccurring part of life. From an RCT perspective, it is equally important to understand the transformative, empowering, and liberating potential that is inherent in moving through our connections and disconnections and then reconnecting with others. Jordan (1992) addressed this potentiality by stating:

In cases of disconnection, transformation involves awareness of the forces creating the disconnection, discovery of a means for reconnecting, and building a more differentiated and solid connection. The movement into and out of connection becomes a journey of discovery about self, other, and relationship—about “being in relation.” (p. 8)

RCT practitioners realize that, while everyone yearns for connection, we all employ strategies that result in various kinds of disconnection from others, from the world at large, and from ourselves. This common human phenomenon is referred to as the central relational paradox (Miller & Stiver, 1997).

While it is agreed that disconnections are an inherent part of life, RCT counselors and therapists take time to explore the reasons why clients implement strategies for disconnection in their lives. They also work with clients to examine the creative and empowering potential that is linked to enlarging mutual empathy in their connections with others. According to RCT theorists, this empowerment stimulates a growing sense of relational resilience and competence, both of which are critical aspects of mental health and psychological well-being from this theoretical perspective (Comstock et al., 2002). Thus, some of the central roles RCT practitioners play in counseling and therapy include helping clients to

- recognize where mutual agreement and empathy are possible in relationships that are becoming disconnected
- understand how such agreement and empathy can strengthen their relational competencies and resilience
- determine when, how, and why they may need to employ strategies for disconnection with certain persons who are clearly having a toxic impact on their lives
The process of collaborating with clients about these issues leads to the development of new, more empowering, and liberating relational images. It is important to assist clients in developing these kinds of new relational images, because many people go through life engaging in relationships in which they are denied empathic possibilities. When this occurs, people learn to adapt to relational images that are devoid of meaningful connection, mutual empathy, and authenticity. Such images “are frustrating and binding because they negate the possibility for new relational possibilities. In reality, individuals may have more relational possibilities than they are able to construe. In RCT counseling and therapy situations, clients create the possibilities of the here and now as they struggle with the disappointments, abuses, and violations of the past” (Comstock et al., 2002, p. 261).

Implementing RCT in Practice

Jordan (1992) describes four stages of RCT, which include movement from (1) supported vulnerability to (2) flexibility, (3) empowerment and conflict, and (4) relational confidence and awareness. At the beginning stage of RCT, the challenge is to create a space of safety in which clients are willing to make themselves vulnerable to discussing and working through disconnections in their lives. RCT counselors and therapists intentionally assist clients in becoming more conscious of the possible patterns that underlie their clients’ disconnections and openly explore what prevents them from seeking support and connection from their disconnected relational experiences. This is a creative and difficult phase in RCT, given the vulnerability that clients experience when they explore these relational issues.

As clients develop trust in the RCT therapist and further explore the meaning of their relational connections and disconnections, they are ready to move to the second stage of RCT. This involves developing new and more differentiated ways of thinking about how they can relate to themselves, other people, and the world in which they are situated. In doing so, clients develop greater relational flexibility as a result of making finer distinctions between disconnected relationships that may be potentially growth fostering and in need of reengagement from those disconnections that act as protection from nonmutual and toxic relationships.

At the third stage of RCT, counselors and therapists and clients work together to explore the interconnections that exist between clients’ newly emerging sense of empowerment and conflicts they experience with others. Clients become more empowered as a result of learning to more effectively manage the predictable relational changes they encounter throughout their lives. The sense of empowerment that clients experience as a result of learning how to better manage these relational changes leads to a sense of relational confidence and resilience.

During the final stage of RCT, clients and counselors work together to discover how issues related to vulnerability, flexibility, empowerment, and conflict facilitate the realization of a greater sense of relational confidence and resilience. As clients acquire new insights and develop new abilities that enable them to rework their disconnections and empathic failures, they are better able to handle other relational
challenges that occur. These developmental advancements constitute the essence of a person’s relational confidence and resilience, characteristics that are viewed from an RCT perspective as the cornerstones of psychological health and well-being.

Clearly, not all clients are suitable for RCT. Counselors and therapists need to consider a host of factors regarding a person’s readiness to engage in RCT. This includes assessing clients’ level of self-awareness, their willingness to be influenced by others, and their cognitive and communication capacities related to these skills (Comstock et al., 2002). As noted previously, however, RCT may be particularly helpful to implement when working with women who are operating in the fifth stage (active commitment) of Downing and Roush’s (1985) feminist identity development theory.

The Professional Development Extension summarizes the impact of the feminist perspective on contemporary society. It also briefly describes some of the contributions that counselors and therapists can make to advance this perspective in their work as mental health professionals.

Summary

Many of the constructs and theories discussed in this book are open to feminist critique. This is done to illuminate the ways in which traditional helping theories complement and conflict with the psychological strengths, needs, challenges, and problems female clients bring to counseling and therapy.

This chapter provides information that is aimed at increasing your understanding of the development of the feminist counseling movement in the United States. Key characteristics of FCT include:

1. **Building an egalitarian relationship.** Feminist therapists consider themselves partners with their clients and value women and their need for mutual support and exploration. Self-disclosure of one’s own personal experiences as a therapist is a particularly important part of the therapeutic process. Important here is the concept of power. Feminist therapy emphasizes sharing power and working against domination by any group.

2. **Valuing pluralism.** Feminist theory values difference. Although focused on women, the feminist approach also recognizes the many dimensions of the RESPECTFUL counseling framework (D’Andrea & Daniels, 2001b). Again, the issue of power is critical. One cannot be free if others are restricted. A basic tenet of feminist counseling and therapy is the awareness of the need to respect the multidimensionality of other persons.

3. **External emphasis.** Whereas much of cognitive-behavioral theory focuses on internal thoughts, feminist theory stresses that oppressive aspects of reality (such
Professional Development Extension

How the Feminist Perspective Has Revolutionized Thinking about Human Development

The emergence of the feminist perspective in the latter half of the 20th century has had a revolutionary impact on how people think not only about the way that women need to be treated in our society but also about the role that mental health professionals can play in promoting human development. While much more work needs to be done in addressing the various forms of sexism and the hierarchies of power that sustain sexist thinking and behavior in our nation, the progress that has been made in promoting women’s dignity and development over the past 40 years is indisputable.

Much of this progress can directly be attributed to many of the principles that are embedded in a feminist worldview in general and reflected in FCT practices in particular. For instance, the emphasis that feminist advocates place on building egalitarian relationships between men and women (a concept that is also key in FCT) has led to the empowerment and psychological liberation of countless numbers of women in various settings over the past several decades. Not only has this resulted in the realization of a higher level of justice in our society, but it has also contributed to an enhanced sense of psychological well-being among many women as individuals and the growth of an empowered group identity.

This collective empowerment is further enhanced by a growing understanding and respect for the different perspectives, strengths, and needs of women from diverse cultural/ethnic/racial groups. The increased recognition and acceptance of these differences has led to greater solidarity among women from diverse backgrounds who are committed to ameliorating the unique forms of sexism that are tied to other social injustices, such as racism, heterosexism, ableism, and classism, to name a few.

Counselors and psychologists can make important contributions to further advance the feminist perspective by advocating for a continued and increased guarantee of equal rights for all women. They can do this in the work they do as organizational development consultants in schools, businesses, government agencies, and communities. They can also do this when consulting with individual...(as sexism and heterosexism) may need to be addressed directly—“It is not what we think of things, but rather what is which must be addressed” (M. Ivey, 1994).

4. Using community resources. Feminist counseling and therapy does not end with the completion of the psychotherapeutic interview. Many clients are referred to women’s support groups, community action work, legal aid, and other relevant community services.

5. Implementing an active, participatory counseling style. Feelings are considered important, but confrontation of discrepancies in the client and between the client and society are also viewed as being important in the helping process. For example, the therapist might work with a client who is full of conflict to understand the emotional aspect of one’s problems but also confront the client with the need for growth and resolution. Although the therapist may be warm and supportive, a gradual move toward more differentiated thinking on the client’s part is emphasized. The therapist is likely to use most of the techniques discussed in this book (such as assertiveness training, Frankl’s dereflection, dream
parents and teachers about the growth and development of girls and boys in our public schools and community agencies.

A number of issues covered in this chapter represent important considerations that counselors and psychologists might keep in mind when implementing these consultation services in the field. In addition to emphasizing the psychological benefits associated with building egalitarian relationships among people from diverse gendered groups and cultural/racial backgrounds in school, business, and community settings, mental health professionals can provide additional information that focuses on other key concepts related to the FCT worldview. This includes:

1. providing information about those community resources that may be helpful in addressing the needs of schools, businesses, organizations, and communities interested in promoting the mental health and well-being of all of its constituents from a feminist perspective
2. encouraging the use of active and participatory approaches to decision making that include all the members of the school, business, organization, and/or community where one works
3. noting the empowering potential that commonly is realized when individuals have the opportunity to become more fully engaged in community service projects that are intentionally aimed at promoting social justice and eradicating various forms of cultural oppression that continue to exist in our society
4. emphasizing the positive psychological benefits that predictably ensue when leaders in these environmental settings routinely provide personal validation for the work that the persons do who make up the schools, businesses, and communities

These are some of the practical suggestions that highlight how the feminist perspective can complement and extend the work mental health professionals do in a variety of settings. You can probably think of other ways you might implement the ideas presented in this chapter to have a more positive and lasting psychological impact on larger numbers of persons from diverse groups and backgrounds.

analysis, and so forth) but will do so with an awareness of the feminist context of the helping process.

6. **Information giving.** A strong educational component exists in feminist counseling. The client may be instructed in social/historical facts concerning sexism and the impact of cultural conditioning. Sex-role analysis may be used so that women can understand how they have become culturally conditioned to respond in certain ways (Robinson & Howard-Hamilton, 2000).

7. **Personal validation.** Many women come from oppressed situations in which they have little or no awareness of their own inherent personal worth. Feminist therapy seeks to validate the individual and her cultural heritage as unique and valuable.

**Multimedia Resources for This Chapter**

The following online resource offers video and other resources of particular relevance to this chapter of your text.
MyHelpingLab

If a MyHelpingLab passcode was included with your textbook and you have activated your passcode:

- go to www.ablongman.com/myhelpinglab
- enter the “Counseling” area of the site by clicking on that tab
- select “Video Lab” from the toolbar to the left of the page
- select “MyHelpingLab Videos by Theoretical Approach”
- select the “Feminist” module to view various video clips of a therapist using this approach with a client