

An Exploration of Feminist Family Therapists' Resistance to and Collusion with Oppression

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Abstract

In this study, I explore the ways in which feminist family therapists encourage exploration of, resistance to, and collusion with, oppression. I explore qualitatively the critical dialogues, both inner, and with others, that feminist family therapists employ to address oppressive systems. My research questions are: a. How do family therapists who identify as feminist describe how their feminist identities and ideas about feminism have evolved over time? b. How do feminist family therapists report stories of their own resistance to gender-based oppression? c. How do feminist family therapists report stories of their own collusion with the oppression of others? And d. How do feminist family therapists encourage clients to examine oppression and collusion of oppression of others? I use tape-recorded, one-on-one interviews with a theoretical sample of self-identified feminist participants who have demonstrated rigorous attention to feminist inquiry and practice in the field of family therapy. Consistent with a contemporary grounded theory methodology, generation of theory is based on constructivist methods, which recognize that there are multiple coexisting realities and not one objective truth (Charmaz, 2000). By way of constructivist grounded theory analysis the following four categories emerged: (a) Actions and Strategies of a Feminist Family Therapist, (b) It's a Sensibility: The Development of a Feminist Identity, (c) Recognizing Oppression and Injustice: A Quest for Liberation and (d) Resisting: Exploring Why, How, and at the Risk of Which Consequences.

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Chapter I

Introduction

Beyond Equity between Men and Women

Bennett (2006) stated, “to my mind, feminism is simply the conviction that women, like men, should be afforded the opportunity to realize fully their humanity” (p. 8). hooks (2000) suggested that feminist work must be expanded beyond promoting women’s equal social position with men. Her belief is that an inclusive feminist line of research will also include discussions of other forms of oppression and privilege beyond the male/female power differential. She argued that examining sex, race, and class oppression must be included in feminist work. As a family therapist I feel called to this task. As Weingarten (2003) stated, “the therapist’s task is to assist clients into full empowerment, with a voice of their own, by acknowledging, validating, and promoting resistance to oppressive practices” (p. 76). I am interested in critical dialogues, to examine women’s stories of intersecting social positions and to learn how privilege and oppression both function to support or inhibit liberation and a fuller realization of humanity. I acknowledge that my awareness of oppression began with my experiences of gender-based oppression. As I became more immersed in the topic of oppression I broadened my definition of feminism. While conducting this study I learned the value of entering the feminist discourse at the source of impact. Since my source of impact in the experience of oppression is the inequity I have experienced as a woman I begin by describing the devaluation that accompanies being a woman. I weave in elements of intersecting identities as I discuss gender-based oppression. I further discuss the important role that feminism has in responding to oppression and social justice in all forms more thoroughly in a later section of this paper.

Devaluation of Female Membership

Compared to past generations, many women are currently at a higher social standing in the United States. More women than men are enrolled in higher education (Reynolds & Burge, 2007), women are gaining more political and social power (Powers & Reiser, 2005), and women continue to voice their need for equality (hooks, 2000). Bennett (2006) argued that the advancement of women in the late 20th century was aided by the expansion of higher education following World War II, a time when women were entering universities as both students and professors. She stated that advancement for women was also occurring during a time when other marginalized groups, such as African Americans, were also advocating for change. She recognized the interconnectedness of marginalized groups resisting their oppressors, stating that the struggle for resistance was collective and strengthened by various marginalized voices.

During my doctoral studies, for the first time in our country's history, a woman was a strong and likely candidate for presidency of the United States. My paternal Grandmother, an 88-year-old woman who lived through the depression, saw her husband off to fight in World War II, and raised six children of her own, was certainly raised in a different era. When my Grandmother recalled living during the depression, she stated that her family did not suffer because her Grandmother owned the ranch that the family lived on and her other Grandmother had a plentiful vegetable garden. My Grandmother was raised with a keen awareness of the strength and competency of women. Curious about her thoughts about women's social position in our country today, I called her. My Grandmother is liberal minded and stays informed on political issues. I asked her whether or not she would have ever thought, as a young girl on the ranch, that a woman would be President of the United States. She stated that she "always had that notion" but that she "didn't know who would be the lucky one..." (O. Woodward, personal

communication, July 2, 2009). My Grandmother's "notion" as a young girl will potentially be realized in my lifetime.

Women in our country have made strides socially and politically yet we are still members of a social group that holds less power, status, and access to resources than men do (Katz, Joiner, & Kwon, 2002). It is important to note a complicating factor while analyzing women's social position; women as a group remain stratified. There are women who hold more social power than others (i.e. affluent, well-educated, White) and there are women who are in non-dominant groups of society (i.e. women of color, lesbians, differently-abled) and subsequently have less power (Eldridge & Barrett, 2005). Also, take for example, women who identify as Latina (or other ethnic identities), even the difference between dark skin and fair skin impacts a woman's ability to assimilate into the dominant U.S. culture and subsequently impacts her experience with oppression (Comas-Diaz, 2005).

Being a woman has been linked with mental health outcomes, such as higher rates of depression, low self-esteem, and greater likelihood of eating disorders (Baucom, 1983; Panayiotou & Papageorgiou, 2007; Wichstrom, 1999). For example, the American Psychological Association (APA) observed that more than 90% of cases of Anorexia Nervosa are diagnosed in girls or women and the rate of Major Depressive Disorder in the adult population is 10% to 25% for women, compared to 5%-12% for men (APA, 2000). It is arguable that the social position of women today is contributing to negative effects on both physical and mental health (Caplan, 1992).

Goodrich (2005) reviewed current social trends, highlighting that oppression against women continues to thrive in our country. She noted that women continue to be paid less than men, earning just under three quarters on the male dollar; that women are paid less in every

occupation classification; and that adult women have higher instances of poverty, less access to high power positions, and fewer political positions (Goodrich, 2005). Perhaps these trends reflect the historical social pressure for women to commit their lives to family and children. These trends may also reflect the social pressure that women face to be submissive and not assert themselves by asking for a raise or a promotion. The current economic climate in the U.S. is making profound differences for women. The Shriver Report (2009) found that in the U.S. women now make up half of the workforce with mothers being either the primary breadwinner, or co-breadwinner in two-thirds of American homes. Researchers also found that compared to earlier generations, the majority of participants were supportive of women working outside of the home, were comfortable with the idea of women earning more than men, and were supportive of stay-at-home fathers. Researchers also found that women identified feeling less dependent on men than they did in previous generations (Shriver Report, 2009). In addition, researchers found that both male and female respondents agreed that women are disproportionately responsible for childcare and eldercare. These findings demonstrate that the number of women in the labor force is becoming nearly equal with men. Although men and women recognize this fact, women continue to be paid less and continue to be responsible for more domestic responsibilities (Shriver Report, 2009). Again, there is a social expectation that women hold primary responsibility for the “second-shift” or home and family related tasks (Hochschild, Machung, & Pringle, 1995). The U.S. Bureau of Labor Statistics (2009) examined trends from 2008 and reported that women are earning on average 80% of what their male counterparts earn. The discrepancy in pay is higher among women aged 35 and older who average 75% of what their male counterparts earn. It is important to note that Asian and White women make substantially higher earnings than Black and Hispanic women.

Goodrich (2005) noted that although instances of oppression toward women are evident on many levels many women do not think of themselves as oppressed. The disparity in power between genders seems clear although many people maintain that gender-based oppression is not a problem. I have talked with women in heterosexual relationships who state that they do not feel oppressed, yet they are employed full-time, similar to their male partners, and also maintain responsibility for household tasks, childcare coordination, and maintaining social calendars (Hochschild, 1989; Schwartz, 1994). Some feminists would suggest that this signals a need for consciousness-raising. I have talked with people who state that they feel that equality between sexes has been met, that women are liberated. Indisputably gains have been made, yet some do not recognize the need for continued change.

Continued Need for Research on Gender and Power

Recent studies reveal that feminist inquiry in family therapy is on the decline (Almeida & Hernandez, 2001; Goodrich & Silverstein, 2005; Kosutic & McDowell, 2008). In a decade review Kosutic and McDowell (2008) noted a significant increase in articles focusing on social justice and equity, and a decrease in articles about gender between 1995 and 2005. Goodrich and Silverstein (2005) found a similar trend in the diminished attention to issues of gender at national conferences over the past 15 years, noting that at both the American Family Therapy Academy and the American Association for Marriage and Family Therapy conferences, conversations on gender were on the decline while multiculturalism was increasing. The trouble with this polarity is that feminist theory encompasses the intersection of many forms of oppression. Some researchers are arguing for a broad understanding of the various contextual factors (i.e. race, ethnicity, social class) without losing focus on gender (Garcia & McDowell, 2010).

Other concerns about the state of feminist inquiry include Almeida and Hernandez's (2001) discussion on the domination of White male voice in family therapy training programs stating that "there are currently NO family therapy training programs that we would call feminist" (p. 244). Similarly, Parker and Almeida (2001) raise concerns about the field of family therapy not having standardized or required feminist training and internship placements. The American Association for Marriage and Family Therapy's (AAMFT, 2005) most recent Accreditation Standards for graduate and post-graduate marriage and family therapy training programs discuss enhancing the diversity of the program, including in the area of gender, but any mention of gender is limited to the discussion of maintaining a diverse student body. Listed under the standard of Program Quality is the value that upon program completion, students should understand and respect for diversity. Although gender may be included in this definition, there are not clear expectations listed for training and therefore such training is left to the discretion of the individual training programs.

One postulation about the decline in feminist inquiry is that feminist studies are being replaced by hot topics such as multiculturalism (Kosutic & McDowell, 2008). Trends in feminist family therapy training and research may reflect the prevailing cultural attitude that feminism has been well-studied and gender equality has been achieved (Goodrich & Silverstein, 2005). This belief presents an oversimplified version of feminism which limits the discourse to gender equality. As previously mentioned, feminist theory goes beyond gender equality to address social justice and oppression in all forms (Parker & Almeida, 2001). A persistent cultural attitude stigmatizes feminism, such that, "you can talk about ethnicity or diversity from a whole spectrum of positions, but if you talk about feminist issues, you become a dangerous liberal" (La Perriere, as cited by Goodrich & Silverstein, 2005, p. 274). Other researchers have found that

the feminist label is not readily adopted by clinicians doing feminist work because the term is considered reactionary (Dankoski et al., 1998).

Researchers are calling for more attention to feminist inquiry in family therapy (Goodrich & Silverstein, 2005). One important line of research that we are currently missing in the field of family therapy is a clear exploration of how feminist family therapists reflect on their resistance to and collusion with oppression and how they carry similar dialogues into their professional settings.

Rationale for the Study

Purpose Statement

In this study, I explore the ways in which feminist family therapists encourage exploration of, resistance to, and collusion with, oppression. This study began with my interest in gender-based oppression, as I have felt limited by patriarchal views and expectations. As I engage in dialogue with colleagues and mentors, and submerge myself in the readings of esteemed scholars, I expand my exploration to an interest in stories of resistance to all forms of oppression. The more I research patriarchal oppression that devalues women, the more I learn about the interconnectedness of oppressed groups and that the devaluation of one marginalized group strengthens the subjugation of others. Although my primary emphasis in this study is the oppression of women, I acknowledge that gender based oppression cannot be disentangled from other forms, which I attempt to address respectfully.

Oppression exists at many levels, including gender, race, sexual orientation, age, ability, class, and nationality. Although my primary focus is on examining oppression and privilege as it relates to gender, I am also interested in contributing to research aimed at eradicating oppression in general. Liberation requires a balance of accountability and empowerment (Hernandez,

Almeida, & Vecchio, 2005). As a family therapist I seek to empower my clients by helping them to see their intrinsic and extrinsic resources. I acknowledge resiliency and highlight times when the client was able to overcome adversity. I also hold my clients accountable for actions and encourage them to make decisions that are congruent with their values. On a broader level I encourage dialogue about the impact of social injustices. While discussing gender-based oppression, or racial-based oppression I see benefit in empowering my clients as well as encouraging them to see instances where they are responsible for affecting change. Hardy and Laszloffy (1998) discussed breaking down the effects of pro-racist ideology. They stated that it is imperative to first recognize pro-racist ideology in oneself before one is able to effect greater change. Along with examining how women resist oppression, those interested in liberation need to examine how each of us colludes in the oppression of others. Therapists have an opportunity to aide in this self-discovery with clients but should first address the struggle within their own lives. Freire (1970) stated that when oppressed people begin the struggle for liberation they often become oppressors, or “sub-oppressors” who receive their power through the disempowerment of others. The disconnect appears to be that although well-intentioned, those who are interested in promoting liberation fail to remedy their own participation in keeping others in oppressed positions. Goodrich (2005) discussed how following a patriarchal model to dominate is a folly that women are subject to as well as men, this phenomenon is demonstrated when women use the power that they are allotted in a family to dominate those who have even less power (i.e. children, and household workers).

McIntosh (1988) discussed the opinion that there are many men who acknowledge women’s disadvantaged position in society while being unwilling to acknowledge their own over-privileged position. She stated that men are often unwilling to admit that their own

advantage is gained through women's disadvantage and that these denials keep the imbalance from being lessened. The phenomenon of over-privileged males is a hierarchical system in our society which is interlocked with other hierarchical systems of power and privilege including the system of White privilege (McIntosh, 1988). Among the examples of White privilege and male privilege are the ability to be in the company of ones own group at most times, being treated well by neighbors in a new neighborhood (e.g. social acceptance), not having to educate children about systemic racism for their own safety, and being able to accomplish high goals without being seen as a credit to ones race or sex (McIntosh, 1988; Swigonski, 1996). McIntosh asserted that "White" skin opens doors for people whether or not the people who are advantaged by this power are seeking the power or not. In order to both empower, and take accountability for our own actions, it is necessary that we examine how we are oppressed, as well as how we collude in the oppression of others.

Operational Definitions of Key Terms and Concepts

The following key terms and concepts will be used throughout this study.

Feminism: The word feminist/feminism will be used broadly to encompass various fields of feminist theory. However, hooks (2000) presented a definition for feminism that fits with my own beliefs, "Feminism is the struggle to end sexist oppression... It does not privilege women over men. It has the power to transform in a meaningful way all our lives" (p. 28). hooks included the idea that feminists strive for equitable treatment of men and women from all groups.

Critical Dialogue: An exchange of ideas and an examination of how social and historical influences shape individually constructed realities (Freire, 1970).

Oppression: Discrimination, exploitation, and domination of one group over another or one person over another. This includes both implicit and explicit forms of oppression.

Collusion: Collusion is enacted as both an aware and secret cooperation and conspiracy against a group or an unanalyzed subtle complicity or understanding of one's position over another.

Patriarchy: A structural system whereby men hold primary power and women are largely excluded from positions of power.

Gender: Socially constructed attributes usually linked to male or female sex. Characteristics that are learned versus assigned biologically.

Woman: Woman will be used throughout this study as a generalizing, not universalizing word (Bennett, 2006). The use of *women* provides a practical category, not an all-encompassing distinction.

Resistance: The use of the word *resistance* in this research is similar to the body's resistance against disease and related concepts such as, immunity; fighting off, standing against, and defending against.

Privilege: The use of the word *privilege* in this literature will refer to the special rights and advantages given to one group and withheld from others. *Privilege* is often unearned.

Study Overview and Research Questions

I explore qualitatively the critical dialogues, both inner, and with others, that feminist family therapists employ to address oppressive systems. Qualitative inquiry is best suited for this study as I gather rich description while maintaining the belief that multiple realities exist for participants and the responses are shaped by individual context and individually applied meaning. I use tape-recorded, one-on-one interviews with a theoretical sample of self-identified feminist participants who have demonstrated rigorous attention to feminist inquiry and practice in the field of family therapy. I have generated a grounded theory, building a theoretical framework for feminist therapists to use with clients as a tool for addressing oppression.

Consistent with a contemporary grounded theory methodology, generation of theory is based on constructivist methods, which recognize that there are multiple coexisting realities and not one objective truth (Charmaz, 2000). Included in the belief that there are multiple existing realities is the fact that participants conceptualize feminism differently, that participants have a range of experience regarding resistance to and collusion with oppression, and lastly, that there are different strategies for raising consciousness and accountability regarding oppression in therapeutic settings.

Research questions:

1. How do family therapists who identify as feminist describe how their feminist identities and ideas about feminism have evolved over time?
2. How do feminist family therapists report stories of their own resistance to gender-based oppression?
3. How do feminist family therapists report stories of their own collusion with the oppression of others?
4. How do feminist family therapists encourage clients to examine oppression and collusion of oppression of others?

Self of the Researcher

As a woman, I have been encouraged to cultivate my nurturing, supportive, empathic sides, while keeping my powerful and opinionated sides at bay. As an adolescent, someone suggested to me that when I grew up I marry into wealth and become a mother. For various reasons, I grew up with a limiting belief that women contributed to the world around them through charm, helpfulness, poise, and beauty. I was pained by this prophecy and determined to honor my full self by using my intelligence and influence to benefit both others and myself.

Honoring my full self entails accessing my skills. Some are traditionally socialized female traits including being emotive, nurturing, and supportive. Others are more commonly male socialized traits including intelligence and competitiveness. Through my determination to use my full range of abilities, I am examining ways that other feminists resist oppression by seeking their own personal power. As detailed above, my efforts to add to liberation-based research will be partly fueled by my desire for women's liberation but must also be conducted with knowledge of my own privileged position.

Although I may be negatively affected by male privilege, I benefit from White privilege. I am also the beneficiary of other sources of societal hierarchy, which give me an unearned advantage over others. Being a young woman I am seen by some as naïve and inexperienced. Yet others suggested that patterns of ageism value youth and contribute to inequalities (Henrard, 1996). Presently I am physically able-bodied, which puts me at less of a risk for access and treatment discrimination for future employment (Perry, Hendricks, & Broadbent, 2000). I identify as heterosexual. With this position in the majority status I am given the unearned institutionalized entitlements provided to this group including marriage, tax and insurance benefits, hospital visitation, and so on (Simoni & Walters, 2001). Similarly I can comfortably walk down the street holding hands with my partner. Having our first child, I am comforted knowing that we are embraced by family and friends with excitement rather than disapproval or questions about paternity, legitimacy, and legal rights. Other sources of privilege include my advanced education from accredited programs, my professional status as a family therapist and family therapy educator, my middle-class status and my national citizenship. I also benefit from my appearance by being conventionally attractive (Rice, 2009).

Chapter II

The Current Study in the Context of Existing Literature

Theoretical Framework

In this section I will provide a review of the theoretical framework guiding this research, which includes tenets of general systems, feminist, critical, and multicultural theories. These areas of theory complement one another in addressing issues of oppression and resistance. I will also examine the smaller body of empirical literature related to social justice issues. Lastly I will examine what is missing in the literature and discuss how integrating dialogue about how feminist family therapists both collude and resist oppression will advance past research.

General System Theory

General System Theory (GST) or “systems theory” is thought of as both a field of study and a theoretical framework (Whitchurch & Constantine, 1993). I have been strongly influenced by the tenets of this theory in my training as a couples and family therapist. The concepts of systems theory are central to how I conceptualize the world around me and I can strongly identify with the idea of systems theory being a theoretical framework or worldview. As Whitchurch and Constantine observed (1993) “systems thinking is a way of looking at the world in which objects are interrelated with one another” (p. 325). I will provide a brief discussion of the origins, core assumptions, and major concepts of GST. Next I will discuss how this theory fits with the current project and lastly I will discuss the feminist critique of systems theory.

GST is credited to Austrian born biologist Ludwig von Bertalanffy (Watzlawick, Beavin, & Jackson, 1967; Whitchurch & Constantine, 1993). von Bertalanffy believed that all systems shared certain qualities and it was through this recognition that he developed a universal theory to explain the dynamic interaction between the various systems (von Bertalanffy, 1950;

Watzlawick, Beavin, & Jackson, 1967; Whitchurch & Constantine, 1993). von Bertalanffy began writing about systems in the 1920s and was encouraged by historical events (World War II) to move his theorizing from philosophy and explanation of historical relativism to practical applications and engineering (Whitchurch & Constantine, 1993). von Bertalanffy found that simple machines, jet engines, amoebas and the human brain all share attributes of a system (Watzlawick, Beavin, & Jackson, 1967) and in fact developed the concept of cybernetic feedback, the process in which a system is self-monitoring, to assist military technology to promote tracking for antiaircraft guns (Whitchurch & Constantine, 1993).

Gregory Bateson along with his colleagues promoted systems theory as a way to demonstrate that families functioned as “organized units” rather than a “collection of individuals” and in doing so they were among the first to apply systems theory to the family (Watzlawick, Beavin, & Jackson, 1967; Whitchurch & Constantine, 1993). Bateson and colleagues found cybernetics (an ancestor to *family* systems) to be the appropriate foundation and language for talking about change (Keeney, 1983; Whitechurch & Constantine, 1993). Keeney (1983) defined cybernetics as “...part of a general science of pattern and organization” (p. 6). The cybernetic discourse gave early founders of family therapy a way to discuss the application of systems theory to the family. Families represent what von Bertalanffy recognized as open systems. As opposed to closed systems (i.e. simple machines), open systems have the unique property of *wholeness*, meaning each part of the system is related to the other parts, thus change in one part of the system (i.e. one person) will lead to change in all members of the system (i.e. family members); Watzlawick et al. (1967) described this as follows, “the behavior of every individual within the family is related to and dependent upon the behavior of all the others. All behavior is communication and therefore influences and is influenced by others” (p.

134). Included in GST as it applies to human systems is the idea that humans are self-reflexive and able to examine their own system and establish goals (Whitchurch & Constantine, 1993). Systems theory also accounts for a family system in relation to other systems. Subsystems represent the smaller system within the family such as the sibling subsystem while suprasystems account for larger systems such as extended family, racial or ethnic origins, church, community, and so forth (Whitchurch & Constantine, 1993). Feminist theorists argued that many therapists prioritize the dynamics within the family rather than the outside influences; this point is expanded upon below (Avis, 1988; Luepnitz, 1988).

The application of cybernetic thinking to families brought about the principle of feedback. Homeostasis is a family's ability to maintain a steady state and in many cases, the ability to maintain this state of operation is what keeps a family "stuck" in a problem (Watzlawick et al., 1967). Feedback can be positive or negative. Negative feedback characterizes homeostasis by recognizing movement towards change and redirects the family system to maintain stability and therefore maintain status quo; positive feedback disrupts stability and therefore leads to change (Watzlawick et al., 1967). Systems theory influenced many of the early pioneers of family therapy. Jackson and Weakland (1961) wrote about complementary and symmetrical relationships, noting that one person's behavior would have a direct affect on others. Bowen initially studied mothers and their schizophrenic children. He contributed the concept of differentiation of self which speaks to a person's level of autonomy from others and ability to separate thoughts from feelings (Kerr & Bowen, 1988). He also identified other ways that a person's problem formation was generated through relation to others with his concept of triangulation. In triangulation two people bring in a third in order to divert

conflict. Numerous other examples of systems integration can be seen in early family therapy work (Ackerman, 1958; Jackson & Weakland, 1961; Keeney, 1983; Watzlawick et al., 1967).

As previously stated, systems theory is a framework which I have adopted to view interactions in the world around me. As I work with individuals and families I am aware of how contextual variables influence problem formation and I think about various people's roles in maintaining the continuation of a problem. I consider how people's lives are interwoven. I appreciate that systems theory challenges the role of the scapegoat by looking beyond one person to contextualize problems. Possibly most importantly, I consider how people are bound to systems, and that systems are parts of larger systems (e.g., individual, family, community, cultural practices) that influence how a person will act in relation to others. The various systems that we are part of often influence who has access to power. Systems can influence the way people share or not share power. Similarly, a person's context may shape the types of oppression that they are subject to and how much power they feel they have to resist oppression. Integrating systems theory into my theoretical framework would be incomplete without the feminist critique on GST.

Initially, feminists viewed the systemic approach as a welcomed addition to psychotherapy because of the emphasis on not placing the blame on one person (Whitchurch & Constantine, 1993). Although there was reason to be hopeful about the benefits of the systems perspective there were many aspects that made feminist therapists concerned about adopting this perspective. Whitchurch and Constantine (1993) suggest that there are three main feminist critiques of systems approach to families. First, patriarchy and power are largely distributed in a way that favors men over women and children, practitioners who try to remain neutral largely ignore this, and thus an unexamined bias remains. Second, some feminists contend with the

issue that many systems approaches or terms trivialize or denigrate women's experiences (enmeshment, differentiation, triangles). Lastly, systems theorists can suggest that each member of the system contributes equally to the presenting problem. In some cases, the ignored difference in power attribution can make it so that women are being asked to share responsibility for issues like male perpetrated violence by being asked what their role was in maintaining the cycle of abuse. Avis (1988) wrote the chapter *Deepening Awareness: A Private Study Guide to Feminism and Family Therapy*. At that time she remarked that feminists within the field of family therapy had begun to expand upon the feminist literature in family therapy. She described the concerns that feminists had about systems theory and recommended raising gender and power as fundamental categories in family therapy. One might assume that 23 years later systems theorists may have moved in a direction where more emphasis is placed on contextualizing various positions within the system yet there appears to still be much emphasis on just looking at interactions within the family and how they all contribute to maintaining dysfunction. Integrating feminist, multicultural, and critical theories helps attend to issues of power that GST alone may not account for.

Feminist Theories

Feminism is vast, ranging from liberal, poststructural, Black, womanist, Chicana, Marxist, Zionist, Christian, lesbian separatist, and radical feminist (Luepnitz, 2002; McDowell & Fang, 2007). Distinctions exist but similarities unite feminists in the central promotion of reforming social order to aid in social and political equal opportunity for all women (Luepnitz, 2002). Given that feminist theory has been present in the United States for over a century and a half (Luepnitz, 2002), I will narrow my focus to an examination of current trends and related applications in family therapy. Feminist family therapy is in its infancy compared to feminist

theory in general. Silverstein (2005) noted that feminist theorizing in family therapy has been present for just over 20 years (closer to 30 at the time of this study). This may be attributable to the newness of the field of family therapy, which originated in the 1950s (Nichols & Schwartz, 2008). Silverstein (2005) acknowledged that the period in which family therapy originated was an era of social conservatism that privileged the perspective of the White, middle-class men who influenced the field's beginnings. Silverstein (2005) stated that feminist theorizing proliferated in the late 1980s when Marianne Walters, Betty Carter, Peggy Papp, and Olga Silverstein formed The Women's Project. These pioneers are credited with elevating gender after Hare-Mustin (1978) first "broke the silence" of gender-based power injustices by acknowledging that social context shaped behavior and that systems of power were further disadvantaging women (Silverstein, 2005).

Since the expansion of feminist influence in the family therapy field in the 1980s, little has been done to standardize feminist practice (Parker & Almeida, 2001). That is, there is no agreed-upon or evidence-based set of interventions or expectations that a clinician should employ and presently, the landscape of family therapy research is not demonstrating that further advancements will be made within feminist research. As Goodrich and Silverstein (2005) found, feminist training and inquiry are on the decline. Important contributions continue to be made, albeit at a slower rate than in previous decades (Silverstein & Goodrich, 2005). Feminist therapists are continuing to add to the theory base by proposing educated and socially responsible recommendations for therapists to promote justice. Although useful, contributions are vastly theoretical practice recommendations with empirical contributions being predominantly limited to small-sample exploratory studies. I will highlight works that support or contribute to the theory base, current research, and practice guidelines. The highlighted works

will also substantiate the need for this project, as there are gaps in the literature and need for further research. See Silverstein and Goodrich (2003) for a more lengthy discussion of feminist family therapy.

Researchers who employ feminist family therapy principles have attempted to translate theory into practice yet the research is often based on theory and/or expert opinion. Black and Piercy (1991) added to the field by developing a scale to assess how family therapists conceptualize the process of family therapy from a feminist perspective. This instrument lends utility to the study of feminism in family therapy by gauging the degree to which family therapists perceive their work as feminist informed. Other researchers have added to the field of feminist family therapy through practice-based recommendations. Building on The Family Therapy Behavioral Checklist (Chaney & Piercy, 1988), Haddock, Zimmerman, and MacPhee (2000) introduced the Power Equity Guide (PEG). Researchers developed the PEG as they saw a need for evaluating gender-based power inequality in family therapy. Therapists often fail to promote gender-informed practice because they lack the knowledge on how to integrate the theory into practice, not because they disagree with feminist principles (Haddock et al., 2000). The issue of raising awareness is central to liberation. I agree with the sentiment that many therapists fail to engage in gender-informed practice but will expand this dialogue and awareness to the lack of engagement in liberation-informed practice more broadly. The Power Equity Guide (PEG) was developed to be a useful tool for training, therapy and research (Haddock et al., 2000). Although the PEG is designed to address gender-based power inequality, it advances past research by including other dimensions of social life including race, class, and sexual orientation. Haddock et al. have identified three goals including: (a) eliminate or reduce power differentials between partners; (b) empower clients to honor and integrate all aspects of

themselves, including those not supported by dominant culture; and, (c) manage the power differential between therapist and client. The PEG has a list of themes to consider that support each goal. An example for a theme supporting goal number one is as follows: “*Work/life goals, and/or activities*. Encourage partners to grant equal value to each other’s career, work, life goals, and/or activities” (p. 166). The guide is straightforward and provides clinicians with a good starting point for facilitating dialogue regarding gender-based power inequality. Although the guide presents important considerations for clinicians to attend to, the authors do not provide empirical evidence for the guide's utility. Theoretical articles benefit our field by presenting ideas that are often based on the experiences and conceptualizations of clinician-researchers.

Parker and Almeida (2001) investigated the political and personal aspects of conducting feminist family therapy. They offered the following three “broadly defined” steps for therapists to employ while promoting equity.

First, our therapeutic focus must rest on the process of unraveling privilege, power, and oppression. Second, we must enact measures that will provide accountability for men and others in power to make changes in the distribution of power and privilege. Third, we must shift social consciousness to build an inclusive ethic of caring. (p.157)

I support the researchers’ recommendations and plan to add to them by examining these processes in detail. Similar thought supported by Almeida and Hernandez (2001) promoted feminist family therapy as a model that obligates clinicians to look at the broad range of systems that shape women’s experiences. They stated that within feminist family therapy is the responsibility to examine the social system as a way to promote social action, therefore benefiting the family system. A family therapist working with a family, who is led by a single-mother, may investigate the social system of poverty that keeps various populations in

oppressive positions. The therapist can then work to encourage social action by facilitating dialogues, which encourage resistance to the dominant social system. The family, empowered by options and social action, may begin to resist oppressive systems and bring about structural changes for their own sake. I incorporate these ideas in my research but also extend the investigation by examining how clinicians unravel their own privilege, power, and oppression.

The inclusion of feminism in family therapy has provided clinicians with a means for addressing gender inequality as well as a historical positioning of the progression of this oppression (Luepnitz, 2002). Feminist theory gives family therapists the ability to ask critical questions about the structure of families (e.g., who holds the most power) as well as the historical influence and social positioning of all people (e.g., does a family have membership in a group that has been marginalized throughout history). It is the notion of positively affecting *all people* that I hope to emphasize. Feminist theory goes beyond women obtaining equal status to men. As hooks (2000) noted, the broad definition of feminism being women's ability to become social equals to men is simplistic and not representative of the central mission of feminism. That is, privileged White women often simplify feminism to social equality between men and women. However, this ignores the fact that privileged White women are not subject to oppression caused by race and class privilege (hooks, 2000). Almeida, Woods, Messineo, and Font (1998) stated that the lack of recognition of oppressions beyond gender (e.g., racism, colonization, classism, heterosexism, and homophobia) reflects the limitations to feminist theory. It is their belief that these forms of oppression are better accounted for through models integrating culture more overtly.

In this study I focus on issues of gender equity while also acknowledging that examining only one form of oppression alone would lead to an incomplete product. As a family therapist I

also prioritize systemic thinking, which requires that I look at the different systems that are interacting to shape a person's presenting problem. I will expand my inquiry beyond gender inequality in order to examine the broader social oppressions. Goodrich (2005) explored the utility of feminist theory in family therapy and also promoted the idea that broader culture must be integrated into therapeutic work. She stated that feminist theorists have a strong understanding that personal and political complications work together to bring people to therapy. Included in this sentiment is the call for clinicians to expand their therapeutic practice beyond the four walls of the therapy office. Much of the focus of clinical intervention should extend beyond the individual, and into the larger social sphere. She stated, "the effects of misogyny are small, personal, individual as well as large, sweeping, systemic" (p. 5). She acknowledged that the effects of patriarchy are widely experienced and need continued critical reflection. In this study, feminism will not be confined to equality between men and women but will integrate the broader cultural needs for liberation.

Critical Theory

Dialectical exchange and interaction leading to awareness, emancipation and democracy are central to critical theory. In research informed by critical theory, researchers and participants work together to examine oppressive forces. Ponterotto (2005) described a shift in the field of counseling psychology wherein researchers are increasingly accepting of both qualitative and quantitative methodologies. He argued that the increased use of qualitative methods, including those guided by critical theory, advance the field scientifically. In critical theory interaction between participant and researcher is intended to empower research participants.

In this study I will rely on an exchange of information, which promotes dialogue as a means for change rather than a monologue of one theorist's opinions. Paulo Freire (1970) is

often cited as a leading voice regarding critical dialogues (McDowell, et al. 2005; Sandler, 2007). Discussing a central message supporting critical conversations, Freire stated the following:

Critical and liberating dialogue, which presupposes action, must be carried on with the oppressed at whatever the stage of their struggle for liberation. The content of that dialogue can and should vary in accordance with historical conditions and the level at which the oppressed perceive reality. But to substitute monologue, slogans, and communiqués for dialogue is to attempt to liberate the oppressed with the instruments of domestications. (p. 47)

He went on to discuss the harms of attempting to “liberate” the oppressed without reflexivity and participation, stating that without dialogue, the oppressed have then been treated as objects, “which must be saved” thus transforming the oppressed into manipulated masses. Critical dialogue is the first step to action and change. Critical dialogue consists of an exchange of ideas and an examination of how social and historical influences shape individually constructed realities. In this study, I am looking at ways that both therapists and clients can be liberated and I will maintain the view that liberation cannot be merely given to someone and that there is not one person or group that holds liberatory knowledge.

In addition to encouraging dialogue from multiple perspectives, I plan to include discussion about the participant’s inclusion of community intervention within their work. Although critical theory supports the individual voice and construction of meaning, it also promotes a communal perspective that challenges structural oppression. Sandler (2007) writes about the intersection of disseminating community intervention and critical psychology. Her argument is that although well studied, dissemination theory fails to integrate critical systemic

power inequities and injustice while critical psychologists fail to make standardized and meaningful community interventions. She discussed bridging this gap by adding a critical component to evidence-based interventions. She stated that using a critical focus aides in exploration and identification of interventions that will undermine oppression and bring power to groups that are often disempowered. She discussed a community-based program, Families and Schools Together (FAST) and identified ways to diminish structural inequalities. In the case of the FAST program, her recommended critical integrations include recruiting parents as members of the implementation team, as well as school partners, and partners from distinct community agencies (preferably mental health and drug and alcohol treatment). She discussed knowing the community's social ecology and using this knowledge to determine need of additional community support (churches, synagogues, mosques, public service agencies, tribal affiliations). Sandler highlighted that critical theorists are "remarkably interdisciplinary" in their methods, stating that they examine various programs and practices in attempts to dismantle structural injustice. In this study I ask questions that directly pertain to the participant's integration of community support as a pathway to liberation.

Presenting problems must be viewed holistically. Therapists are often drawn to relieving the symptoms of the presenting problem (e.g., depression) and fail to recognize the greater social influences that may be contributing to the problem (e.g., racial or gender discrimination). Individuals and families are embedded within a greater sociopolitical context (Hernandez, Almeida, & Dolan-Del Vecchio, 2005). Hernandez et al. posited that family therapy has emerged as a "radically different" treatment modality compared to individually based models of treatment that work primarily with one client. One notable difference between family therapy and individually-based treatment modals in the emphasis on a systemic focus. Family therapy is

a field with many models from various perspectives. Authors noted that contributions have been made towards the task of deconstructing the impact of social inequity, but few actually acknowledge the intersectionality between social factors and the effect this has on families and the community. They discuss a postcolonial analysis, which accounts for the “historical and current impact of oppressive social forces” (Hernandez et al., 2005, p. 107). In this analysis they examine sexism, racism, homophobia, and classism, stating that resistance to these forces, resisting colonialism, is what allows liberation. They further suggest that liberation occurs when people simultaneously employ accountability and empowerment. The Cultural Context Model (CCM) is presented as a tool for helping families change through critical consciousness, accountability, and empowerment (Hernandez et al., 2005). Families that are treated with the CCM go through a process of socioeducation where they become members of culture circles and are assigned a same-gender sponsor. The purpose of socioeducation is to raise critical consciousness examining issues of oppression. Through education, family members are challenged to examine and discuss dominant discourses. The authors support seeing the family as an open unit which accounts for the social aspects of family troubles, reducing pathology from the individual and aiding in liberation through collective consciousness. I am interested in examining this same position by exploring how therapists engage clients in meaningful dialogue that highlights the influence of oppression.

Multicultural Theory

As mentioned previously, critical investigations often draw from interdisciplinary methods. Being aware of multicultural research adds to this study as the current research aims to implement a feminist-informed, critical multicultural voice, thus bringing together different

theories to present a comprehensive set of ideas. I will offer a brief introduction to multicultural theory and how it relates to this study.

Multiculturalism has risen in the context of family therapy education. McDowell, Storm, and York (2007) recognize that researchers, reviewers, and educational leaders are charged with the task of making meaningful contributions to our field and doing this in a critical and responsible way. As our field moves towards increasing education in multiculturalism we are challenged to recognize culture and power in knowledge creation, engage in meaningful dialogue, transfer multicultural learning to practice through application, address issues of privilege regarding standard English and written word, encouraging marginalized voices, and challenging social inequalities through education.

The base of research regarding multiculturalism in family therapy grew along side feminist research (Pinderhughes, 1986). Researchers that examine feminism and those who examine multiculturalism are both working to liberate people from power imbalances that are affected by group membership. McDowell and Fang (2007) acknowledge that while examining issues of diversity and cultural competency it is paramount to move beyond celebrating and understanding differences, to critically analyzing how power is distributed based on group membership. McDowell and Fang stated that critical multiculturalism combined with feminism provide a framework for deconstructing the various systems oppressing people based on their identity categories. In their article they provide key assumptions for completing research from a critically informed, feminist, multicultural stance. Central to this theory is amplifying marginalized voices, examining knowledge creation, benefiting research participants, attending to culture and social location, and awareness of self of the researcher. I implement these assumptions as I gather data, sampling diverse voices, exploring how participants formed their

position on liberation-based work, and by respectfully presenting participant's own words as a way to maintain the integrity and utility of the data.

In their promotion of raising multiracial awareness in family therapy, authors McDowell et al. (2005) offer an approach to racial identity development aimed at therapeutic implications for multiracial individuals and families. Social change and action will not come from dialogue alone; the exploration and discourse must be followed by action. McDowell et al. assembled an "inquiry group" consisting of master's level family therapy students and one faculty member. The group discussed personal racial experiences, clinical work, existing literature, and ideas about engaging in meaningful conversations about race. Researchers examined aspects of United States culture including sociopolitical and historical significance of race, examining how each would inform therapeutic interventions. Through inquiry group meetings, researchers developed three phases for enhancing multiracial development in therapy: dialogue, reflection, and action. This three-phase plan is said to be ongoing with frequent shifts back and forth between dialogue, reflection, and action. Although researchers were primarily interested in examining the utility of critical conversations for exploring multiracial identity, they propose that this approach is also effective with other forms of oppression including gender. I use this method of dialogue as I collect data. I reflect on the emerging data which influenced future questions, and the ideas that emerge from the data promote social action.

The field of family therapy must broaden its commitment to issues of social justice and power imbalance. Family therapists will not meet their full potential as helpers if they do not examine how power is distributed and how this distribution empowers some and marginalizes others. There is a societal influence that keeps much of our population in a submissive role which contributes to reported ailments. Beitin and Allen (2005) interviewed 18 Arab-American

couples from a community in the New York metropolitan area. Researchers were examining perspectives on resiliency following September 11, 2001. In-depth interviews were conducted. Researchers were interested in demonstrating that therapeutic practice and interventions cannot be separated from the larger social issue of attitudes and behaviors towards Arab-Americans following the events of September 11. This stance was reflective of the researchers' aim to demonstrate the importance of integrating issues of social justice with family therapy. Researchers found themes associated with social injustice that may not be overtly attached to presenting problems in therapy but are arguably central to mental wellbeing. Themes included "dominant society's construction of identity", threats of violence, and created boundaries and safety between participants and other Arab-Americans. The levels of intervention that are supported resulting from this research include couple/family level of intervention, community level of intervention, and political level of intervention. Without an expanded view of social injustice and critical dialogue, therapists will likely miss forms of oppression from the dominant culture that negatively influence clients.

Keeling and Piercy (2007) examined multinational perspectives on culture, gender and power in the field of family therapy. Researchers surveyed 20 family therapists from 15 different countries. Participants self-identified as "international family therapists". Researchers stated that within multicultural research, researchers run the risk of pathologizing cultures that are different if they are not acutely aware of their own lens and bias. They discussed risks associated with imposing our own cultural values stating, "Should we move too quickly to 'help', we run the risk of colonization" (p. 444). In attempts to have a fuller understanding of multinational perspectives on culture, gender, and power, researchers provided participants with a choice of clinical scenarios, designed to be representative of possible clinical presentations.

Participants responded to a series of open-ended questions designed to assess varying positions on culture, gender, and power. For example, researchers asked participants when it was appropriate to raise issues of power and gender with clients. A participant from Mexico responded with the following response,

When they [gender-based power inequalities] are making people feel inadequate and making them react in destructive ways towards themselves or others...If I am in a position where I can see the effects of these ideas I should point them out, and challenge them. (pp. 454-455)

Upon concluding the study, researchers found that participants recommend examining one's own assumptions, actively working to diminish power inequities, and relying on cultural strengths and resources. I expand on these ideas by examining the process of how experts looked at their own assumptions and began dismantling inequality. I have seen a need for therapists to examine their own assumptions and this study extends that conversation by hearing how experts describe their own self-discovery and action.

Resistance and Collusion

Family therapists are often directed by their political persuasion, they may have an idea of what is socially just, and in some cases they will organize their actions accordingly. As a woman, I may notice that I am disadvantaged by patriarchy, this acknowledgement may urge me to actions which push against an existing political force because I am personally disadvantaged. It is a far greater effort to notice that political forces shape personal meaning, so instead of noticing how I am personally affected by politics, I can examine how I am oppressed or benefited from systems of power and how these influences shape my personal experience. Therapists have an obligation to see how the political structure of a society shapes personal

experiences and intervene at that level. Pewewardy (2004) aligned with the change in the maxim “the personal is political” to “the political is personal” (p. 53). Central to this idea is the promotion of changing focus from an individualistic, and “personal” perspective to a communal and socially just perspective while working towards new policy.

If left unexamined, I am blind to how my personal privilege shapes my formation of what is needed for social justice and I am therefore colluding with an oppressive system that keeps marginalized groups disempowered. Pewewardy (2004) discussed how White privilege impedes social justice when clinicians rely on personal motivation to influence political change. The argument is that White privilege can result in White clinicians having incomplete theories, thus leading to political changes that are not truly committed to social justice. Pewewardy advocates for White feminist family therapists to deconstruct White privilege, stating that, “White social services professionals that focus on racism without also working to deconstruct White privilege are complicit in the silences and denials that perpetuate racial oppression” (p. 55). The author contends that people who are members of the dominant social culture benefit from privilege and that recognizing “unfair entitlements” allows them to resist the oppressive social arrangements and work towards creating more equitable ones.

Dolan-Del Vecchio (2002) writes about his own process of deconstructing White privilege. He stated that as a White man, he was educated to be a part of the problem of oppression. That as a White male, he has “inherited” a social system that privileges him. He gives examples of his formal education being predominately taught by, and about other White men. He discusses how he resisted this “indoctrination” by seeking out mentors who were from marginalized groups including women, people of color, gay men and lesbians, and people with disabilities. He discusses the paradigm of “power over” a person versus “power with,” noting

that the difference is that with a generative power between people, collaboration among equals is possible. Accountability and action are encouraged for creating social justice (Dolan-Del Veccio & Lockard, 2004). Dolan-Del Veccio and Lockard warn of therapists becoming colonizers through passivity and lack of action and subsequently urge to action clinicians as well as others, who are engaged in working towards justice and equity.

In a similar examination of social positioning, Brown (2008) discussed his deconstruction of male privilege. He reflects on his transformation to feminist family therapy. Brown noticed deficits in his training and felt that he was colluding in a part of the mental health system in which he wanted to dismantle. Brown stated that he sought out mentoring from a therapist who described her work as liberation-based. Through this mentoring relationship, Brown was challenged to address the intersectionality of social positions, looking at issues of gender, race, sexual orientation, disability status, etc. During one supervision meeting Brown reported that he was faced with his own use of male privilege and power. He stated that as a Black man he was initially “shocked and offended” by the assertion and felt that as a Black man, he had little social power. After giving the assertion more thought he found that he had not considered the inequalities between sexes as much as he had considered the inequalities associated with race. He discussed the collusion that he took part in that maintained hierarchy and patriarchy. Through Brown’s transformation, he reported that he would have to give up some of his male power in order to be congruent with his promotion of social equity. Similarly, he acknowledged the privilege he receives because of his majority status concerning sexuality and deconstructed the residual heterosexist feelings he harbored. Through introspection he reports changing his focus from the oppression of Black men to the oppression of all people. This critical focus is a large task, yet a necessary one. Brown provides an example of how necessary it is to evaluate

ones own power. In this instance, he could have maintained his position as a disempowered Black man, which would have limited him from seeing his full range in working towards liberation for others. His own liberation was interwoven with those of the people who he continued to oppress through unacknowledged power. In this study I learned how other feminist family therapists engaged in similar introspection.

Empirical Research

One noticeable deficit in the literature base is the lack of empirical studies. Much of the literature on the topics of feminism, multiculturalism, critical theory, and themes of resistance and collusion are predominantly theoretical. Many studies exist where a feminist lens was applied to a certain phenomenon (intimacy, parenting, violence and victimization), yet a detailed account of feminist techniques or recommendations based on experience and observation remain limited. For example, Miller and Bryan (2005) address challenges that women face in the workplace. Through case study, they apply feminist tenets. In one case example, the therapist encouraged the participant to see her dilemma as an organizational problem, not a personal flaw. The participant and therapist discussed traditional gender-roles that disadvantaged women, as well as how the organization she worked for maintained these roles. Through feminist-informed family therapy the participant was encouraged to be more appropriately assertive while the central issues of gender and hierarchy were addressed. The authors provided examples of areas of focus that align with feminist theory yet they did not provide sufficient examples of intervention strategies.

Daniels, Zimmerman, and Bowling (2002) present a case study where they explored useful interventions for sex-related therapy. In this article, they present theory and rationale for applying feminist perspectives to sex-related therapy. Next, they propose intervention strategies.

Lastly, they apply the intervention strategies to a case example. For example, under the heading of “questions to assess couple barriers”, is “what happens after you have finished sexual activities? How is that decided? How do you feel about it and how do you think your partner feels?” (p. 43). These questions address both individual and couple interaction and provide an opportunity to address barriers and myths that may be supported through gender socialization (Daniels et al., 2002). Although relevant to feminist family therapy, this research presents information that was generated from a small sample using a case study.

Chaney and Piercy (1988) saw a need for empirically testing the effectiveness and consistency of feminist family therapy techniques. They found that there had been little examination of feminist techniques in the family therapy literature and wondered about the consistency of actual applied feminist therapy versus self-reported feminist family therapy. Researchers developed an instrument for identifying feminist family therapy skills. The skills were selected from three different sources including: responses to a Delphi questionnaire from 40 experienced feminist family therapists; feminist family therapy literature; and interventions used by one of the authors in their own private practice. A team of three raters evaluated the skills to determine whether they were “feminist techniques.” The raters found that 39 items out of the original 62 met the inclusion criteria and were therefore used to construct the instrument. Included in the Feminist Family Therapist Behavior Checklist (FFTBC) are the following items: “Educates the clients regarding the inequality of status and power between the sexes, challenges clients to develop more egalitarian relationships, enhances self-esteem of female clients by focusing on their unique and positive contributions to the family” (Chaney & Piercy, 1988, pp. 316-317).

Through video and live observation researchers found that therapists who identified themselves as clinicians who integrate feminist family therapy techniques were statistically significantly more likely to demonstrate a greater number of skills from the FFTBC than therapists who stated that they did not include feminist family therapy techniques, or who stated that they were unsure about their use. Also of statistical significance was the finding that female therapists were observed to endorse more items on the FFTBC than male therapists. Men who identified themselves as feminist had greater demonstration of feminist techniques than men who did not identify as feminist or were unsure regarding their use of feminist skills. Chaney and Piercy found that therapists who self-identified as feminist were more likely to demonstrate a greater number of feminist skills than therapists who did not identify as feminist. They also sampled a group that was largely comprised of newer clinicians averaging just over 4 years of therapy, and were interviewing a sample largely comprised of a student population. In this study I interviewed female feminist clinicians who have a considerable record of feminist research and publication, who have been practicing for a longer period of time, and who have finished their advanced degree training.

As previously examined, Haddock et al. (2000) expanded the FFTBC 12 years after the inception of the guide by including race and class, although they used many of the same items from the FFTBC. Haddock et al. report that the Power Equity Guide is an updated version of the FFTBC and as previously stated, provides clinicians and researchers with a starting point for facilitating feminist informed conversations. Chaney and Piercy conducted this research more than 20 years ago and since that time, our field has evolved. During those 20 years we have heard from authors that have used feminist techniques in empirical research (Miller & Bryan, 2005) yet we have not seen a follow-up study that clearly looks at what feminist family therapists

are doing in practice, how they have used reflexivity to examine their own response to oppression, and whether or not there is consistency in those efforts. Through this study I raise dialogue about the aforementioned gaps in the literature. Although this study does not follow the same methodology as that that was undertaken by Chaney and Piercy, it provides an opportunity to hear practical implications for critical, feminist interventions from well-seasoned, self-identified feminist family therapists. In this study I build on past research and add new insight by examining collusion and resistance to oppression of various forms. There has not yet been a study that meets all of these different dimensions.

Warner, Baro, and Eigenberg (2004) explored the ways that women responded to male violence through stories of resistance. Researchers formed focus groups to explore how stories of resistance shape the women who hear them, noting that stories of resistance encourage resilience and empowerment. Researchers defined resistance as “any action taken or tactic employed by women to prevent, avoid, reduce, or stop violence and/or abuse in intimate relationships” (p. 23). Many participants shared stories of their own resistance while others shared stories they had heard from friends, relatives, or acquaintances. Two group members reported that they had not experienced violence nor did they know of any stories of resistance from others. Through discussion and story sharing, themes emerged that depicted various forms of resistance. Included in the themes are: he got what was coming: humorous revenge; constructing violence resistant identities; resistance must be protective; and avoiding intimacy. One participant shared a story that fit under the theme of resistance as a form of protection. She shared that as a child she would provoke her drunken, abusive father to chase her outside to the large apple tree. She would then climb the tree and drop apples near him. She stated, “he couldn’t climb it, even sober, but drunk he’d just stand at the bottom and bellow and hit the tree

with his belt. And, I guess he might have left if I hit him, but egging him on kept him there, and he wasn't going after anyone else" (p. 35). Researchers found through shared stories, that women in violent relationships were actively resisting violence in various ways. Through this resistance women empowered themselves. I ask participants about stories of resistance to oppression. It is beneficial to collect stories of resistance from expert therapists who have used their own life history to inform their therapeutic work. Expert feminist family therapists have demonstrated through teaching, research, clinical work and presentations, that they have engaged in acts of resistance to gender-based oppression. My work differs from this study greatly in that I ask about a broader range of topics than violence perpetrated by men, and I also narrow my sample to women who report having some expertise in feminist family therapy and issues of oppression.

Gaps in the Literature

The feminist family therapy literature does not yet describe the process of both taking accountability and resisting oppression. A description of therapeutic practices that promote gender equity, obtained from expert feminist family therapists, may help therapists translate feminist principles into practice more effectively. In addition, descriptions from prominent feminist family therapists of their own development as feminists may facilitate the self-awareness needed by therapists who aspire to feminist practice. Lastly, feminist researchers and practitioners need to integrate feminist-informed explorations alongside of critical and multicultural studies, as the field of family therapy has yet to meet gender-based equality and it must remain a part of the dialogue of liberation. This study fills these gaps and the theory generated will have the potential to translate to practice many of the principals that have previously been suggested for implementing a socially just agenda. This theory is intended to

enhance both training and practice. Almeida and Hernandez (2001) discussed the need for feminist family therapy training (FFTT) programs to attend to various issues of diversity stating “If FFTTs are both unaware of and unable to challenge these complex social and political forces, there will be a collusion that will most certainly disinherit any system of liberation that centers women with men” (p. 246). As I have discussed, Almeida and Hernandez are in agreement with many authors who assert that feminist inquiry extends beyond “centering” men and women to encompass equality for all marginalized groups. As Goodrich and Silverstein (2005) stated,

Feminism and multiculturalism are actually tightly bound. Gender, ethnicity, race, class, and other aspects of social location intertwine to construct a life. Further, feminism and multiculturalism both aim to equalize power and privilege for marginalized groups. Just as true commitment to multiculturalism goes beyond studying racial differences to examine institutionalized racism, feminism goes beyond studying gender differences to examine institutionalized sexism. Indeed, when programs focus on differences rather than discrimination, we have several concerns. (p. 276)

The recognition of the interconnectedness of one marginalized group with another is evident. It is also evident that feminist family therapists advocate for deconstructing power and privilege. Therapists are fortunate to be working with marginalized and ailing groups of people and we have a responsibility to examine various degrees of privilege that we hold as well as encourage others to do the same. Hernandez, Almeida, and Dolan-Del Vecchio (2005) stated, “We encourage an examination of the difference between a right and a privilege, because until that distinction is made, members of a dominant society can remove themselves from being accountable to the rest of society” (p. 113). Through this study I add to the literature by

recognizing the varying levels of oppression while also integrating the largely ignored necessity for personal responsibility and awareness.

As discussed, efforts are being made to deconstruct privilege and address social inequity but continued research is needed. I have not encountered a study aimed at liberation that integrates multiculturalism, feminism, and critical theory in an effort to promote accountability and empowerment for clinicians and clients. For example, I have addressed advances that have been made in feminist research, citing Haddock, Zimmerman, and MacPhee's (2000) Power Equity Guide. Although the authors have attended to other issues of social inequality, I recognize the need for continued research. Much of the guide presumes heterosexual relationships. The purpose of the guide was to examine gender-based power inequality experienced in relationships yet I questioned how this tool may offer utility for same sex couples. I extend this exploration by not limiting the discussion to how women are disadvantaged in heterosexual relationships. Instead I ask open questions about how women report resisting various forms of oppression, not just those that emerge in the confines of heterosexual intimate relationships. I advocate for women being empowered individually and not merely through relationship to, and with, others. Goal 2 of the guide encourages therapists to "empower clients to honor and integrate all aspects of themselves, including those not supported by dominant culture" (p. 167). Under this heading is the objective for women to "cultivate their capacity to be more attentive to self-care, to be more assertive and independent, to pursue personal time" (p. 167), and although this goal may fit with western ideals of empowerment, it may not encompass healthy ideals in all cultures to privilege assertiveness and independence. The authors write that marginalized clients are encouraged to explore ways that they are oppressed and majority clients are encouraged to become aware of their privilege, but as I have discussed, liberation appears to

come from a balance of empowerment *and* accountability. Individuals are often marginalized and oppressed simultaneously, liberation cannot be achieved by recognizing only one part of this struggle. This research contributes to a more comprehensive base of information that examines power, and supports equity among men and women from both marginalized and majority groups.

In comparison, the Cultural Context Model (CCM) as authored by Almeida, Woods, Messineo, and Font (1998), does attend to various levels of social inequity but given the format of the treatment, I question the ability for dissemination as the authors rely on a large network of collaboration that many clinicians may not have access to. Further, the use of culture circles and same gender mentors is more accessible in certain communities and is not readily adopted by our existing structure of mental health care. Although I greatly admire this model of treatment, I fear that intermediary steps must be promoted that will bridge current treatment delivery with models like the CCM. The field of family therapy continues to be in need of feminist family therapy based tools that combine critical and multicultural perspectives.

Other recommendations offer broad suggestions to attend to positions of privilege in ones self, and in others, yet they do not provide students or therapists with examples of actions they can make to acknowledge power and privilege. Pewewardy (2004) echoes hooks' (1997) concerns by stating that White feminists have the luxury to ignore racism; she stated that the White voice is conspicuously absent from many critical conversations and encourages deconstruction of the privilege that fuels collusion. Discussions of resistance *and* collusion appear to be absent from the literature even though support is made for empowerment *and* accountability. Pewewardy (2004) aligns with the sentiments of Freire (1970/1997) stating that "the oppressor is solitary with the oppressed only when he or she acquires a critical awareness of oppression through the praxis of reflection and action" (p. 62). Pewewardy and others have

made important suggestions for reflection and action yet much of this work is in theoretical terms and not clearly linked to empirical data. It is not enough to urge therapists to see that racism exists, or to encourage therapists to be aware; therapists, and therapists in training need to be shown examples.

The focus of this study is on empowerment and accountability. This investigation consists of a purposeful sample of feminist family therapists, with demonstrated expertise in feminist theory, from varying social locations. Participants share common stories of resistance to gender-based oppression yet have differing stories regarding resistance to other forms of oppression depending on their varying minority statuses. Warner et al. (2004) found important themes of resistance to male violence and through these shared stories identified themes of resilience and empowerment. In this study I investigate stories in a similar manner, but also address forms of oppression beyond abuse. In addition, I advance past research by interviewing participants with expertise in feminist theory who provided self reflection as well as clinical application. These interviews advance the current state of feminist family therapy research by introducing both a practical and theoretical aspect. I ask questions about how the participants have examined their own personal relationships with oppression both in terms of collusion and resistance. I also investigate how the participants bring similar lines of dialogue into their clinical, teaching, and research practices. As demonstrated above, many researchers have theorized on the necessity of incorporating accountability and empowerment in liberation-based work. Many authors have promoted taking accountability, understanding personal privilege, and raising awareness about varying levels of oppression. To date, there has not been a study that attends to all of these dimensions while sampling a pool of expert feminist family therapists. The inclusion of feminist, multicultural, and critical theories, combined with the dialogue with

experts, on collusion and resistance to oppression, both personally, and in practice, is what sets this study apart from previous research.

Chapter III

Methods

Overview of the Research Design

I gathered data from feminist family therapists regarding ways that they work with varying levels of oppression in clinical settings as well as personal life. Through in-depth interviews, I heard stories about how feminist family therapists have worked with their own accountability issues surrounding resistance to, and collusion with oppression, as well as how they have encouraged similar conversations and discovery with clients and practitioners. My aim was to collect and interpret data that would build a theoretical framework for feminist family therapists as well as provide application recommendations. The framework provides therapists with examples of how to examine issues of oppression in themselves as well as encourage these conversations with their clients. This framework was built through the use of constructivist grounded theory methods (Charmaz, 2000).

Grounded Theory

Creswell (2003) describes grounded theory as an approach “in which the researcher attempts to derive a general, abstract theory of a process, action, or interaction grounded in the views of participants in the study” (p. 14). Grounded theorists use multiple stages of data collection, and sample different groups in order to examine similarities and differences among respondents (Creswell, 2003). The process is interactive and the analysis is both systematic and recursive (Echevarria-Doan & Tubbs, 2005). Charmaz (2000) discussed the evolution of grounded theory from the time of its inception by Glaser and Strauss in 1967, to more current

day trends. In her review Charmaz discussed trends that have emerged in grounded theory over time. Charmaz noted an original leaning towards positivism, with assumptions of objective reality, which moved to postpositivism, with an emphasis on giving voice to participants with an acknowledgement of varying views of reality. Charmaz has taken this maturation of the methodology even further by adding constructivist grounded theory to the realm of possibility. Adding a constructivist perspective to grounded theory acknowledges that multiple realities exist among people thus highlighting that knowledge is based on interpretive understanding of meaning which is divergent from objectivity (Charmaz, 2000). Charmaz stated that although grounded theory was used by the founders (Glaser & Strauss, 1967) to search for objective knowledge, it is now commonly used by researchers from other perspectives (i.e., feminist).

Echevarria-Doan and Tubbs (2005) stated that grounded theory fits well with the tradition of family therapy research as many early family therapy theorists developed their theories through direct interaction and post-session reflection, yet they state that there is a lack of representation of this methodology in the field. They attribute this finding to the time and labor-intensive nature of this type of research. Producing a novel theory is time-intensive but the potential benefits are great. Through this inquiry I heard how feminist family therapists describe their own development as therapists, struggling with collusion and resistance to oppression. Clinicians in the field of feminist family therapy who are seeking liberation will benefit by gaining theoretical and practical recommendations. Constructivist grounded theory was the appropriate methodology for this study because it provided me with an opportunity to derive theory based on expert participant voice. I examined experiences and recommendations from multiple viewpoints looking for similarities and differences. The process was interactive and the

constructivist addition respected the notion that there are multiple realities and not one objective reality or truth.

Description of the Sample

Grounded theorists use theoretical sampling to select participants based on their abilities to contribute to theory development (Echevarria-Doan & Tubbs, 2005). Theoretical sampling is selective in the beginning stages of data collection in that researchers hone in on participants that they believe will add to the evolving theory. As data emerge, grounded theorists are selective in searching for participants, based on the data, who will provide further insight and detail regarding the phenomenon (Echevarria-Doan & Tubbs, 2005).

I began contacting participants through theoretical sampling. Theoretical sampling allowed me to narrow in on my topic, guided by assumptions I had made regarding which population could best answer my research questions (Echevarria-Doan & Tubbs, 2005). I was especially interested in hearing from pioneers in the field of feminist family therapy. My assumption was that these women were among the first in our field to begin looking at the topic of oppression from a personal and clinical standpoint. Similarly, I chose to sample a group of women who have many years of experience thinking through this topic as it relates to personal, clinical, and academic life. I sampled participants who have knowledge in feminist, critical, and multicultural theories. Inclusion criteria consisted of the following affirmative responses:

Participants will:

1. Have at least five years of clinical experience in marriage, couples, and family therapy.
2. Possess a master's degree, or higher in a mental health discipline.

And have met at least **three** of the following four criteria:

1. Publication of at least two articles on gender, or feminist issues in family therapy.

2. Have presented on gender, or feminist issues in family therapy at a national conference.
3. Have at least three years of demonstrated experience to the field of feminist family therapy, including teaching, supervising, and serving as reviewers or editors for feminist journals.
4. Be cited in the *Feminist Family Therapy: Empowerment in Social Context* handbook of feminist family therapy (Silverstein & Goodrich, 2003).

I used a sample of self-identified feminist participants who have demonstrated rigorous attention to feminist inquiry in family therapy. The list of participants is comprised of female family therapists who are frequently cited as important contributors to feminist family therapy theory and research. The participants were selected based on publications regarding feminist family therapy and demonstrated commitment to the field of family therapy through other work including teaching, supervising, clinical work, and serving as reviewers or editors for feminist journals. I have included more detailed information about their unique attributes in the discussion chapter.

After IRB approval I contacted participants through telephone, email, and regular mail. I wrote a personalized recruitment letter to each of the participants. Constructing these letters gave me an additional chance to research each participant and learn more about how they fit with my study. I also had the opportunity to better investigate their fit with the inclusion criteria. I sent the format for the letter to my co-chairs Drs. Kaestle and Piercy and had them approve the letter before it was then submitted and approved by the IRB (Appendix A). I contacted potential participants based on the inclusion criteria mentioned previously. I also pursued

recommendations from participants, or colleagues who are committed to feminist family therapy. Most of my letters were sent by email. When sending an email I included the personalized letter and also attached the inclusion criteria and informed consent (Appendix B). When a participant agreed to participate I sent them two copies of the informed consent in the mail, one to keep for their records and one to return in a self addressed stamped envelope. Participants returned the informed consent and indicated on that form was their response to whether they agreed to be identified in the study.

In some cases my sampling procedures took on aspects of a snowball sample. Some of my participants would recommend that I speak with other colleagues who they felt would add to the topic. In some of these cases I had already spoken with the recommended person which validated my instincts to contact them. In other cases I made additional requests based on the recommendation and in one instance, a participant suggested I speak with a person who did not fit into my inclusion criteria given he is male, so I made note of his name to include him in future studies. During one interview a participant and I discussed the shared belief that participants from ethnic or cultural minority groups would likely share different responses than those shared by people from the majority culture. She suggested several names of women who she felt would add to the conversation. I sent several unanswered requests to the women named.

Data Collection Procedures and Analysis

Glaser and Strauss (1967) discussed the recursive nature of grounded theory. They assert that data collection procedures include collecting data, coding, and analyzing. Charmaz (2008) stated that specifically, the strategies of grounded theory include coding, memo writing, theoretical sampling, and theoretical saturation. Glaser and Strauss discussed how the researcher moves back and forth between these steps and constantly makes decisions about what data needs

to be collected next, and where the researcher might find such data. Given the recursive nature of this method, discussion of collection and analysis procedures will be overlapping in the following section. Flexibility in approach adds to the quality of the emerging data.

As discussed, the topic of oppression is present in feminist, critical, and multicultural theories. I have provided a rationale for why the observed theories provide a comprehensive framework for guiding this research. I have also provided a rationale for why I have sampled participants who have expertise in these areas. Glaser and Strauss explain that although grounded theory is not based on a preconceived theoretical framework, it is guided by a partial framework and a base of related concepts. Charmaz (2008) discussed how grounded theory is an emergent method. Focus of research may be directed by existing bodies of work but it is essential that the researcher take a curious stance. Charmaz discussed the need for researchers who are using grounded theory methodology to minimize preconceived ideas about research findings, remaining open to various explanations, and to consistently use data to inform analysis while simultaneously collecting data. The ability to balance these intricate steps is made possible, in part, by theoretical sensitivity.

Theoretical sensitivity. The ability to conceptualize and formulate theory is effected by theoretical sensitivity (Glaser & Strauss, 1967). Theoretical sensitivity is said to be in a continued state of development and is influenced by the researcher's personality and temperament, as well as the researcher's ability to have theoretical insight and apply that insight in order to develop theory (Echevarria-Doan & Tubbs, 2005; Glaser & Strauss, 1967; Strauss & Corbin, 1990). The sources of theoretical sensitivity are numerous. According to Strauss and Corbin (1990), theoretical sensitivity is unique to each researcher and is influenced by literature (e.g., theory, research, various publications), professional experience (e.g., clinical work,

supervision, research experience), and personal experience (e.g., having experienced gender-based, or other forms of oppression). I have been practicing family therapy for five years and have worked with numerous configurations of clients with various presenting problems. I have worked with many single women, single men, children, and families. My range of therapeutic experience has provided me with a depth of therapeutic knowledge that will likely add to my own theoretical sensitivity. As a clinician, I have witnessed how oppression affects different groups and individuals. I have taught classes at the undergraduate, and graduate level as well as supervised therapy interns. Through my teaching and mentoring roles I have seen how students and supervisees have struggled to integrate issues of oppression into their own work, but have not felt comfortable knowing how to respectfully integrate these dialogues. I have gained insight as a professional that will aide in my inquiry as I have both seen the importance in incorporating these dialogues into liberation-based work, and I have also seen that many students and clinicians have an incomplete picture as to how to implement these ideas into their own lives and professional practice.

Constructing the interview. The research questions in grounded theory provide a starting point for generating data collection. Strauss and Corbin (1990) discuss how questions in grounded theory start off broadly and become more narrow as data are collected. In addition to starting broadly, “grounded theory questions also tend to be oriented toward **action** and **process**” (Strauss & Corbin, 1990, p. 38). Participants commented on both the process and action of examining their resistance and collusion to oppression. Similarly, they responded to questions about how they have encouraged similar dialogue in clinical settings. Participants were asked a series of questions, some of which were decided upon prior to the interview and others emerged through the data gathering process. Research questions were generated, in part, during my

dissertation proposal defense meeting. I constructed a list of questions based on the information from this meeting while also considering my overarching research questions and the corresponding literature. These questions were submitted to the Institutional Review Board (IRB) for approval (Appendix C). I conducted an audio-taped pilot interview with a colleague who is a doctoral candidate at University of Connecticut also studying family therapy. Having a test-run of my interview protocol helped me to understand the best way to ask my questions so that I was being sensitive to the potential of making a participant feel vulnerable or unsafe in responding. After this pilot interview I worked in additional pauses and opportunities for participants to decline response or return to difficult questions at a later time. I decided that asking about a respondent's income level might increase discomfort and given the similarity between the respondent's professional positions, the considerable overlap may have caused the issue of income to be somewhat homogenous and therefore not a notable influence on the responses.

Sample size. I based my decision to stop recruiting in part on theoretical saturation as is consistent with grounded theory methodology (Charmaz, 2008; Glaser & Strauss, 1967; Strauss & Corbin, 1990). I achieved theoretical saturation when gathering more data appeared to shed no new light on the phenomenon under analysis. More specifically, as reported by Glaser (2001) theoretical saturation is not confined to the presence of repeating ideas. For surely I witnessed repetition in stories and ideas between the first to the second interviews. The conceptualization of saturation is more aptly described as the point at which new data no longer adds properties to the patterns that are emerging (Glaser, 2001). Even though I heard repeating themes and ideas between interviews one and two, each subsequent interview illuminated a different aspect of the category or process that was emerging. I began to notice fewer additions to category dimensions

around interview number seven. I continued my interviews until I had talked with each of my scheduled 10 participants. I ceased interviewing additional participants for this study when it became apparent that I was not adding variations to the phenomenon through additional interviews (Guest, Bunce, Arwen, & Johnson, 2006).

Further rationale for sample size and use of saturation. Rather than maintaining allegiance to an arbitrary number Guest et al. (2006) provided recommendations for a general number of interviews at which theoretical saturation is typically found. In their evidence-based study they analyzed 30 interviews and came up with a codebook that contained 109 codes. They found that 73% of the codes were identified in the first 6 transcripts and that reviewing an additional 6 transcripts accounted for 92% of all of the codes. They found that the remaining 9 codes were found with less frequency in the remaining transcripts. Based on their analysis, they suggested that data saturation had largely occurred after analyzing 12 interviews (Guest, et al., 2006).

Rumney et al. (1986) presented findings that posit that picking the most competent participants on a given subject enables researchers to rely on as few as 4 respondents, provided they are good representations of the cultural phenomenon under review. They stated, “we can defend at the formal mathematical level the use of such small samples for the aggregation of cultural knowledge” (p. 333). I chose to interview widely respected experts in feminist family therapy. Their considerable time spent in the field coupled with their theoretical contributions enabled my small sample to provide significant data and a high degree of cultural consensus on the phenomenon. I will discuss limitations of the sample size in the final chapter.

Methods. Charmaz (2000) stated, “grounded theory methods specify analytic strategies, not data collection methods” (p.514). Included in the strategies are in-depth interviews,

participant and nonparticipant observation, and analysis of documents (Echevarria-Doan & Tubbs, 2005). Although data collection strategies are less prescriptive in this form of research, clear analysis procedures exist.

Data Analysis Processes

Grounded theorists code data as it is collected (Charmaz, 2000). Coding is the first step in analysis where the researcher moves from merely describing the data to conceptualization of description (Charmaz, 2003). A difference between grounded theorists and other qualitative methodologists is that many qualitative researchers code for themes and topics while grounded theorists are coding for “actions and analytic possibilities” meaning that they are using the reported or observed actions to generate logical and systematic data (Charmaz, 2008, p. 163). Grounded theorists promote a variety of analysis processes. Although the terminology is often different depending on the author, the three generally excepted forms of coding include open, axial, and selective coding (Echevarria-Doan & Tubbs, 2005; LaRossa, 1998; Strauss & Corbin, 1998). As previously stated, the analysis process in grounded theory is systematic and recursive (Echevarria-Doan & Tubbs, 2005). As I analyzed the data I found myself going back and forth between the various phases of coding. LaRossa (1998) acknowledged that even though there was a cyclical connection between the three main phases of analysis, it is common that at different periods of the analysis process, certain stages become central. Although my data were analyzed with both systematic and recursive methods, I share my process in a somewhat linear manner.

After careful transcription I read through each interview twice in order to familiarize myself with the data. During this process I read for a general thematic analysis (Charmaz, 2006, 2010). I became mentally attuned to which pieces of the transcript contained relevant

information. Auerbach and Silverstein (2003) recommended steps for making the text manageable as one begins his/her analysis. The first step that they promoted is to clearly state the research concern and theoretical framework. They advised writing down these pieces of information in order to provide a reference point for which pieces of the text are relevant. My research concern was that I wanted to learn more about how expert feminist family therapists have experienced various forms of oppression and how they have also colluded in oppressing others. I was curious to hear about the process of empowerment through resistance as well as the process of identifying how they took accountability for misusing power. I refreshed myself on my overarching framework by rereading my summary of my governing theories (feminism, general system, critical and multicultural). Auerbach and Silverstein stated that doing this exercise “focuses you on what you want to know and why” (p. 44).

I kept this document close to me as I began selecting pieces of relevant text. Auerbach and Silverstein recognized that early in the analysis process researchers are faced with a “sea of text” which can be an anxiety producing feeling. I began swimming in this sea of text but I kept in mind Auerbach and Silverstein’s recommendation of only using relevant text. Relevant text includes passages that contain ideas that are relevant to one’s research concerns (Auerbach & Silverstein, 2003). The recommendation is to underline these passages with the highlighting feature on your computer, continuing through the entire document, and then copying and pasting these selections into a new document. This step is said to remove superfluous data in order to facilitate ease of analysis. I took a mental note of this recommendation, coding passages that were relevant and skimming over passages that consisted of irrelevant information (salutations, procedural discussions, general pleasantries, etc.).

Open coding refers to the process of breaking the data down into discrete parts in order to closely examine similarities and differences among the data (Strauss & Corbin, 1998). It is important to note that open coding moves beyond breaking the data down. Open coding gives the researcher the ability to closely examine the data and constantly compare the indicators (words, phrases, sentences, etc.) to look for similarities and differences (LaRossa, 2005). Charmaz (2008) supported the use of microanalysis, detailed line-by-line, and paragraph-by-paragraph coding, stating that this close attention to detail gives the researcher the ability to examine the description more thoroughly. I used line-by-line coding for my initial open coding process. Strauss and Corbin (1998) noted that line-by-line coding is the most time consuming form of analysis, but also the most generative. They state that this form of analysis is especially useful during early analysis as categories may be generated more quickly. Naming each line of data provided me with nuanced details that had escaped me in my initial review of the data (Charmaz, 2006, 2010). I identified implicit ideas that participants shared as well as explicit statements (Charmaz, 2006, 2010). Charmaz directs researchers to ask questions about the data including questions about the process(es) being described, thoughts and feelings while involved in the process, consequences of the process, etc. Through this process she recommends coding gerunds, which are verbs that function as nouns. Examples of gerunds include *asking*, *feeling*, and *revealing*.

As I reviewed each line I kept my coding *active*, by observing the process of what was being discussed, and *close to the data*, by carefully preserving the participants' voice (Charmaz, 2006, 2010). One way that I preserved participants' meaning was through *in vivo* codes. *In vivo* codes may consist of general terms that we often hear in conversation, participant's own 'catchy' phrases, and insider shorthand uses to describe perspectives (Charmaz, 2006, 2010). After I

finished open coding I went through a second process of coding by entering my codes into NVivo. NVivo allows the researcher to highlight or underline sections of text and attach a free node to the selected text. Auerbach and Silverstein (2003) suggest using two types of nodes: free nodes and tree nodes. Free nodes are codes that stand alone and lack theoretical organization. Tree nodes can be broken down into parent and children nodes which represent hierarchical structure and therefore provide a structure for repeating ideas, themes and theoretical constructs (Auerbach & Silverstein, 2003). Each node creation allows the researcher to enter descriptions into the properties dialogue box which allows you to take notes about why you chose the specific code and what phenomenon you are interested in examining. This second stage of coding resembled what Charmaz (2006) refers to as focused coding. Charmaz stated that focused codes are more directed, selective and conceptual than line-by-line codes. I reread each transcript noting my open codes. I entered many of these codes into NVivo while taking the opportunity to recode, rename, or fine-tune codes. I examined whether the initial open codes were significant, frequent, and relevant. I kept in mind how data related to other data as I developed focused codes (Charmaz, 2006, 2010). Focused codes help the researcher to build upon emerging theoretical framework because they represent themes that can be seen across multiple interviews (Charmaz, 2003). I developed initial codes and focused codes with free nodes. Initial open codes were mainly linked to one reference while focused codes often had multiple sources of linked text.

Bringer, Johnston, and Brackenridge (2006) identify the process of node creation as the initial stage of theorizing as the researcher is giving conceptual names to categories through developing nodes. In order to keep the analysis focused on process rather than description I chose active names when possible, for example I labeled one node *naming injustice* rather than

injustice (Bringer, et al., 2006). As I transferred my open codes to NVivo I opened a new memo within each participant folder, this gave me the opportunity to take notes about potential categories that I saw emerging. It also gave me the opportunity to journal about questions that I wished I would have asked, biases that I had, or questions that I would like to address in future projects. After I was finished with this step I had a list of 910 free nodes which I saved in a set document in NVivo. LaRossa (2005) warned against researchers' ability to become ensnared in unhelpful levels of abstraction. A coder who is too abstract may come up with thousands of concepts while a coder who is too restricted may encompass all data under one concept. I struggled with this balance but felt satisfied with the number of initial codes that I came up with. Each node in this list is attached to one or more selections of text from my data and comprises my relevant text (Auerbach & Silverstein, 2003).

I had initial thoughts about how concepts were beginning to take shape and I wrote down my thoughts about the associations that I saw. Many concepts were derived from the data and through relationship these concepts were grouped into categories. Categories provide the researcher with smaller units to analyze and also provide links to theory as they have the potential to "explain and predict" aspects of the phenomenon (Strauss & Corbin, 1998). My next step was to take my list of relevant text and sort it based on allied concepts. LaRossa (2005) noted that categorization often takes on two distinct qualities: grouping "similar but not identical concepts" and grouping "dissimilar but still allied concepts" (pp. 842-843). Both types of categorization are said to be important in grounded theory methodology but the second, grouping dissimilar but allied concepts, addresses the concept of dimensionalization which leads most effectively to axial and selective coding (LaRossa, 2005). Dimensionalization distinguishes concepts from one another. While building categories I looked at concepts that were similar and

repeated in various ways from multiple participants. More frequently, I stepped up in a level of abstraction to group together concepts that displayed various dimensions or properties of the observed category. For example, under the category of *accountability*, I grouped together the following concepts (among others), *promoting accountability*, *shame leading to accountability*, and *accountability is unique*. Each of these concepts addresses a different dimension of the category of *accountability*. Namely, how does one transfer knowledge of the importance of being accountable to others, what feelings encourage someone to take accountability and what is the frequency in which one will feel called to take on a position of accountability.

Auerbach and Silverstein (1998) refer to this process as creating repeating ideas. I went through the list of relevant text and began sorting the codes or concepts based on similarity, dimension, and repetition. I used NVivo to duplicate my set list of open codes and made a set called *relevant text*. From this set I began moving codes from *relevant text* into a new set. Each set was given a tentative name that described the basic idea that united the codes. Naming categories is a sensitive matter. Category names come from a variety of places including, observed concepts, researcher insight regarding what is emerging, and from *in vivo* codes, which are catchy explanations that depict the voice of the observed participant (Glaser & Strauss, 1967).

In some cases I grouped like codes under a bigger umbrella category such as *oppression*, which included both similar concepts and concepts that spoke to the various dimensions of the category. I took this step knowing that I would have to refine this category further because it would likely hold too many concepts without enough distinction made between the nuanced differences in related concepts. The name *oppression* in this case was used as more of a placeholder than an actual category name. It served the purpose of grouping like information but

admittedly lacked abstraction. After a code was moved into a category from the *relevant text* set I deleted it from the *relevant text* file. In many cases I developed new categories that would more appropriately account for a certain code at which time I would simply move the code from one set to another, being careful to delete the code from the original category as to not have duplicate codes. Using NVivo gave me the ability to click on a code to see the description before making a judgment as to which category the code would fit best under. In some cases, I read a description that I wrote about naming the code and in other cases I needed more detailed information so I read the associated text from the transcript in order to contextualize the information I was accessing. I went through the process of reading and sorting the codes and initially came up with 41 tentative categories of codes, these categories are referred to as *sets* in NVivo. Auerbach and Silverstein (1998) provided a general guideline for categorizing repeating ideas and they suggested that between 40 and 80 was a workable number. I printed each list, or set so that I could work with the lists on paper before further analysis through NVivo. As previously stated, I anticipated that I would develop more categories as my analysis became more nuanced. I was also aware that some of the tentative categories that I developed were actually better suited to become dimensions of larger categories, or subcategories but this step gave me a good starting point for focusing more closely on a form of analysis that compares to axial coding.

Axial coding is the process of relating categories to subcategories. The relationship between the categories and subcategories provides a clearer explanation of the phenomenon (Strauss & Corbin, 1998). During axial coding the researcher chooses one category at a time to explore more closely (Strauss, 1987). The category is analyzed for conditions or dimensions of the category (LaRossa, 2005). The earlier phases of analysis broke the data apart into distinct

codes and conducting a level of analysis that approximates axial coding allowed me to piece the information back together by asking questions of the data (Strauss & Corbin, 1998; Charmaz, 2005). Charmaz (2005) discussed an alternate to axial coding that does not follow Strauss and Corbin's (1998) prescriptive frame of coding. She stated that when researchers restrict themselves to a set of scientific terms (conditions, actions/interactions, and consequences), researchers run the risk of confining emerging themes to a "simple continuum" which may cause the researcher to fit the data to a "technological overlay" rather than truly hearing what is being said. Charmaz (2005) does not promote using an explicit frame to link categories with subcategories however she does relate categories with subcategories and carefully integrates the data to report the links between the two. I followed Charmaz's logic while incorporating the importance of examining the dimensions and asking questions of the data in a manner similar to that of Strauss and Corbin (1998).

In an early pass at relating categories to subcategories I looked at each of the codes that were grouped under one of the tentative 41 categories. As stated, I began this process with printed lists of nodes associated with each category. I went through each of these categories and began merging nodes that represented the same idea. During this lengthy process I referred back to the node description and read linked text when necessary to make decisions about which nodes should be combined. This process also helped me to make decisions about which categories might be combined in future iterations of the analysis. I took notes in the margins of the papers and kept a record of the nodes that were to be merged. For example, the tentative category *raising dialogue of oppression* consisted of approximately 35 codes. I began noticing that some of these codes were examples of the same process as the code *thoroughly assessing a client's history*. I read through the list of codes looking for codes that also captured this process

(asking questions, assessing history, assessing values) and made notes about my intention to merge the nodes into the above-mentioned code. I went through each of my tentative categories in a similar manor and when I had finished this process on paper I used NVivo to merge the nodes into the node that best described the phenomenon. The process of merging a node moves the coded data from one node to another. After merging a node I deleted the merged node from the set so that I did not have repeating codes. Through this process I reduced my list of codes from the initial set of 910 to fewer than 400.

As I went through each category, merging nodes I opened a memo in NVivo and wrote about the process. I began with a description of what the category meant and why it was an important theme to consider. I wrote questions about how each category might relate to other categories. As I combined nodes I wrote notes about the possible dimensions of the category that were being expressed by the chosen node. I also wrote notes about nodes that were being merged so that I could discuss the subtlety of the process that the chosen node represented. I wrote these memos for each of my tentative categories which highlighted the obvious overlap between many of my tentative categories.

I collected all of my category print outs and began making stacks. I noticed that in some cases I was saying the same thing but using different words. I furthered the process of reducing and refining my categories. I read through each of my categories and their associated memo. I also read through the list of codes that represented each category. If I needed more information about why I named a code a particular name I would again read the node description or read the selected text that was linked to the node, this process gave me the information I needed to decide if the ideas were in fact overlapping. Through this process I made the decision to combine categories that were essentially representing the same thing. For example, as mentioned earlier,

one of the tentative categories was *raising dialogue of oppression*, after reading through the memos, selected text, and descriptions it became clear that *consciousness raising*, *raising awareness*, *unmasking*, and *naming it*, were tentative categories that significantly overlapped. I stapled these documents together to signify the merge and then placed them back into the stack of related categories.

Next I merged these categories, or *sets* in NVivo and wrote a new memo about the process of merging the categories. I captured the various dimensions that the new list of nodes represented for the newly formed category. Throughout the process I referred to my research concerns and my theoretical framework which helped me to make decisions about whether the categories related to the phenomenon that I was studying (Auerbach & Silverstein, 2003). Through this iteration of the analysis I reduced my list of categories from 41 to 19. This process allowed me to investigate the links between the various categories which I continued to detail through memos. Reading through memos, sorting, merging and grouping the set of tentative categories led to a streamlined set of categories that began to take on properties of larger categories and subcategories. Auerbach and Silverstein (2003) suggested verifying your work with a consultant who has some expertise on the topic. I shared the list of 19 categories with a colleague of mine who is also a doctoral candidate in marriage and family therapy who also identifies as feminist. I gave her an opportunity to read through the list of categories and sort them into larger themes. Her analysis was comparable to mine and we discussed the overlap between our analysis and shared impressions about how some of the initial categories were better conceptualized as dimensions of a larger category. This conversation along with the work that preceded this talk assisted me in developing the first draft of my coding scheme. I read through each piece of information associated with each of the 19 categories, this helped me to determine

which other categories they were related to. I went through each of the 19 until it was clear that 4 different analytic categories represented these 19 subcategories. We agreed that these subcategories hung together nicely in a way that described the larger category. The constructs were named based on the language of the theories that I was drawing on paired with words that the participants' had used (Auerbach & Silverstein, 2003).

Further iterations of this process mirrored what Charmaz (2005) refers to as theoretical coding. As Charmaz (2005) stated "theoretical coding is a sophisticated level of coding that follows the codes you have selected during focused coding" (p. 63). These codes may represent relationships between the various categories that were observed in focused coding (Charmaz, 2005). Charmaz noted that it is through theoretical coding that the researcher tells the story "hence, these codes not only conceptualize how your substantive codes are related, but also move your analytic story in a theoretical direction" (p. 63). To continue this process I gathered the lists of focused codes and the memos that corresponded to each of my four categories. I made a document for each category that combined all of the memos for the assumed category. These documents provided me with the information that I needed to synthesize and describe the dimensions of each category. I moved through one category's worth of information at a time and began writing notes about what I was expressing with the analytic category and how it related or differed from the other categories. I expanded my coding scheme to include focused codes that described each of the subcategories. The coding scheme that emerged after several iterations of this process is one that tells a story by highlighting various dimensions of each category (Appendix D). I included a blend of my own words along with participant voice in order to share a story that captured the voice of participants along with my own. Charmaz (2003) challenged the objectivist perspective of grounded theory (Glaser & Strauss, 1967) that stated

that through analysis researchers should be able to identify concrete and obvious categories upon examining the data. She acknowledged that researchers may define similar categories if they begin with similar perspectives but noted that categories strongly reflect a researchers' way of interpreting the data as well as hearing how participants share information. My categorization of the data was impacted by who I am as a person and which questions I ask of the data. I wrote my thoughts down in the form of memos so that I could account for my own potential biases and presuppositions in a later section.

For this study I used diagrams, memos, and the NVivo qualitative data analysis software program to keep track of what I was finding. NVivo provides a computerized audit trail and the software includes features that assist with record keeping. As I have described throughout this section I used several forms of memos throughout this study (Appendix E). I used code notes, theoretical notes, and operational notes. Strauss and Corbin (1990, 1998) discuss the importance of keeping track of various forms of memos and state that as research progresses memos “grow in complexity, density, clarity, and accuracy” (p. 218). I kept an audit trail of insights, findings, assumptions, and other pieces of information through memos as the study progressed. Memos and diagrams were dated automatically through NVivo, headings depicted whether or not the memos are highlighting codes or categories, phrases and *in vivo* codes were included, theoretical information was referenced in code notes, and code notes depicted when a category appeared saturated (Strauss & Corbin, 1990, 1998).

Diagrams took shape as more information was gathered. The process of diagramming followed careful reading, and rereading of the memos, sorting them, and discovering how core categories came together (Strauss & Corbin, 1990, 1998). Diagrams provided me with a visual representation of the relationships that emerged through the data.

Trustworthiness

In qualitative methods, researchers are often looking for credibility and trustworthiness but as Echevarria-Doan and Tubbs (2005) discussed, the language for quantitative methodologists, which has often been adopted as a sign of credibility, is reliability and validity, so these concepts will be discussed further as they relate to grounded theory. Reliability concerns the ability to replicate a study while validity concerns the accuracy of the findings (Echevarria-Doan & Tubbs, 2005).

External reliability is dependent on the researchers ability to detail research practices in a way that would make the study replicable (Echevarria-Doan & Tubbs, 2005). I carefully detailed the research methods and kept a detailed record of interview transcripts, including interview questions and responses, memos and diagrams that depicted codes, categories, subcategories, and related information and insight gained about data. Internal reliability concerns the ability for a different researcher to arrive at similar findings from the data (Echevarria-Doan & Tubbs, 2005). Threats to internal reliability were addressed through peer debriefing. I shared research findings with other professionals with demonstrated knowledge in feminist family therapy. Concurrent to soliciting expert confirmation or disconfirmation, I asked participants to comment on findings through member checking (Charmaz, 2006, 2010). I emailed each of the participants a letter (Appendix F) with a copy of the findings attached. I asked that participants share whether or not there were any themes that they disagreed with or if there was something that they felt was overlooked. I also welcomed them to share any general impressions. Sharing my interpretations with participants helped ensure that the results retained the voice of the participants. I received confirmation from 60% of the participants that they had reviewed the finding. The participants shared that the results were “meaningful” that the categories “look great” and they were looking

forward to reading project summaries and subsequent publications. None of the participants shared any feedback that indicated disagreement with how I analyzed the data or the themes that emerged from the interviews. Ultimately, the voice of the researcher is heard the most yet I wanted to be respectful of the stories that were shared. Part of my decision to check in with participants regarding the findings is so that I could maintain accountability for which voices and ideas I promote most often.

Grounded theorists are not interested in generalizing findings across populations but are more interested in the transferability of theory (Echevarria-Doan & Tubbs, 2005). The participant group, strengthened through theoretical sampling, will provide examples of diverse experiences and understanding. Although the findings are not generalizable, readers will likely identify with aspects of the shared experiences which will aid in a meaningful transfer of knowledge. I provide thorough explanatory data regarding how theory was abstracted that will provide readers with the ability to transfer knowledge to their own areas of interest (Echevarria-Doan & Tubbs, 2005).

Chapter IV

Findings

The purpose of the study was to examine the ways that expert feminist family therapists encourage exploration of, resistance to, and collusion with, oppression. Participants were invited to share aspects of their process of developing their feminist identity, examining how they acquired a feminist stance and how their definition of feminism evolved over time. Through semi-structured interviews with 10 participants I learned about the process of developing identity and found that there were different challenges or processes that participants experienced while examining their role in responding to oppression.

By way of constructivist grounded theory analysis the following four categories emerged: (a) Actions and Strategies of a Feminist Family Therapist, (b) It's a Sensibility: The Development of a Feminist Identity, (c) Recognizing Oppression and Injustice: A Quest for Liberation and (d) Resisting: Exploring Why, How, and at the Risk of Which Consequences. In this chapter I will begin with a description of the sample. Next I will introduce a description of constructivist theory. I will describe the categories and subcategories using a theoretical narrative. Through the retelling of the participants' story I will link their own words with the theoretical construct (Auerbach & Silverstein, 2003). Finally I will end with a summary of the findings.

Introduction of the Participants

The participants for this study include a list of 10 remarkable women who have contributed a substantial amount to the field of feminist family therapy. All 10 participants gave me permission to identify them. I have elected to list the participants rather than attach their names to direct quotations in order to maintain emphasis on the combined narrative rather than

on individual contributions (Charmaz, 2006). The participants are listed in alphabetical order, please see Appendix G for a list of participants and sample publications. Participants include: Rhea Almeida, Lois Braverman, Jill Freedman, Evan Imber-Black, Carmen Knudson-Martin, Deborah Luepnitz, Lynn Parker, Anne Prouty, Louise Silverstein, and Kaethe Weingarten.

The participants reported that they had been practicing therapy between 20 and “nearly 40 years”. Each participant has a master’s degree in a mental health profession. Many participants earned their master’s degree before it was possible to earn a degree in family therapy. Eight out of 10 participants have earned a Ph.D. All of the participants reported teaching at the graduate level. Several participants reported being the director of a family therapy program. Participants shared their participation in founding institutes and coordinating programs. Many participants shared their experience of learning from the “masters” in the field of family therapy. One participant was a participant in the Stonehenge meetings, the first nationally organized meeting for feminists in the field of family therapy. Participants reported presenting both nationally and internationally. Many participants identified as AAMFT supervisors. Each of the participants has a strong record of publication in the field of feminist family therapy. All participants demonstrated a willingness to offer guidance and mentorship to an emerging scholar with a dedication to advancing the feminist discourse in family therapy.

Constructivist Theory

Using a constructivist grounded theory approach has encouraged me to theorize in the interpretive tradition (Charmaz, 2006, 2010). As Charmaz stated, interpretive theorizing includes covering overt processes along with implicit processes and meanings. Analysts using constructivist grounded theory piece together and interpret meaning in order to constitute categories and bring together varying experiences into one narrative. What follows is a

subjective narrative of how I constructed theory. This narrative is influenced by my own experiences and interpretations. Consistent with the constructivist tradition of grounded theory, this rendering does not offer clear if-then propositions but instead offers a general interpretive frame for considering the actions and strategies of a feminist family therapist (Charmaz, 2006, 2010). The emphasis is on understanding rather than explaining (Charmaz, 2006, 2010).

Categories

It's a Sensibility: The Development of a Feminist Identity

The first category, *It's a Sensibility: The Development of a Feminist Identity* reflects the process of acquiring a feminist identity. Participants share what the experience of having a feminist identity looks like. I have begun to conceptualize this as the private or personal view of feminism and the strategies that aide a person in developing a feminist stance. This complements the next category *Action*, by starting with the process of becoming feminist before learning what the outward expression can be. This category describes how feminist family therapists make sense of what they do. This category consists of three subcategories which I describe in detail below.

Becoming radicalized: The make-up of a feminist identity. In this subcategory participants share what feminism means to them and how this definition has evolved over time, discussing the way that their expanding identity encouraged them to take on different roles. They discuss the responsibility of a feminist and the initiative and action that follows this identity. They also discuss how they came upon their identity through “taking it all in” by varying how they acquired knowledge (i.e., academic and non academic books, travel, life experience).

Participants recalled the formation of their feminist identity centering on an incident from

their lives that extended beyond their professional careers. In many cases, I heard that participants entered into feminist work politically. One participant stated “I was a feminist politically well before the feminist critique of family therapy.” Many shared that the social climate of the 60s and 70s was a starting point for integrating feminist ideas:

I mean personally, I, in the 70s was very, in the late 60s actually, not even the 70s the late 60s, was very captured by the feminist movement, captured intellectually and captured personally, and it provided the foundation for my own relationship in terms of really wanting an egalitarian marriage.

Others cited beginning a new job and seeing inequality and others identified becoming mothers as the starting point for their feminist identity, “having a child was really my first encounter with, or was my most powerful encounter with gender inequality.” Participants shared different identified entry points for their feminist identity but reported consensus regarding what feminism meant to them personally.

Participants shared a sentiment which appears to be consistent with the blend of theories that I have integrated while conceptualizing this project (i.e. systems, feminist, multicultural and critical). Participants discussed how their feminist identities have changed with time, “becoming more complex and I think it’s ever evolving.” Participants discussed how being a feminist was “not so much about women for me anymore,” but instead included a definition which promoted equality for all people. One participant shared her definition of feminism in the following way:

A process or a movement to liberate all families. I don’t see it as a movement just to liberate women it’s really a multi-racial definition. Nobody’s really left out. People are included based on their different levels of access and inequity.

Participants were united in conceptualizing feminism as a movement beyond gender equality but

discussed how this was not necessarily a shared understanding more globally. One participant shared her memory of the division between feminists who promoted the multi-racial definition compared with those who continued to conceptualize the movement as being entirely about equality for women.

So, so we said look, not just any old kind of feminism is going to be okay. And that made it really hard for some people who were like “great, now you’re going to tell me that I’m not a feminist because my feminism doesn’t care about social class?” and you know, that’s tough because no one wanted to say you aren’t in the club.

Participants did not say, “you aren’t part of the club,” but they did promote strong agreement with the idea that their beliefs about feminism were that “it is broader than a focus on gender; it’s the focus on issues including power, privilege and oppression. Who has it, who doesn’t. And in speaking to these differences.”

Participants discussed “feeling ownership” and shared their high level of commitment to making a substantial contribution, “I have made a very clear commitment to the arenas in which I am going to make a contribution and I work really hard at making that contribution so that’s what I do.” Participants stated that feminist ideals were really a “basic underpinning” and “so intrinsic” to who they were as people that it was hard to separate out their feminist perspective, “it’s so intrinsic to me it’s really hard to call it a, --it’s not a theoretical perspective, it’s a life perspective. I’ve had a power analysis since I was a young child.” This life perspective, the feminist sensibility, was reported to be a unifying theme in many aspects of the participants’ lives.

Participants shared that they brought their feminist perspective into clinical work, teaching, supervising, research, writing, presenting and mentoring. One respondent stated the

importance of having a “purposefully consistent life.” Being a feminist at home meant being a feminist in the community and being a feminist in the workplace. Participants shared how their feminist work has been integrated into every aspect of their professional lives and many shared how their personal lives gave them the exposure to feminism that encouraged them to adopt a feminist lens. In promoting this consistency they offered advice to others who are working on adopting a feminist stance of their own.

A strong suggestion that was readily offered was for therapists to engage in their own therapy:

Work on themselves in therapy, and understand how feminism or sexism has been enacted in their own families, and in their own lives outside the family as well. You feel that not only is your identity growing, but you have a circle that you can depend on to do this work.

Participants talked about educating themselves through reading:

I recommend, that they read, read, read everything about women’s history, about you know, feminism from the very beginning and not just inside our field but they should know about women’s history, about women writers and novelists and artists and depictions of women in art. Read widely and have your own psychotherapy.

Reading widely was promoted to help clinicians to gain a better sense of where they were situated in history but also to have insight into the lives of other people, “making sure I pick books, and specifically remind therapists to be with the people in the room, as they are, and be open to who they are.” Participants advised others to seek out knowledge and be open to learning in a variety of ways. One stated, “I have to make a commitment to have it evolve, and let it evolve where I am, and then seek out opportunities to inform my feminism.” This

commitment to becoming informed is reported to take a good deal of initiative:

I think it's incumbent upon us to educate ourselves to be in situations where people are talking about these kinds of injustices or people are looking at them because the more you think about them the more you will see cues and openings, but you can't just decide, I'm for this and be in the room, because you'll miss it.

The promotion to take it all in included not just reading, but attending workshops. One participant said, "I started to attend workshops in family therapy, and started reading everything that I could put my hands on, and going to workshops that were available, so that's how I entered." It also included getting supervision ("they need to get really good supervision"), and engaging in new experiences through travel. One participant shared, "I would say my understanding has deepened over time by my reading and travel, so for example, I would have thought that there were no Muslim feminists until I visited Tunisia and met some." Participants shared that beyond engaging in new experiences, an emerging feminist therapist needs to consider her or his tenacity and ability to commit to the arduous work that being a feminist entails. One participant said, "think about how you want to push it forward, it isn't just, like we're saying, it isn't finished so think about how you would want to push it forward."

A tall order: Becoming feminist and promoting feminist ideas. This subcategory includes the idea that being vigilant about the various dimensions of feminism is a lifelong challenge. Also, there are no easy answers about what is right and feminist responses are not one size fits all. Participants shared that people acquiring a feminist identity need to be persistent and weather the storm.

Perseverance and commitment are key elements to this task, "I think that we need to be the ones that keep bringing up the difficult conversations." One participant shared her struggle

of working with a colleague who was resistant to interrogating the presence of power dynamics in a relationship. She reported that she felt that it was part of her commitment to pursuing equity that made her persevere in spite of criticism. She discussed how she was committed to educating her colleague, and acknowledged that she had to be willing to be patient in this endeavor:

one of the people behind the mirror that got really upset, he was like they're just talking, why are you always making this the issue? Um, and trying to find a way to make it, to expose it more and more so that at the end he was talking about it too.

Working from a feminist perspective means becoming comfortable taking a stand. One participant shared "I finally got my own sense of efficacy and began to be seen as a viable clinician when I started doing work by myself." Participants shared that they had to be committed to promoting feminist ideas even if it meant that they would have to sit with discomfort personally or professionally. One participant discussed how she makes a decisive point to always include her feminist ideals but that she has to be mindful of pacing. She discussed the challenge of confronting one of her client's about his misuse of power:

I've never pointed that out to him, but I'm very very close, I've been waiting, waiting, waiting, waiting for it to appear in the clinical material that he presents to me and we are probably two sessions away from that being the case, so that's an example of being patient, but it's always there, it's always a connection.

Part of living a congruent life means being willing to raise issues in ones' personal life as well as in ones' professional life. One participant shared how she makes a point to challenge her friends even if it means that she will become unpopular:

So I guess you would say that I, in my personal life, have been willing to take risks, I've been willing to bring up what I think is unfair and if it means that people are miffed, or

angry, I have weathered that.

Accountability: Who am I in relation to others? This subcategory includes the importance of being open to being challenged by others for “our silly nearsightedness.” One participant shared an example from her early career that demonstrated her ability to be open to seeing things from different perspectives. This participant was conducting research on child custody following divorce and her central tenet was to promote fathers as being equally capable and equally attractive options for primary care following divorce. The participant was committed to arguing for father’s rights to have full custody as an equally valid option to mothers having full custody. She believed that if the men were to prove through the courts that they were capable, that they should be given an equal opportunity to have custody. She promoted this idea until she was challenged by a researcher in the field of child custody. The participant shared how she was arguing for equality and in doing so, she was turning a blind eye to how this promotion was not accounting for the father’s superior position of power. She discussed how many fathers were using their financial resources and the power that accompanies being male to win court cases that showed that they were the more suitable parent. She shared examples of being contacted by attorneys who wanted her to speak on the behalf of the fathers they were representing even though it was clear to her that their motivation for pursuing custody was to injure the mother. She reported that she learned a valuable lesson through this process. She learned that she needs to be willing to see things from multiple perspectives and that she needs to be willing to examine whether or not she is making a mistake. Participants shared the importance of humility and the ability to admit when they had made a mistake.

Participants shared expectations for mentees who are working on their feminist identities, “I do expect them to adopt ways of thinking that are open to human diversity and open to

different peoples' experiences whether it be of higher privilege or more barriers in the world.” Another stated, “they need to be respectful, and curious and they need to come in not assuming that they know everything about everybody or that their way of being in the world is remotely the same as anyone else's.” Participants discussed humility and the ability to make mistakes while learning how to be open, “I think just being really open to it, and like you pointed out, being willing to make mistakes too; therapists especially need to go in with a lot of curiosity.”

Actions and Strategies of a Feminist Family Therapist

The second category, *Actions and Strategies of a Feminist Family Therapist* reflects the experience of going about the work. In this category participants describe what the desired actions of feminist-inspired work are. They offer encouragement for how others hoping to adopt a feminist perspective can think about and do things. This category can be thought of as the outward expressions of the feminist sensibility. Rather than describing the process of becoming feminist, this category describes the more public view of feminist work which includes actions and strategies. The actions and strategies promote a clinical focus as well as a personal commitment.

This category consists of four subcategories. The first subcategory of *Actions and Strategies of a Feminist Family Therapist* is *Action: Moving Beyond Words*. This is about thinking outside of the box and negotiating a different approach to therapy. It represents becoming socially active. The second subcategory is *Reflexivity: Encouraging Self-Explorations*. This is about noticing origins of thought and examining presuppositions. The next is *Power Analysis: Raising Privilege to a Foundation instead of Fringe of Field*. This represents questioning whether the feminist mission is really about balancing the scales. Participants encourage us to consider how power is allotted and to share power in order to create opportunity.

Next is *Raising Dialogue of Oppression: Strategies and Considerations*. This subcategory includes the participants' suggestion to conduct careful assessments, to draw attention to the existence of oppression, and to make it an issue. They also recommend being willing to ask questions and raise difficult dialogue. Participants suggest using ones' position of power to encourage others to take note of the issues of injustice, and to be committed to righting disparities. The final subcategory is *Community: A Side-by-Side Process*. This subcategory addresses how people who are working to acquire a feminist approach in therapy need to lean on others. This includes being a fellow traveler in the change process and surrounding yourself with others who will maintain accountability. This also includes broadening the change agent, seeing that you as the clinician are not necessarily the means to meaningful growth. Lastly, this includes sharing excitement for the work. One must be passionate.

It is important to note that each of these subcategories has varying degrees of overlap with other subcategories. For example, *Reflexivity* is about analyzing ones own presuppositions and origins of thought but can often include reflexive thoughts about power. Thus *Reflexivity* and *Power Analysis* can become entwined. Similarly, *Raising Dialogue* includes participants' suggestion to draw existence to the issue of oppression; oppression inherently includes the existence of power. Thus, *Raising Dialogue* and *Power Analysis* blend together. In grounded theory analysis it is important to recognize how various ideas interact or overlap (Charmaz, 2006/2010). I will discuss each of the subcategories as different aspects of the larger category in order to maintain the integrity of the different ideas that they represent. *Reflexivity* is not always about analyzing power and *Raising Dialogue* does not always include raising dialogue about how power is misused. In the following description of each subcategory you will notice

elements of the subcategory that are unique to the subcategory as well as aspects of the subcategory that closely simulate related subcategories.

Action: Moving beyond words. The importance of action and moving beyond words brings to life the expectation that a feminist family therapist will be an active participant in the change process at multiple levels. For many people, being a feminist means aligning with the idea that all people should have equal access and opportunity. Many people will take a stand when they see this right being intruded upon. Often times, what taking a stand looks like is challenging the offender through talk. Talk is helpful but many participants shared that it wasn't enough. This subcategory of *action* emerged as participants continued to promote the idea that "talk is useless." Perhaps this was a more extreme side of the sentiment but the idea is that without action and change in behavior, things will remain the same. Moving beyond words is a strategy for doing feminist work. Moving beyond words in essence channels the idea of the "personal being political" and urges therapists to take their promotion of change outside of the therapy room and into the world at large. Participants challenged the idea of therapy being confined to dialogue between one therapist and one client. Rather, feminist therapists are encouraged to broaden the scope of the presenting problem to include people and their varying social positions, beyond who initially presents for therapy.

This idea brings in one of the founding tenets of General System Theory by looking at the interconnectedness of the various systems. Examining various levels of the systems helps clinicians to contextualize problems more responsibly. Moving beyond words included a political element. One participant stated "I was very active in the political movement of the 60s and 70s, women's rights, and civil rights, and women's issues, and the Vietnam War." Having this experience seemed to provide a backdrop for opening awareness to various issues that were

affecting all people. Another participant suggested “finding a way to include social action as a part of your therapeutic endeavor,” one participant added to this idea by suggesting a concrete example, “get involved in a campaign for a good woman candidate. You learn a lot about feminism that way, somehow doing something grassroots, there’s nothing like it, it’s exhilarating and it informs everything else you do.”

One way that participants encouraged social action was to become organized as a group. This idea overlaps with the subcategory of *Community* which I will discuss in more detail later. The point that I want to emphasize here was shared with me from a participant who attended the Stonehenge meetings which were held in the early 80s. The idea is that having a feminist sensibility and being for equality is not enough. Feminist therapists need to participate in meaningful social reform. She shared the following account of her experience at that meeting:

the Journal of Feminist Family Therapy, was basically born at that meeting, we looked at the editorial boards of the major journals and who were the advisory review editors and they were about 80-85 percent men and we, and also the leadership of AAMFT and AFTA. We were going to make a sort of 5 to 10 year plan to alter that so these are the more political moves that as women were writing about feminist ideas and beginning to try to implement these in therapy there also needed to be a shift in the organizations and in the scholarly journals. Especially and, there were commitments to help each other write and get published and so it was a really political movement at that period of time. So there were those two conferences and then in 1990 I think, 90 or 91, Betty (Carter), Monica (McGoldrick), and myself, organized an international women’s conference that we held somewhere in Denmark, right outside Copenhagen... we had women from, really all over the world, we have women from Asia, women from Africa,

Europe, the United States, all trying to struggle with these ideas and how to implement them. Again, it was a small meeting, larger than Stonehenge- about 80 people- and it was for networking, for support, for hearing what issues women in different countries were struggling with professionally and personally, so these were some very important points along the way that really catapulted these ideas.

She continued by sharing how more woman are editors of noteworthy journals, presidents of associations, how there is a journal dedicated to feminist issues in family therapy and how many other important shifts came about in response to those meetings. She also shared that many books came out of that time period and shaped the way that feminists conceptualized the practice of family therapy. She talked about the importance of organizing this “critical mass” and how many women and male allies joined together to actively pursue change.

Reflexivity: Encouraging self-exploration. The importance of reflexivity and self-exploration emerged as participants shared the importance of noticing the origins of thoughts and examining our presuppositions. This is about deconstructing our own beliefs in order to see where our values are coming from. Participants discussed this as it pertains to both clinicians adopting a feminist stance and clients who would benefit from consciousness-raising. Exploring our presuppositions and encouraging others to do the same was described as a step towards creating possibilities for more equitable ways of viewing the world. Participants shared ways that they work with their mentees to encourage reflexivity:

They can start to think about it and look at it and start to work on themselves. And I ask them to write essays about; what was the first time that they noticed the race of another person and deconstructed their story to show the issue, the difference in power and privilege and stuff like that.

They also shared ways that they encourage mentees to investigate what their position is on various issues: “What ideas about feminism they carry, so, who have they read, how did it influence their thinking, what do they think it means when they go into a room” The idea is to look at the different sources of information that affect the values that we have, and the way we consider ourselves in relation to others. One participant offered a clinical example of how she began to encourage a male client to deconstruct his gender ideology to see how it was formed. She stated that it was not helpful to think of this man as “a jerk”, rather it was important for her to understand him better within his context and to help him to better understand the construction of his thoughts and feelings:

He does it because he feels like he has failed his idea of who he should be to his wife as a husband. And so that really opened things up for me to begin to ask clinically, questions about, to really go at it in an individual way about what people’s gender ideology was, what they thought it meant to be a good man, a good husband, a good father, what she thought it meant to be a good woman, a good, and then because exploring those gender ideologies I think you find out, very specifically for that person, what it means.

This subcategory connects with the subcategory of *Action* in that the process of reflexivity is informed by the activities we engage in and the relationships that we are open to. A related subcategory is *Power Analysis*. The process of reflexivity aids a person in deconstructing *who they are* and *what they stand for*. Reflexivity encourages a person to consider what her or his biases are and therefore assists them in considering how these biases shape interaction.

Reflexivity provides insight into one’s biases while the subcategory of *Power Analysis* encourages a person to think about how they use their position of power to benefit or take advantage of others.

Power analysis: Raising privilege to foundation instead of fringe of field. The concept of power was frequently discussed in each of the interviews. Power analysis was described in the following way:

It involves particularly critiquing power relationships and gender socialization, and being really aware of those in relationships, trying to expose those so that people can make choices that may be different than what they've been socialized to think will happen.

This subcategory brings to life the importance of examining how issues of power are central to equitable treatment. Power analysis occurs at the micro level, such as reflexively analyzing one's own position of power. Power analysis also occurs at the macro level by examining how power dynamics influence larger systems such as social expectations. Power analysis emerged as a way that participants sought to understand their own position of power but it was also promoted as a way to examine how power was being discussed more globally.

Included in this subcategory is the question about whether the intention is to balance the scales and make things equal or if it is more important to consider that each individual's needs may differ depending on their unique context. One participant discussed her experience of enhancing her feminist perspective while working with survivors of domestic abuse. In doing so she began to ask the following question: "How did we come to the position where we were providing services to women and that they all required the same thing?" She posed this question because she was hearing a message that did not feel congruent to her feminist frame. The message appeared to advocate for the women by suggesting strategies for helping women to get out of the abusive relationships. Included in the objectives were restraining orders and legal assistance with divorce. She brought up the point that many of these women were not interested

in legal assistance or separation; they were committed to finding a strategy for staying in the relationship and that therapy would more suitably target the behavior of abuse and offer strategies for helping the men to address this need. The point was that the helpers were conceptualizing one strategy for help that did not suite each person's particular needs.

Another example highlighted the differences in how people conceptualize what a feminist way of helping entails. One participant shared that many clinicians view feminist work as being the promotion of equality for woman, the promotion of equal access and opportunity, and the preservation of women's rights over their bodies:

From my own personal experience and from the experience of many clients I worked with and even with White women, White women for example, who were poor, didn't have the same experience as many middle class White women...we understand that choice is important but right now we have to eat.

She stated that this simplistic way of viewing feminist work inhibits progress for many women who would more aptly be assisted with basic needs such as housing and food. Another reported that promoting equality without acknowledging the structural effects of power imbalance was an incomplete way of advocating for change:

What I had to realize was that when we talk about changing gender norms we have to look at the whole picture and not be naïve and think that we can just turn the tables quickly and that things are going to be great.

Analyzing differences in power might aid a feminist therapist in attending to the unique needs of each person instead of a generalized promotion of equality.

This category accounts for how power is allotted and how a person can share their power to create opportunity for others. This includes aspects of the subcategory *Reflexivity* because

clinicians are being asked to examine how part of their individual make-up influences how they might perceive their role and how they view the problem. Participants discussed the differences in how power is allotted. People obtain unearned power due to biological sex, level of ability, race, nation of origin, social class, and sexual status (“The Irish, the Polish, the German, the Latino the African American, don’t all sit in a neutral table together, there’s some real structural inequalities defined in those groups right?”)

Having a power analysis means thinking about the differences in how power is allotted. This includes highlighting the importance of power and acknowledging that it plays into relational dynamics. Having a power analysis means that privilege and power need to be “at the foundation instead of the fringe of the field.” Included in this is noticing how interactions vary depending on who has power, being aware of conscious and unconscious misuse of power, being willing to talk about misusing power, and being aware that there are times when we don’t notice that we misuse power. One participant shared the following:

I think that people in a way try to excuse themselves from misuses of power and privilege because when I talk with students and others about it, we all, in our social positions have more or less power and privilege so I have to constantly be aware of how, what are the areas that I might not be aware of?

This misuse of power was described in terms of the participants’ own misuse of power as well as how participants had observed this dynamic clinically. These themes overlapped so thoroughly that there was not a practical way to separate the two. One participant stated “it isn’t because in heterosexual relationships the man is overtly trying”, instead the lack of acknowledgement of his position of power and relationship with patriarchy make the unacknowledged actions difficult to challenge. Participants advocated for reflexivity in order for people to gain insight into the

biases and presuppositions that they hold. In addition to insight, participants shared that people (the male client in this example) need to take an extra step to move beyond insight and awareness into an examination of power and patriarchy. Another participant added that when power is subtly misused “it’s not as overtly hurtful” or easy to challenge but it’s woven in to the fabric of our lives in a way that makes it difficult to comment on. Misusing power includes abusing the power that you have, be it earned or unearned. This also includes being willing to step down or take a one down position in order to lend power to others (“I guess all of us have to experience power differentials in our relationships; it’s how we manage the power differentials that’s important”).

Participants discussed how recognizing power and analyzing the effects of power is not a conversation that many people willingly enter. One participant discussed how the conversation of power difference was one that even feminists, and people who engage in critical dialogues have difficulty entering. She reported that making this dialogue a part of life was a difficult task:

That’s not necessary a popular person making proposition, I mean power is the issue that nobody wants to talk about in any setting, and I do, I say that to students too, there are people in this classroom that have more power and privilege than others, some are more popular, some are listened to more than others, and they’re not the same social class, et cetera, but in any group that you’re in, with your colleagues, when I’m with the group of feminist social justice based colleagues, there are some of them that have more power and privilege, and do they really acknowledge that in that group? No they don’t, and there are abuses of power within that group, and I think that’s where it can be the very hardest to talk about it.

Participants shared that their ability to share power was primarily influenced by how

much power they felt they had in a given situation. One participant shared the thought process that she had when weighing her ability to advocate for bringing in a person of color to a conference panel: “I think it depends on how secure I feel in the invitation, like how central, like if I’m in a pretty powerful position, or I feel like it’s pretty collaborative than I can use my power to include someone else.” A general agreement ensued around participants feeling more likely to share power if they felt they were in a place of power and subsequently commanded some form of attention. The following subcategory provides recommendations for raising dialogue aimed at analyzing power differences and the effects of misusing power.

Raising dialogue of oppression: Strategies and considerations. The importance of raising dialogue of oppression was among the most heavily saturated subcategories. Raising dialogue shares attributes of *Reflexivity* and *Power Analysis*. For many, the presence of oppression must first be acknowledged before a person is able to reflexively examine how they misuse power. Raising dialogue is an action that often precedes or follows *Reflexivity* or *Power Analysis* but differs from both subcategories by focusing more on the actions and strategies of raising dialogue. Participants shared many considerations for conceptualizing how to go about this weighty task. Raising dialogue of oppression was discussed in terms of clinical application as well as general recommendations about highlighting the existence of oppression in daily life. I focus most of my attention on how this was discussed clinically. Within this subcategory is the recommendation to conduct a careful assessment in order to assess what the needs are. Clinicians are also recommended to draw attention to the existence of oppression and “make it an issue.” This task is dependent upon a clinician’s willingness to ask questions, their method of delivery, their position of power, and their commitment to making dialogue of oppression a clinical concern.

Participants promoted the importance of conducting a careful assessment in order to learn more about how the different dimensions of a client's identity impact the presenting problem. In this case, the action of raising dialogue through "exposing" was a precursor to reflexivity and power analysis. As one participant shared:

Because lots of times people are involved in roles that they haven't even thought about that they've just been socialized to expect, so exposing roles, exposing the effects of roles, exposing power differences and trying to create a platform where people have more choice.

Participants shared that assessment, including asking questions, assessing history, assessing values, deconstructing discourse, will bring to light unexplored themes in order to develop a deeper understanding. One participant described some of the elements of a careful assessment:

I would probably argue that the role, that the movement of the therapist is, as he or she is gathering the information about the nature of the problem, from each individual as they understand it, that you will be weaving in questions about race, class, and gender because that enlarges not only your understanding of locating the problem, but also your clients understanding about how the problem is located, ideas that are larger than their particular transaction.

Participants shared that issues of power are always relevant to the presenting problem but that clients have difficulty accessing that connection. When I asked one participant how she raised the dialogue of oppression when it was not an overt part of the client's presenting problem she responded by saying "I reject that premise, it's always part of the problem." Participants stated that the first step to raising dialogue was often through assessing how the conversation was already entering the client's consciousness:

It's just kind of matter of fact, you're an interested person, in most therapies those questions aren't asked, when decisions get made who tends to be the decision maker, how did they, what was the last big decision you made, who is the one of you that tends to have the louder voice, the voice that gets followed, so, the different ways that you do that also, being that issues are multigenerational, so tell me how housework was handled in your family of origin, or what, you both have the same last name, how did you decide which name you would take?

After a therapist has gained a better understanding of the client's unique needs they can begin drawing attention to the existence of oppression and make it clinically relevant. Drawing attention can be done through provoking conversation, recognizing the social prescription of values, exposing relationships, examining prevailing discourse, and critiquing social norms. Part of the dilemma of raising dialogue of oppression is simply in making others aware that a problem exists. Participants shared this dilemma in the client and student populations. One participant discussed a struggle she has with drawing attention to this problem with her students "you know we live such segregated lives in this cultures in terms of race and class, almost all of my students are White and middle class, I find that I have to convince them first that there is an issue." Convincing appears to be central to the struggle of drawing attention to the need for discussion.

Another dimension of this subcategory is having the willingness to ask about issues of oppression. Participants reported that raising dialogue of oppression in clinical and training settings was essential and that people needed to be willing to "be direct," "name the act," and "be willing to speak." Participants described willingness to speak as being brave, confident or assertive. Willingness to speak out was described as somewhat elusive given the barriers and consequences of raising such issues. Being willing to speak was mitigated by context:

So for example if the president of my university was there and something was going on I would think about whether to bring it up at all or how to bring it up and the opposite would be true as well if I was with young people who didn't have a clue how to bring it up in a way that they might, that might not be threatening to them, that they might understand and not discard or dismiss out of hand so for me it's more contextual to try to figure out who my audience is.

Context will be expanded upon under the category of *Resistance*.

Participants shared strategies that they had for raising dialogue of oppression. A general theme to be gentle emerged when talking with others about their role in oppression. Participants described this process as being a difficult one because challenging people can often raise defenses. Participants encouraged others to be relatable, disarming, and disclosing of their own values and position. One participant shared how she discloses how her feminist ideals shape her view of what the solution may entail but that her position is just one way of looking at the problem. She stated that she might say the following to a couple that was working on relational issues:

I would just say this is where I am on the issues, know that you don't have to at all take that seriously, or agree with me, but you know me, I'm more of a feminist, but I want you to have the relationship you want with one another.

One strategy for approaching others in a gentle way is through normalizing the act. Participants described normalizing as a part of raising awareness of oppression by relaying that everyone is oppressive at times. One participant shared an example of normalizing and contextualizing a male client's experience. He was in a heterosexual relationship and through a careful assessment the therapist gleaned that the male was not sharing in childcare or other household duties. The

therapist helped him to see that there was a contextual basis for this source of inequality and that he was in good company:

So that decreases anxiety and guilt by making the point that of course they feel entitled, this is how men are raised and socialized and of course they feel that their wives are more sensitive to the children but that's not actually the case.

Normalizing was shared as a strategy for helping people who are being challenged to see that the problem is bigger than them which may reduce defensiveness. Another participant shared that one of the important pieces of understanding context is so that clinicians don't fall into the trap of pathologizing or labeling people. There is an unhelpful stigma that feminists are "man haters," but understanding a person within their context helps increase understanding and empathy: "so I think the therapeutic task is how to embrace all those, how to unpack all of those different levels of understanding so that you are not just saying, he's being a pig." Being gentle was a strategy that was named as helpful in the clinical setting and the classroom setting.

Another participant shared her use of self-disclosure as a way to be accountable for her actions, to provide an example of being oppressive and to help her students to know that they were safe to share similar stories. This normalized the struggle of acknowledging oppression and misuse of power. Several participants reported that this type of sharing has the potential of leading to less feelings of vulnerability because being in the role of the professor gave her more power in regards to her students. I will discuss the importance of using position as it relates to challenging power in the *Resisting* category.

Lastly, the issue of being committed contributes to the subcategory of *Raising Dialogue*. Being committed to righting disparities takes into account that this is not an overnight process. Participants report that creating a platform where people can freely talk about oppression is a

time consuming endeavor. Clinicians must be committed to the dialogue because it is a complicated subject and one that can quickly put people on the defensive. One participant shared the following:

I love it when people are willing to be honest and look at themselves and catch themselves and then when you know you still love each other afterwards, you know when you have that commitment to that dialogue, nothing's better.

The participant highlighted the importance of being committed to being a part of the conversation as well as the importance of doing so in the company of committed peers.

Community: A side-by-side process. The subcategory *Community* was raised as a central part of the actions and strategies of a feminist family therapist. *Community* includes being a fellow traveler in the change process, surrounding yourself with others who will maintain accountability, broadening who is defined as the change agent, and sharing excitement.

Part of promoting equity is knowing that you must do so in good company. Participants promoted the idea that therapists should not think of their role as being confined to that of a healer, instead therapists should consider how they can be a co-learner. Participants discussed how we have much to learn from our clients and students and that entering into conversations with a willingness to be transformed was a helpful way to be. There is something important about sharing in knowledge creation, not feeling like we, as helping professionals are giving the gift of knowledge to others. One participant shared an example of being a fellow traveler in the change process. This participant is a university professor who takes groups of students to Mexico annually in order to help develop their cultural awareness. The participant discussed how she and her students participated in this experience as students and fellow learners. Many of the students are White, most have access to financial resources and all have advanced

education. These attributes put the group of students in a position of power related to the indigenous people that they were meeting with.

I go as a learner, I'm a fellow learner, I'm not a teacher, we reverse the idea of, mostly, dominant countries go to Mexico to help them, so we have something to offer and they need our help, I, it's hierarchical. This reverses that where we go as learners and they are our teachers, and these are very poor people, indigenous people out in small communities, so, it's a way to, it's a transformative experience for the students, they also come back ready to work in communities and to resist stereotypes of undocumented people as well as, Mexican laborers who are documented, they do social action, projects here to work with some of the issues; so, I do a lot in that area of resisting stereotypes, consciousness raising, the purpose of the trip is really consciousness raising in all kinds of areas.

The idea of being a fellow traveler connects to surrounding yourself with others who will help you maintain accountability. Participants shared this idea as building connections, building community, feeling encouraged or strengthened by group agreement. Participants shared that when they felt supported by others they felt more confident in taking a stand against injustice. Participants shared the importance of building connections with people from various backgrounds and being sure to listen to marginalized voices. Participants discussed identifying resources of accountability and accessing them. Included in this is the task to look beyond who you typically view as a helper in order to broaden the change agent.

One suggestion for broadening the change agent is to include activists. Activists are informed community members who are conscientious and willing to be in a supportive role to people seeking change. Participants encouraged therapists to broaden the boundary of family in

order to expand who is in the helping role. A general theme of “including more people” was repeatedly brought up.

Sharing excitement also emerged as one of the important parts of building community. Participants reported that having others to encourage your work and be excited about the pursuit of justice was central to the task. One participant shared her passion for doing this work and reported that she was able to maintain this excitement when she shared this excitement with others. She stated, “It’s a heart felt press to right disparities and give a voice to people who don’t have a voice.” The importance of building community was present in many of the participants’ examples and this theme will continue to weave its way into many other categories and subcategories.

Recognizing Oppression and Injustice: A Quest for Liberation

The third category, *Recognizing Oppression and Injustice* examines what it means to be oppressive. This category includes three subcategories. I found that there were multiple meanings for the word oppression and that not all participants felt that the word oppression was an appropriate word for the actions that I was asking about. The subcategory *Defining Oppression* examines the divergence in thought regarding definition. I follow with a discussion of why I chose to continue using the word in this project and how my decision was acceptable to many of my participants. I include the word injustice as a substitution for oppression. For the participants that felt oppression was not an appropriate word to describe what they were sharing, I maintained their language of “injustice” when quoting them so that I was not applying my own frame to their experiences. The subcategory *Experiencing Oppression* reflects the participant’s shared experiences of times when they experienced oppression or injustice. The last

subcategory, *Colluding in the Oppression of Others* examines ways that participants shared how they participated in actions that were oppressive or unjust.

Defining oppression. Participants were not united on the definition of oppression. Some participants felt that the word oppression was not an appropriate choice for describing many everyday occurrences of misusing power. Some felt that the word oppression was “too strong” and preferred to use the word injustice. Others agreed that using strong words like oppression helps to raise intensity through the use of language. I will discuss how the word oppression was used and will also note its varied dimensions.

The theme oppression was raised in several of the interview questions. I asked participants about times when they had experienced oppression, times when they had seen others be oppressed, and times when they had colluded in being oppressive towards others. I was surprised to hear several of the participants respond with resistance to using the word oppression.

For many, the word was too strong and we ended up substituting the word injustice. One participant shared an example of being interviewed for a graduate program. During this process she was questioned about her plans to marry and her desire for children. The interviewee stated that the program had a history of investing in women applicants who then decided to drop out of the program or essentially waste their degrees by becoming mothers. The participant stated that she felt that this was “sexist and demoralizing” but that she didn’t view it as oppressive. She reserved the word oppression for things like honor killings, human trafficking and female genital mutilation. When I probed a bit more I learned that she felt that oppression did not exist when there was some aspect of choice involved, she reserved the word oppression for cases where there was “clear dominant submission.” In the instance described above, the participant could choose to leave the office or interview at a different school, she did not feel that she had to

subject herself to this line of questioning therefore it wasn't experienced as oppressive. Others shared that they found that oppression is a "wider system term than a couple term" and that it's "sort of too global of a word." Another participant stated "well I think that it's certainly a term that could describe some of the more, I would say, certainly marital rape is a form of oppression, domestic violence is a form of oppression right?" Another participant contended that the word was too strong for subtle or implicit acts because oppression involved an element of intentionality; she stated "I would say that aggression has intentionality, I'm going to beat you down, I'm going to keep you in your place." She observed that this distinction had to do with aggression versus micro-aggression.

Other participants discussed including instances of aggression and micro-aggression in the definition of oppression. In fact, as I was speaking with one participant I shared my definition of oppression being "discrimination, exploitation, and domination of one group over another or one person over another," she pointed out that this definition lacked the occurrences of unintentional or implicit forms. I responded to the difference in opinion by discussing this with other participants and it became clear that many participants supported the use of the word oppression with the caveat that oppression be conceptualized as being on a continuum. Other participants outright said they felt comfortable using the word oppression and used it to describe a full range of acts. Words including *direct*, *indirect*, *implicit*, *explicit*, *aggression*, *micro-aggression* were used to describe various instances of oppression. One participant shared, "there's different levels of oppression; there's exploitation, there's marginalization, there's structural violence, there's different levels of exploitation, oppression is not just one homogenous concept." I will continue the conversation of these differences in the discussion section of this paper.

Participants shared instances of seeing others treated in ways that were oppressive or unjust. They also shared their own experiences of being treated in ways that they felt were oppressive or unjust. I will use the word “injustice” when that was noted to be a preference for the participant if it connects with a direct quotation, otherwise I will use the word “oppression” as the majority of participants demonstrated agreement with the use of this word.

Experiencing oppression. This subcategory includes noticing where oppression first impacted participants. Gender-based oppression was a consistent theme for participants and many had difficulty reporting experiences with oppression beyond this. Participants reported instances of oppression that were experienced based on intersecting identities. A common theme of this subcategory was that people from various marginalized groups are working harder than others with more power to gain access. On average, participants appeared to be most comfortable sharing examples of times when they had witnessed others being treated in an oppressive way. They also tended to share more experiences of how they were treated unjustly in their professional lives rather than their personal lives.

Participants shared that it was important to recognize the source of entry for examining one’s experience of oppression. Participants agreed that people are often alerted to the significance of power imbalance as experienced through discrimination, exploitation, and domination through a personal experience. This was described as a precursor to seeing how oppression is experienced in the lives of others. One participant shared that as a White woman she felt shielded from having to look at instances of oppression and that moving beyond the familiar context in which she was raised provided her with an opportunity to examine how power is misused.

It’s called encounter in critical race theory that African American children can grow up in

a very protected environment in some cases, especially if they are middle class and then suddenly if they go out in the world they have their first encounter with racism and it's very startling and mobilizing and I think that it's true for privileged women who are educated and middle class or upper class women.

Participants shared that a person's entry into the discourse of marginalization varies depending on the person's context:

Realistically for most people, there's an area where they're going to be more personally touched than somewhere else and it may be, you know your Whiteness, it may be race, if you lived in Upper East Side Manhattan and come from a very wealthy family and you're White it may, it may be class privilege and if you're a new mother in and you don't have other people who are moms it may be maternal discourse that's the first place where you really get it.

A critique on feminism is that many feminist scholars are not applying the pursuit for balancing power beyond gender. Participants discussed understanding this dilemma and relayed the importance of being willing to understand that other forms of oppression must be examined. One participant shared that she was "equally sensitive" to the various forms of oppression beyond gender even though she was not "equally sensitized" to how it would feel to experience other forms of oppression. One participant who identifies as White stated, "you and I experienced it gender-based, but certainly women of color don't start there." For 90% of the participants, gender-based oppression was identified as the primary source of experienced oppression; these participants also identified as being White. The other participant identified physical disability as an intersecting source of oppression that she experienced along with gender-based and race-based oppression. She described one way that she experienced

oppression based on her disability:

A lot of times people think that if you are disabled you are limited in your intellectual capacity. That's one of the intersections in being disabled. So, I think, you know, my oppression in that very personal way, that I experienced many times and really as a professional scholar there were times when I had to work a lot harder to really gain access in the professional circles.

To introduce the topic of oppression I asked participants whether they had witnessed other people being oppressed and asked for early recollections of these experiences. Participants reported that they had witnessed multiple instances of oppression and felt that oppression was a pervasive problem that could be widely seen. One participant stated "all you have to do is turn on the T.V." This sentiment was shared among many participants.

Participants shared examples of feeling oppressed professionally yet few shared instances of feeling oppressed in their personal lives. Part of this difference was in response to the feeling that the word oppression was "too strong" to describe something that they had experienced personally. I will discuss this further in the discussion section of the paper.

Participants shared various examples of times when they felt oppressed or witnessed oppression of others. These acts ranged from the presence of patriarchy and misuse of male power in the work place to domestic concerns like unequal distribution of household labor in heterosexual couples, homophobia, racism and more global concerns like homelessness and lack of clean drinking water.

Several participants shared how gender-based oppression in the workplace continues to occur in spite of all the efforts to ratify the problem. One participant shared how she continues to experience gender-based oppression in the workplace and related that it was difficult to

challenge because the abuse of power was subtle. Similarly, she reported that she genuinely cared for her colleagues who were misusing power and recognized that they were likely unaware that others were feeling oppressed.

Even in a family therapy program where I teach, where I really love and respect all the other people who teach within the program, but its still a pretty male dominated, female students still complain about some of the power issues between faculty and students, between men and women so it's still, I'm confronting it right now with faculty in the training program that some of the female students complain that the men are a little elevated and the women less so, so faculty can talk the language of feminism and social justice but their behavior is really quite different.

Participants shared that the possibility of advancement in many settings was hindered because they were women. They shared that people who are in various marginalized groups were assumed to have less knowledge. They are discounted, minimized, dismissed. They are seen as complimentary or supportive. They are expected to behave according to set stereotypes. Several participants shared that people with more power in a given scenario will actually take ideas from people with less power and pass them off as their own. One participant shared the following example:

The example that happens to everyone, is, and has happened to me a lot, is being on a committee and making a suggestion and nothing being picked up about it and 15 minutes later a man making the same suggestion and everybody thinks it's a great idea, that's certainly happened to me a lot.

Another participant shared that on several occasions while working with other women from the dominant culture she found that her ideas were plagiarized. As a minority woman she

encountered a feeling of colonization where another person was trying to appropriate her ideas. Participants shared that being part of a marginalized group made it difficult to be perceived as competent. They also shared that people in marginalized groups run the risk of being considered a credit to ones race or sex if they become successful.

Colluding in the oppression of others. The subcategory of colluding in the oppression of others emerged as an integral balance to understanding oppression more generally. This subcategory included the reoccurring theme that participants had difficulty recognizing instances when they acted in ways that were oppressive towards others. Participants shared instances when they recognized that they were acting in ways that were oppressive and shared the precursors to those actions as well as the related feelings. Participants also promoted the idea that acting in ways that are oppressive towards others is a natural and commonly occurring part of life and that we all have an expectation to interrogate our own participation in misusing power.

I asked participants about times when they had been complicit in using power in a way that was oppressive. Roughly half of the participants initially stated that they weren't able to think of an example. One stated, "I'm sure there are but off hand I can't remember, I don't know, maybe I'll, maybe we'll come back to that, I mean nothing, nothing pops up right now." This was a common response and signaled discomfort. Some of the participants came back to this question and shared an example of misusing power while others acknowledged that they might be feeling "self-protective" and therefore unable to think of an instance. Other participants shared instances yet asked that I not write about them. Participants that discussed colluding in oppressive practices reported feelings of shame and disbelief that they had misused power in ways that were hurtful to others.

Participants noted that being complicit with oppressive practices was influenced by a desire to avoid discomfort or maintain peace. They reported complicity for the purpose of aligning with a person in a position of power. Many participants discussed colluding in oppression as a passive act, such as “going along with someone even if you knew better.” One participant reported an early experience of decoloring or otherizing a person of color. She reported shame in “making her like me” and therefore removing what was different or unique about this person. Other people shared instances of complicity in professional settings:

For years, I was quiet in seminars taught by the patriarchal family therapists, I didn't say anything because I was so scared, so, I felt like I was going along with them for years before I had the courage to speak up.

Others talked about colluding with their male partners in their intimate relationships stating that they went along with what he was wanting in order to keep the peace, “But if I didn't do it, he would be upset. So we played this little dance and I see people doing it all the time.” Many participants said that they were sure there were many more examples of times when they contributed to oppressive practices but for most participants it was reported to be difficult thinking of concrete examples. One participant shared that although she couldn't think of an example to offer she knew that there were many instances where she would misuse her power while not acknowledging that she had power to begin with. She stated that she would “unintentionally cause harm with comments with, taking it for granted, little micro aggressions all over the place.”

Participants discussed the propensity for “unintentionally causing harm.” Many participants also shared that they viewed their own participation in colluding as often being passive acts. Participants shared that beyond being blind to colluding in oppression or quietly

going along with mistreating someone (i.e. laughing at a racist joke) people participated in oppressive practices in order to maintain power or avoid discomfort. Participants shared that examining ones participation in oppressive practices is an uncomfortable and difficult process.

Participants shared that colluding was a part of life that even the informed participated in. Participants agreed that being willing to acknowledge participation in oppressive practices was central to eradicating the problem.

Assuming that it's part of the culture, that we collude with these things, and being in places where people look at our work and talk about our work and looking at other peoples work and talking about their work.

Participants shared that a high level of accountability encouraged people to be responsible for their actions.

Resisting: Exploring Why, How, and at the Risk of Which Consequences

The final category *Resisting: Exploring why, how, and at the risk of which consequences* identifies the various dimensions of resistance to oppression. The concept of resistance is appropriate to consider clinically as well as in life more generally. Resistance in this context is some form of action that aims to prevent or not comply with an oppressive action. Participants shared instances of when they resisted oppression personally as well as when they saw others resist, or when they encouraged clients to resist. This category was defined by the following four subthemes; *Types of Resistance, Becoming Mobilized, Weighing Options, and Barriers to Resistance.*

Types of resistance. Participants identified ways that they had resisted some form of oppression. Participants shared the following examples of resistance: challenging existing structure, putting one's foot down, learning to not make everything their responsibility, naming

the act, and confronting others on misuse of power.

Acts of resistance were reported to be in personal as well as professional life. One participant shared that resisting oppression includes everyday decisions like choosing who is named as first author of an article or declining to present at a conference when it is clear that no people of color were invited to speak. Participants shared times when they resisted gendered stereotypes that confined them to certain domestic responsibilities. One participant discussed having to develop “hysterical blindness” to a messy table in her home so that she was not being complicit with her male partner, or the larger society’s expectation that it was her duty as a woman to clean the house. Other forms of resistance including naming the act and confronting others on misuse of power have been described more fully in the *challenging* section of this paper.

Becoming mobilized: Signaled need for resistance. Participants shared different perspectives on what mobilized them into an action of resistance. Participants reported to have some trouble verbalizing how they knew that they needed to resist oppression but many discussed a cognitive awareness or a bodily sensation that urged them to action. Some participants shared that a cognitive awareness that something was amiss was the first sign that a response of resistance was appropriate, “we just looked at the facts on the ground and we knew something had to change.” Another participant stated the following “I think if I notice something that’s happening that seems discriminatory against women, that’s the first thing, so it’s a cognitive noticing of it.” Other participants shared that a signal that action was needed was a felt experience.

One participant shared that she felt “more sympathetic nervous system arousal which makes it clear to me that I’m experiencing some distress.” Another reported that she noticed a

physical awareness before a conscious awareness, “it *is* a feeling in my body actually, I do, I feel other people in my body, so I know that can sound crazy.” Participants shared that part of being mobilized to action was through a desire to relieve themselves of discomfort. Participants shared that when they noticed oppression they had feelings of anger, frustration, sadness, anxiety and guilt. Participants felt compelled to make a change in action because of these feelings. One participant stated that when she notices someone acting in a way that is oppressive “it’s upsetting, and generally I get angry about it.” Participants shared that feeling badly or uncomfortable in some way was often a precursor for action. One participant stated, “I don’t like the feeling that I have when I don’t speak up, so for me, it’s worse to not speak up, then to speak up.”

Barriers to resistance. Participants discussed determining whether or not they had the option of resisting or what the other barriers to resistance were. Participants discussed being naïve to the need for resistance, fearing imposition, feeling immobilized, feeling that resisting was too difficult and fearing the consequences of resistance. Participants shared that they felt that their role in resisting was often shaped by the context that they were part of. One participant shared “it is always an option” but most agreed that one has to consider what the context is to decide whether to resist. Participants shared that their ability to resist oppression was influenced by their own position of power. For example, participants shared that it was easier to resist oppression in clinical situations or with friends than it was to resist oppression from an employer.

Participants shared that naïveté was one of the barriers to resistance. This idea overlaps with the subcategory *colluding* because participants discussed how they found themselves in positions where they would go along with mistreating others because they lacked awareness and insight. One participant shared how she is complicit in marginalizing and oppressive practices,

“going through life as part of the dominant, white, moneyed, educated people, with assumptions about deserving, or being entitled to, without even realizing that everyday I participate in that.” Others echoed this same belief and many shared that being from the dominant culture enabled them to turn a blind eye to oppression. One said, “the pain isn’t in my heart in the way that I guess I wish it were.”

Participants shared that at times they did not resist oppression because they feared that they would be imposing on someone. Participants discussed discomfort in putting people on the spot or escalating conflict. They discussed the risk of “outing” people or seeming disrespectful. One participant discussed not wanting to encourage an act of resistance in one of her clients because she feared that it would turn the family away and she would lose them as clients:

I let that go for quite a long time, I ended up having to come back to it but I let that go for quite a long time, out of fear that things would explode, out of thinking that I was going to lose this person, different, there were lots of different things that I was aware of but didn’t do anything about it.

Another barrier to resistance that was identified was the feeling of being frozen or immobilized by fear, “there have been times where, either out of fear or confusion, I haven’t said anything, in situations where, it ends up that an injustice is going on.” Participants shared that they worried that they would make mistakes or “get it wrong.” Others feared that they would not make a meaningful difference. Participants worried that if they were to resist they might be rejected or become unpopular. They worried that resisting would be difficult and the consequences would be too great. Participants also shared that sometimes they felt resisting was a pointless endeavor, “there’s some people that I just give up on and feel like, it just, there’s no point in really talking about it because it’s not going to get, that person’s not going to get it.”

There were many possible consequences associated with resisting. Participants shared that when they resisted oppression they encountered unanticipated responses publicly and privately. Participants reported getting flushed, being attacked, facing rejection, experiencing judging, experiencing distress, and not feeling supported. Participants shared instances of being reprimanded at work and chastised publically. One participant shared an example of a time when she wrote an article which challenged the prevailing discourse on heterosexual parenting. She argued that gay fathers were equally suitable parents. She reported knowing that she would experience resistance for the article but did not anticipate the public response to extend beyond academic circles. She was surprised to learn how much publicity her article garnered and reported feeling unprepared for the negative response that she received in non-academic settings.

Participants discussed how they had to be aware of the barriers to resisting oppression in order to assist others in taking action. One participant discussed her role as a mentor and educator:

For students too, you really have to help them to look at the issues because I think that many students believe that it will make them less popular to other kids, that you are seen as too serious, or, not as much fun.

Another reported that people become stuck or rigid in their thinking which prevents them from taking action. One participant stated that it was helpful to remind yourself “that is going to be pretty uncomfortable, I expect I’m going to have to work hard.” Another participant advised “being more comfortable with ambiguity and student fear.” One participant shared the discomfort that she experienced speaking at a conference without her notes. She realized that she had placed pressure on herself to use the “right words” when speaking to the group. “I said I’m worried I’m going to get it wrong and they said, ‘well you are going to get it wrong, so just

say, I know I'm going to get this wrong and always just speak'."

Summary of Findings

I examined the ways that expert feminist family therapists describe the process of doing feminist work within the context of oppression. Participants shared how they engaged in the process of developing a feminist identity and discussed how this role has evolved over time. The following categories emerged: (a) Actions and Strategies of a Feminist Family Therapist, (b) It's a Sensibility: The Development of a Feminist Identity, (c) Recognizing Oppression and Injustice: A Quest for Liberation and (d) Resisting: Exploring Why, How and at the Risk of Which Consequences. In this study I attempt to understand the participants stories rather than offer an explanation or systematize knowledge (Charmaz, 2006/2010). The findings are interpretive. Multiple realities exist simultaneously and the way that I created meaning through the participants' stories was influenced by my unique reality.

Chapter V

Discussion, Clinical Implications and Conclusion

Overview

I addressed a gap in the literature by examining the process of acquiring a feminist identity and clinically working from a feminist standpoint. A sample of expert feminist therapists shared stories and examples from their personal lives as well as their professional lives. I combined these stories in one theoretical narrative that provides clinicians who are interested in adopting a feminist lens insight into the process of providing feminist informed therapy.

I also explored the topic of feminist integration into the discourse of developing the self of the researcher. As previously mentioned, feminist inquiry in family therapy has declined in recent years and this study highlights the importance of reintegrating this topic into the family therapy literature (Kousitic & McDowell, 2008). I honor the importance of intersectionality by advancing the conceptualization of feminism from a purely gender-based concept to one that seeks to unravel power and privilege more broadly (Parker & Almeida, 2001). I hope that readers will better understand the topic of feminism in family therapy by examining the process of becoming feminist. I also report the primary responsibilities for conducting feminist work. Among the important consideration for feminist therapists is a close examination of oppression.

Discussion of the Findings

In this study I answered the following research questions, (a) How do family therapists who identify as feminist describe how their feminist identities and ideas about feminism have evolved over time? (b) How do feminist family therapists report stories of their own resistance to gender-based oppression? (c) How do feminist family therapists report stories of their own

collusion with the oppression of others? (d) How do feminist family therapists encourage clients to examine oppression and collusion of oppression of others? The analysis led to four categories and 15 subcategories that provide a response to the original research questions. I have described the categories and subcategories in chapter four. I described the findings in a theoretical narrative by combining the participants' examples with my own analysis of what was reported. I report how these categories provide implications for clinical and educational use.

Implications of Analysis

Reach and breadth. The findings from this analysis may serve as a theoretical framework for therapists who are interested in the process of developing a feminist stance in therapy. The findings mirror past research that advocates for developing reflexivity and other self-of-the-therapist issues. Kannan and Levitt (2009) reported that therapists who examined their own biases were more likely to remain open-minded about their clients' experiences and subsequently less likely to make uninformed assumptions. I provide interested parties with considerations for how they will engage in the process of strengthening their *feminist sensibility* while also offering suggestions for the *actions and strategies* included in feminist work. Other researchers have offered tools for analyzing one's social identity and examining the role of a feminist therapist (Enns, 2010; Kannan & Levitt, 2009; Hays, 2008; D'Andrea & Daniels, 2001). I extend this conversation by examining the topic of oppression by acknowledging misuse of power at multiple levels. This expanded definition of feminism parallels Enns' (2010) conception of locational feminism by moving beyond single-cause issues (e.g. gender & race) to emphasize intersecting identities. Participants shared different dimensions to the process of resistance. Participants examined barriers to resistance as well as the signaled need for acts of resistance. Participants reported that their feminist identities' were informed by many different

experiences and fields of study. I provide utility for scholars beyond the field of family therapy. Readers who are interested in developing their feminist identity for a variety of purposes will benefit from reading what these insightful women shared about their personal and professional experiences.

Clinical implications. Through the first research question I ask feminist family therapists how their feminist identities evolved over time. The first two categories, *It's a Sensibility* and *Actions and Strategies* respond to this question by examining the process of developing a feminist identity and the processes involved in carrying out feminist informed work. These observations are similar to past research that examines identity development (Downing & Roush, 1985; Enns, 2010) but differs in the first-hand account of how prominent feminist therapist describe their own evolution of thought. As stated previously, there is not an agreed upon set of interventions or a theoretical construct for feminist informed therapy. Compared to theoretical models of family therapy such as structural, solution-focused, experiential, and Bowenian, feminist family therapy is largely left to the clinician to interpret how they will apply it. Past research has given practical guidelines for certain feminist informed interventions to implement (Chaney & Piercy, 1988; Haddock, Zimmerman, & MacPhee, 2000), or readings to reflect on (Avis, 1988), but I condense the recommendations from a group of highly informed feminist therapists into a theoretical framework that offers the emerging feminist therapist considerations for developing her or his feminist identity. Included in the recommendations are the suggestions to make the feminist agenda an active approach, being reflexive, having a power analysis, being willing to raise the dialogue of oppression, and recognizing that feminist work is most helpful when it is done in the company of others. These recommendations are consistent with past research that promotes cultural competency, reflexivity, power analysis and active versus passive

commitment to change (Almeida & Hernandez, 2001; Hardy & Lazloffy, 1995; Downing & Roush, 1985). Feminists also share that developing a feminist identity is a tall order and a lifelong challenge and that feminists need to be willing to take accountability and be accountable to others. These findings are consistent with McDowell and Hernandez's (2010) recommendation that professions who are committed to social justice involve the following three elements: intersectionality, participation, and accountability. Many participants even indicated that *they* had trouble discussing how they were complicit in misusing power and shared the importance of seeing the task of accountability as a lifelong challenge. The categories *It's a Sensibility* and *Actions and Strategies* and the related subcategories would provide a useful starting point for class dialogue concerning how students are grappling with their own sense of self. These themes would also be useful for an emerging feminist therapist to consider as they work their way through various pieces of feminist literature. The self-reflection that would accompany examining these categories for oneself would likely increase reflexivity and accountability among therapists.

In practical terms, emerging feminist family therapists are encouraged to do the following:

- Consider feminist stance as an active stance rather than merely a discussion or set of beliefs. In which ways can you engage in fighting for a social cause (advocacy i.e. political, human rights)
- Examine your origins of thoughts and presuppositions (How did you learn which roles women should assume in heterosexual relationships? Do you recall the first time you noticed feeling powerful in relation to another person?)

- Vary how you gain knowledge. Read scholastic and non-scholastic sources. Read widely about women and feminism. Read about cultures beyond your own. Travel. Attend workshops and non-academic meetings.
- Be willing to take on various roles (teacher, mentor, presenter, editor, supervisor)
- Notice when you can share power to create opportunity for others (How can you advocate for others to help them to be recognized? While presenting at a conference can you use your influence to help a person from a marginalized group to also be asked to present?). Converse with others about how power is allotted.
- Draw attention to existence of power in clinical conversations (Who makes decisions about how money is spent? How was it decided who would stay home with children?). Be conscious of your approach (e.g. direct, indirect, gentle, firm). Be committed to righting disparities.
- Remain curious, open, and willing to make mistakes while pursuing justice.
- Surround yourself with others who will hold you accountable (friends, colleagues, mentors).
- Be willing to look beyond yourself as the clinician for possible change agents (consider community members, informed allies, mentors, teachers, clergy).
- Be excited about feminist work and share your excitement with others.
- Be vigilant. Feminist work is never accomplished.

In research questions two through four I ask participants how they report stories of their own resistance to gender-based oppression, how they report stories of colluding in the oppression of others, and how they encourage clients to examine oppression. These questions solicited reflexivity and accountability similar to how McIntosh (1988) encouraged readers to “unpack

their invisible knapsack” of White privilege. These findings also mirror the process that Brown (2008) discussed as he reports developing his feminist identity. As I discussed in chapter one, I asked these questions because I align with the belief that liberation is achieved through accountability and empowerment (Hernandez, Almeida, & Vecchio, 2005). I believe that first one must recognize oppression and collusion in ones self before one can ask that others challenge it (Hardy & Laszloffy, 1998). For example, when I teach I provide examples of times when I had successful outcomes in therapy but I also share examples that I am less proud of. I share instances of colluding in oppressive practices. I can recall an instance where I was willing to capitalize on a client’s developing English language skills in order to try to retain a heterosexual couple as clients. In this case, the husband who identified as Mexican did not have the English language skills to understand the informed consent, including the disclosure that our sessions were videotaped. The husband gave cues that he did not understand what I was telling him and his wife subsequently urged me to keep talking and assured me that he would not return to therapy if he knew that he was being taped. I began to move forward in my disclosure of the informed consent, being complicit in her request to keep the husband in the dark. My co-therapist spoke up, he asked the wife for clarification and then firmly stated that it was important that the husband fully understand what was being said. I felt ashamed of myself for being willing to keep this information from a man who did not have full command of the English language. The justification that I had in wanting to retain the couple as clients was not enough to absolve me of abusing my power in this instance. When I share stories like this I continue to feel shame. I worry that my students will think less of me and I worry that I may be discredited. I imagine that many of my participants felt a similar feeling.

I was surprised by the number of participants that were unable or unwilling to share examples of times when they were oppressive to others. When I broached the subject I discussed how oppression was on a continuum and I provided examples of everyday acts of oppression (i.e. laughing at a racist or sexist joke, being late for class or therapy knowing that our students were not in the position to challenge us). I asked the participants to share an example of a time when they had been oppressive towards others (I substituted the word “injustice” for participants that indicated discomfort with using oppression in this context). I was surprised by the relative silence that came from this group of highly intelligent and thoughtful feminist scholars. The participants were much more willing to share instances of experiencing oppression or injustice. I wondered if this was representative of the pressure to be viewed as heroic rather than flawed. I also wonder if the reason that many participants had difficulty sharing instances of being oppressive was because they had not fully considered the potential for their own complicity. Participants discussed their role in supporting others who were in marginalized positions but spoke little of their role in keeping certain people in less powerful positions. There was not a clear theme indicating who was able to discuss complicity and who was not. As previously stated, the sample was rather homogeneous in regards to ethnic identity, professional status, nation of origin, and socioeconomic status. There was some variation in age of participants that I gathered through reading and discussion but this factor did not appear to influence participants’ reflexivity around misuse of power. I made a mental note during my third interview that the only person of color that I interviewed was the one to respond the quickest when I asked her about colluding in oppressive practices. This was interesting to me considering she was the only participant who identified as being from the non-dominant culture in the United States. This participant frequently writes about oppression. She also advocates for attending the White

Privilege Conference. I gathered through reading and conversation that she frequently analyzes resistance and collusion with oppression.

Three other participants stand out as displaying more comfort with talking about how they misused power. These participants actively write about issues of hierarchy and power. Several of these participants align with postmodern theories in family therapy such as narrative family therapy. My perception was that all of the participants talked about an expanded definition of feminism that included analyzing power yet there were participants who did not appear to be comfortable providing examples of how they enacted this type of self-reflection in their own life or clinical practice. One postulation is that many of the participants aligned with the second-wave of feminism. This assessment is indicated by the participants' references to their emerging feminist identity in the 1960s and 1970s. They discussed inequality in the workplace and reproductive rights. As participants shared the evolution of their feminist thought, most included aspects of the third-wave of feminism which offers a more global perspective (Bennett, 2006). My sense was that although most participants discussed the importance of global issues in feminism, many participants identified with second-wave feminism and because of this identification had difficulty reflecting on their own misuse of power. One participant sent me a "thank you" note after the interview and she signed it "from a second-wave to a third-wave feminist". I acknowledged the pioneering efforts that the participants made in the field and I thanked each individual for the contributions that they made that allowed researchers like myself to move forward. I am curious about whether the differences in responses that I got from participants is reflective of some of the participants belief that the third-wave of feminism is a movement for the next generation. Perhaps many of the participants felt that their major contributions to the field had been made.

The results of asking about resistance and collusion yielded two categories that respond to these questions. The categories *Recognizing Oppression* and *Resisting* and their related subcategories address resistance to and collusion with oppression.

Participants discussed the use of the word oppression. There were some divergent thoughts on using the word oppression. Some participants felt that the word was too strong to use for every day occurrences while others thought that it was appropriate to use high intensity words like oppression in order to raise seriousness about every day acts of injustice. My perception was that participants felt uncomfortable using the word oppression for every day acts for different reasons. One message that I received was that if we label an act such as unequal sharing of household duties with the word *oppression*, then we discount the experience of people who survive more egregious acts like female genital mutilation. Another position that I detected was that if we use the word oppression for every day occurrences, then *we are oppressors*. While noting the difference in opinion amongst participants, I recommend the position which encourages using the word oppression. Clinicians do not need to use the word oppression clinically. In fact, most participants who used this word to express every day occurrences of injustice remarked that they didn't use the word with clients. The importance of using the word oppression represents the stance that clinicians need to be willing to examine the seriousness of every day acts of injustice. Patriarchy is an example of one act of injustice that some participants were not willing to name as oppression. I agree with many of the participants who urged clinicians to conceptualize patriarchal acts as oppressive in order to fully comprehend the seriousness of the acts.

Clinicians must be willing to acknowledge their own struggle with oppression (McIntosh, 1988). Participants shared instances of their experiences of being oppressed and also shared

times when they had been oppressive towards others. Examining both sides of oppression (experienced and perpetrated) is useful for clinicians, and others who are interested in taking a feminist stance. As I previously discussed, acknowledging ones role in being oppressive towards others appeared to be a difficult task form many of the expert feminist family therapists that I spoke with. Participants echoed an important sentiment by warning against oppressing others because you experience oppression (Freire, 1970; Goodrich, 2005). Warning against oppressing others and recognizing ones own complicity in oppression are two separate tasks.

The following list includes practical recommendations that came from this research. These recommendations provide a useful starting point for entering the conversation of experienced and perpetrated oppression. Many of the recommendations would be useful for discussing in class, supervision, or in a meeting of peers:

- Naming the act. Be willing to use strong language to draw attention to injustice (oppression, racism, heterosexism). Oppression includes implicit and explicit forms, aggression and micro-aggressions, both must be challenged.
- Notice your entry point. When did you first experience oppression? What was the setting like, how did you respond? How does this shape who you are clinically, socially?
- In which ways do you misuse your power by acting oppressive towards others? (Talk with others about misuse of power, attend The White Privilege conference, read *about* privilege and oppression to understand your connection, read *for* acts of resistance)
- Decide what your role is in multiple contexts. How can you resist oppression or encourage others to resist oppression? What are the barriers to resisting? How can you overcome barriers? What are the consequences of resisting? What are the benefits?

As several participants shared, being willing to name oppression and discuss it in a candid way will help to maintain accountability. Oppression exists in many forms but it can go unnoticed or unrecognized if there is too much shame in acknowledging our own complicity. Supervisors, educators and informed peers need to be encouraged to draw attention to the existence of oppression before steps can be taken to eradicate it. The responsibility to “name the act” reminded me of a conversation that I had with my teaching mentor as I first began teaching. Dr. Few-Demo urged me to gain confidence in using the word “racist”. She cautioned that not being willing to use the word “racist” would minimize the various prejudices that we analyzed in class that were in fact racist acts that further marginalized various groups.

Supervisors and teachers alike will benefit from encouraging student practitioners to examine how they have experienced oppression and how they have acted in oppressive ways toward others. Through this self-reflection students can gain accountability while recognizing how past experiences lead to biases. Participants promoted the use of self-disclosure to model to student practitioners how to analyze use and misuse of power and to be aware of how context shapes a persons ability to resist various forms of oppression associated with difference in power.

Implications for Further Research

Broadening scope. The results of the study highlight the need for continued research in the area of feminist identity formation and the tasks associated with conducting feminist informed family therapy. First, I am interested in conducting a study that asks the same questions of feminist therapists who are not considered experts in the field of family therapy. I believe that there are many men and women who consider themselves feminist therapists who would have a great deal to add to the discussion of identity, responsibilities, resistance, and the

struggle to be accountable to ones' participation in collusion. Also, as I identified in the limitations section of this chapter, I would like to include more participants from marginalized populations.

Defining oppression. I am interested in looking more closely at the subcategory of *defining oppression*. My sense was that some participants were unwilling to call every day instances of injustice *oppression* for several reasons. First, they did not want to make a comparison between what they experience as gender-based limitations to professional promotion to more egregious acts like human trafficking. I believe they were striving to respect and protect the experiences of others who had been severely victimized. Participants also may feel that what they have experienced “wasn't that bad” and so may dismiss it. Second, I think that some participants did not want to acknowledge being an *oppressor*. I did not ask enough questions about this distinction to make strongly informed assumptions and I'm curious to examine how people make meaning with words and how words might influence a persons ability to take things more seriously.

Expecting a feminist sensibility. One participant discussed what her expectations were for mentees who were working to adopt a feminist stance. She stated that first of all, she did not have the expectation that her students would take on a feminist stance, but for those who were interested, she had certain expectations. Participants shared repeated themes about what they expected of mentees or students who were working to adopt a feminist lens. These themes included much of what substantiated the categories for *It's a Sensibility* and *Actions and Strategies*. Much of what is included in those categories are items that should be required for all therapists to consider and strive for. I believe that all family therapists should have the expectation to unravel privilege and power. Future research could address why programs do not

have a more explicit requirement for students to learn about and practice from a feminist standpoint. I am curious about what the barriers are to implementing feminist literature into the study of family therapy. I am interested in seeing feminist literature integrated more thoroughly into our field instead of being included as an elective pursuit or a fringe of the field.

Becoming a mother. I learned from several participants that becoming a mother was one of the ways that participants began to develop a feminist sensibility. I am interested in asking how becoming a mother encouraged women to work from a feminist stance and how becoming a mother introduced barriers to living a feminist life. One postulation is that mothers want just treatment for both daughters and sons. Another area that I am interested in pursuing is how a feminist identify is shared with children. Given that the word “feminist” has been seen as an inflammatory word it would be interesting to learn how mothers or fathers teach their children about becoming feminist.

Reflexivity and Personal Process

Reflexivity in this context is the researcher’s ability to scrutinize her or his subjective research experience (Charmaz, 2006, 2010; Auerbach & Silverstein, 2003). Information about my own interests and social position can be read in chapter one, in the *Self of the Researcher* section and information about my research experience and decision making process are integrated into chapter three under the *Data Collection Procedures and Analysis* section particularly under the subheadings *Theoretical Sensitivity* and *Data Analysis Processes*. I also discuss my position as a researcher in comparison to my participants in the *Limitations of the Research* in this chapter. In order to take a reflexive stance, I discuss elements of my process that have not yet been discussed in another section.

Through conceptualizing this project I had a bias toward the belief that issues of gender, power, and liberation should be addressed together within a larger context of oppression. When looking at the literature, it seemed that many feminist researchers were talking about liberation through empowerment (Daniels, Zimmerman & Bowling, 2002). I also believed that a respectable fringe of researchers were talking about issues of power and hierarchy (Brown, 2008; McDowell & Hernandez, 2010). Still others were discussing feminist therapy in terms of leveling the playing field for men and women to provide women with equal access. I felt that researchers from certain perspectives were prioritizing gender-based equality and empowerment while others were prioritizing privilege and use of power. I did not believe that anyone was carefully looking at all of these issues within one study and I felt that expert feminist family therapists would have valuable insights about these various topics. My belief upon entering this study was that a balance of empowerment and accountability would aide therapists in assisting clients in their quest for liberation. Through questions about oppression, (*how did you experience oppression* and *how did you collude in oppressing other*) I encouraged participants to share stories that would substantiate my claim that feminist therapists need to encourage accountability and empowerment in both themselves and their clients.

I also acknowledge that I have difficulty analyzing my sources of power and privilege. One of the reasons that I was interested in this research is because I wanted the experts to model for me their own reflexive stance. As I discussed in the *Implications* section, participants demonstrated a varying degree of reflexivity in terms of reporting instances of abusing power. I can't be sure whether participants were unable to recall instances of misusing power or if they were unwilling to share. Participants may feel more comfortable sharing about abuse of power with esteemed confidants rather than a stranger. They may also have been hindered in their

willingness to share because they feared their dark secrets would become public. In spite of the varying degree of disclosure I believe that continuing to examine ones own role in colluding with oppression is an important task. As I stated earlier, I incorporate examples of my own misuse of power while teaching emerging family therapists. Disclosing this information helps my students to feel comfortable analyzing their own misuse of power. Sharing my own struggles with oppression and being willing to talk about these instances keeps me accountable.

My personal experience of wanting to work from a feminist stance but feeling unsure of the steps to take prompted me to dissect how others were effectively practicing feminist informed family therapy. This research and the related findings have entered my life in a personal way. I am much more aware of how power is used and abused. I am more adept at seeing how I use or abuse my power. Part of gaining knowledge is learning how much more there is yet to learn. My process of conducting this study has taught me a great deal about power in personal relationships as well as social and structural power. I am looking forward to continuing to develop my own power analysis.

Limitations of the Research

Before examining the implications for this research it is important to understand the limitations. There are several limitations in this research. First, given the geographically dispersed nature of the “expert” sample, I was limited to phone interviews. Conducting sensitive interviews over the phone limited me in my ability to connect with participants and build rapport at the level that I typically favor. Telephone interviews can increase the risk that participants refuse to respond to sensitive questions (Nelson & Allred, 2005). I also felt that the difference in hierarchy between the participants and myself might have limited my effectiveness as an interviewer. The participants are all well established in the field and I am a new scholar. Many

participants revealed their age or remarked on their years of experience. I noted that many of the women were my mother's age or older which influenced the way that I interacted with them. I perceived myself to be in the role of a student while the participants were in the role of "expert." I noticed a deferential tone in my voice as I listened to the recordings and I certainly felt inferior as I spoke with many on the phone. Many participants were encouraging and patient and others sounded like they were participating to fulfill a sense of duty. One participant referred to me as "hon" after I asked a challenging question. I felt that the meta-message was to remember whom I was talking with. There were many subtle interactions on my part and what I perceived on the part of the participants that seemed to be influenced by the difference in our positions of power. I think my nervousness coupled with what I perceived as dutiful acquiesces inhibited me from following certain leads or returning to difficult questions.

This study is also limited by the fact that the responses were all self-report and the majority of the participants had forfeited their anonymity. I imagine that in some instances participants felt pressure to respond in socially appropriate ways. I asked sensitive questions about experiences of being oppressed or colluding in oppressing others. One participant shared that she was likely unable to describe a scenario because she was feeling "self-protective." Revealing instances of being abused or abusing others can be shaming and cause a person to feel vulnerable. I imagine some participants were not willing to report their personal experiences because of the personal risk that accompanies such disclosure.

Another limitation of this study is that I only had one participant who identified as a race other than White. I believe that the stories about experienced oppression would have varied more with more racial or ethnic diversity. Similarly, I only had one participant discuss physical disability as an intersecting source of oppression. None of the participants reported feeling

oppressed for a marginalized sexual orientation. I did not ask participants about their sexual orientation but several participants referred to their husbands and discussed heterosexual relationships. I believe that variation in intersecting identities would have been richer with a greater number of participants. For this reason, I believe that the number of participants is a limitation. The number of women I attempted to recruit for this study more than doubled the number that I was able to secure. I sent personalized recruitment letters to 24 women who met my inclusion criteria. Several women declined my offer while many others did not respond. I followed up with two personalized emails for each non-responder, I also called the non-responders and left messages when a phone number was available. Two women expressed interest after follow-up contact but neither of the potential participants confirmed an interview time before I completed my final analysis. Included in the group that I contacted for participation were several women of color.

Final Conclusions

I brought together the stories of 10 expert feminist family therapists into one narrative. Through analysis I learned about the process of acquiring a feminist identity. I also learned about the actions and strategies of feminist family therapists. Participants shared how they experienced oppression including instances of when they resisted oppression and when they colluded in oppressing others.

The findings should be useful to family therapy clinicians as well as others who are interested in developing their feminist identity. I present a definition of feminism that extends beyond gender. Many people are confined by a definition of feminism that promotes equality for women without unraveling power and privilege more broadly. This study gives readers a

starting point for considering how they can attend to issues of power in their own lives as well as how they can attend to power and privilege clinically.

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Appendix A

Recruitment Email/Letter

Participant Name
Title

Date

Dear Participant Name,

You are among several committed feminist family therapists that I would like to invite to take part in what I think you will agree is an important study. I am inviting you because (personalize here).

In my constructivist grounded theory study, I will explore the ways in which feminist family therapists encourage exploration of, resistance to, and collusion with, oppression. I anticipate that your experiences will greatly enrich the theory that I hope to generate from this line of research. As thanks, I will share a summary of my findings with you.

I am a doctoral student in Human Development at Virginia Polytechnic Institute and State University. My specialization is marriage and family therapy.

I plan to conduct interviews via telephone. I anticipate that the interview will last for approximately one hour and I plan to audio record the interview. Would you be willing to take part in this study? Just hit "return" and let me know. And if you have any questions, I will be happy to answer them.

Thank you for your time and consideration.

Sincerely,

Annabelle Goodwin, M.Ed.
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Virginia Polytechnic Institute and State University
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Appendix B

Informed Consent

VIRGINIA POLYTECHNIC INSTITUTE AND STATE UNIVERSITY

Informed Consent for Participants in Research Projects Involving Human Subjects

An Exploration of Feminist Family Therapists Resistance to and Collusion with Oppression

Investigator(s)

Annabelle Goodwin, M.Ed.

Christine Kaestle, Ph.D.

Fred Piercy, Ph.D.

I. Purpose of this Research/Project

In this constructivist grounded theory study, I will explore the ways in which feminist family therapists encourage exploration of, resistance to, and collusion with, oppression. I will sample seasoned feminist family therapists, examining both how they struggle with their own relationship with oppression, as well as how they bring similar dialogue into their professional practice. I will be guided by a theoretical framework, which combines feminist, critical and multicultural theories. Although my primary emphasis in this study is the oppression of women, I acknowledge that gender oppression cannot be disentangled from other forms, which I will attempt to address respectfully.

I plan to interview several participants. Participants will consist of feminist family therapists with a demonstrated commitment to the field of family therapy.

II. Procedures

You are being asked to participate in an in-depth, audio-recorded, phone interview. Interviews will be approximately one hour in duration. You will be asked to participate in one interview and will be given the opportunity to participate in future dialogue regarding the findings if you are interested in being part of the verification process.

III. Risks

The anticipated risks of this study are limited to emotional discomfort. You will be asked sensitive questions about your experience with oppression. I will prepare you for this discomfort to the best of my ability and I will also give you the option of skipping questions that you feel may cause you harm.

IV. Benefits

You will have the opportunity to contribute to an emerging theory of feminist family therapy. You will have the opportunity to share your own experiences with an audience of emerging feminist family therapists. You will have the opportunity to inform others about the ways in which you have brought conversations of resistance and collusion to oppression to clinical, educational, and research settings. There is no guarantee that you will benefit from participating in this study.

If you choose to not be part of the results portion of the study you may contact me for a summary of the results upon completion of the research.

V. Extent of Anonymity and Confidentiality

Anonymity and confidentiality will be maintained at your request. I will ask you whether or not you agree to be identified in the data. You will have the option of remaining anonymous for all of the shared information, part of the shared information, or none of the shared information. If you request to be anonymous for certain responses, that will be indicated in the transcript and the following information will not be linked to your identity.

I will not release any identifying information to anyone outside of the research team without your written consent.

I will be audio-taping each interview. I will keep the tapes in my locked filing cabinet and I will destroy the tapes upon completion of the electronic transcription. I will be responsible for transcribing.

It is possible that the Institutional Review Board (IRB) may view this study's collected data for auditing purposes. The IRB is responsible for the oversight of the protection of human subjects involved in research.

I am a mandatory reporter. If an instance of child or elder abuse is revealed to me, or I am told of a person's intention to cause harm to self or others, I am required by law to report this to the proper authorities.

VI. Compensation

There is no compensation for participation in this research.

VII. Freedom to Withdraw

You are free to withdraw from the study at any time without penalty.
You are free not to answer any questions that you choose without penalty.

VIII. Subject's Responsibilities

I voluntarily agree to participate in this study. I have the following responsibilities:

Participation in one in-depth interview.

IX. Subject's Permission

I consent to being identified with the information that I provide in subsequent publications resulting from this data.

I do not consent to being identified with the information that I provide in subsequent publications resulting from this data.

I have read the Consent Form and conditions of this project. I have had all my questions answered. I hereby acknowledge the above and give my voluntary consent:

_____ Date _____
Subject signature

Should I have any pertinent questions about this research or its conduct, and research subjects' rights, and whom to contact in the event of a research-related injury to the subject, I may contact:

Annabelle Goodwin, M.Ed. goodwina@vt.edu
Investigator e-mail

Christine Kaestle, Ph.D. 540) 231-3194/kaestle@vt.edu
Fred Piercy, Ph.D. 540) 231-6426/piercy@vt.edu

Faculty Advisor(s) Telephone/e-mail

IRB Contact Information:
Dr. David Moore, IRB Chair 540) 231-4991/moored@vt.edu

[NOTE: Subjects must be given a complete copy (or duplicate original) of the signed Informed Consent.]

Appendix C

Interview Questions

I'm going to ask you questions that some people find difficult to answer. Please know that you don't have to answer and questions that you don't want to.

There are a few options for maintaining your confidentiality or anonymity. When it comes to advice, can I use your name? Would you be comfortable with your name being associated with this data? I will ask you the same question at different points in this interview.

You are free to withdraw participation in this interview at any time.

Do you identify as a feminist?

How do you identify as a practitioner (e.g. family therapist)?

Which positions have you held in the past, or do you currently hold that promote feminist family therapy? (Therapist, professor, journal editor, supervisor, etc.)

What does feminism mean to you?

How has your feminist identity evolved over time?

What is the role of a feminist family therapist?

How long have/did you practice family therapy?

What kind of training did you receive to prepare you to be a FFT?

-What was your program of study? Degree?

I'm studying oppression and am likely entrenched in the language. Other words that capture a similar phenomenon include coercion, domination, and subjugation. Examples can range from domination of conversation time, unequal expectations of household duties, to sexual coercion and rape.

Can you tell me a story, or give me an example of a time when you resisted oppression as a woman? What was the setting like? How did others respond? What about an instance of resisting another form of oppression? What was a clue for you that showed you that a response was necessary?

Have you witnessed someone else being oppressive towards others? What was the setting like? What did that feel like to you? Have you observed someone else resisting oppression? What was that situation like?

I believe that at times we all find ourselves colluding in oppressing others. I believe that we have all used our power in some way to take advantage of the less powerful position that others have. This may include laughing at sexist or racist jokes, choosing to be late to a class we are teaching because our students have less power to challenge us, we could dissect this further...

Can you remember the first time that you realized that you were colluding in oppressive practices? How did that make you feel?

Would you feel comfortable telling me about a time that you were oppressive towards another? Do you see instances in your own life where this continues to be a struggle for you? How have you worked to cease this action? Do you have a story or example of colluding in the oppression of others?

How comfortable are you talking about this? Does this conversation fit with your feminist perspective?

What have you done in your professional work as a feminist family therapist to raise dialogue of resistance and collusion with oppression? How do you raise this dialogue when clients don't report oppression as a presenting problem? What are your recommendations for clinicians who are seeking a feminist-informed liberatory practice? How can they begin to introduce this dialogue for their own developing identity as well as for the benefit of clients?

Is there anything else that you have wanted to discuss or share that I have not asked you about?

Appendix D

Categories

<u>Categories</u>	<u>Subcategories</u>	<u>Descriptions</u>
It's a sensibility: The development of a feminist identity	<ul style="list-style-type: none"> <li data-bbox="667 457 1003 562">• <i>Becoming radicalized:</i> the make-up of a feminist identity <li data-bbox="667 783 1003 926">• <i>A tall order:</i> becoming feminist and promoting feminist ideas <li data-bbox="667 1003 1003 1108">• <i>Accountability:</i> who am I in relation to others? 	<p data-bbox="1031 457 1386 743">Identifying what feminism means to me. Expanding identity and taking on new roles. Identifying responsibility. Taking initiative and taking action. Taking it all in: varying knowledge formation.</p> <p data-bbox="1031 783 1419 961">Being vigilant is a lifelong challenge. There are no easy answers. One size does not fit all. Being persistent and weathering storm.</p> <p data-bbox="1031 1003 1403 1213">Being challenged by others for our silly nearsightedness. Holding others accountably. Being curious. Being vulnerable and willing to make mistakes.</p>
Actions and strategies of a feminist family therapist	<ul style="list-style-type: none"> <li data-bbox="667 1438 911 1514">• <i>Action:</i> moving beyond words <li data-bbox="667 1623 927 1728">• <i>Reflexivity:</i> encouraging self exploration 	<p data-bbox="1031 1438 1409 1581">Thinking outside the box and negotiating a different approach to therapy. Becoming socially active.</p> <p data-bbox="1031 1623 1393 1698">Noticing origins of thought. Examining presuppositions.</p>

<p>Recognizing oppression and injustice: A quest for liberation</p>	<ul style="list-style-type: none"> • <i>Power analysis:</i> raising privilege to foundation instead of fringe of field • <i>Raising dialogue of oppression:</i> strategies and considerations • <i>Community:</i> a side-by-side process • <i>Defining oppression</i> • <i>Experiencing oppression</i> • <i>Colluding in the oppression of others</i> 	<p>Questioning whether it's really about balancing the scales. Considering how power is allotted. Sharing power to create opportunity.</p> <p>Conducting careful assessment. Drawing attention to existence of oppression, making it an issue. Being willing to ask questions. Being gentle with approach. Using position of power. Being committed to righting disparities.</p> <p>Being a fellow traveler in the change process. Surrounding self with others who will maintain accountability. Broadening the change agent. Sharing excitement.</p> <p>Oppression is too strong, a preference for the word injustice. Raising intensity through language; using the word oppression and noting it's varied dimensions.</p> <p>Noticing your entry point, where it impacted you first. A history of gendered oppression. Intersecting identities as a source of oppression. Working harder to gain access.</p> <p>Difficulty recognizing instances of colluding. Examining the precursors to colluding. Making her like me. It's a part of life, even the informed are guilty.</p>
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<p>Resisting: Exploring why, how and at the risk of which consequences.</p>	<ul style="list-style-type: none"> • <i>Types of resistance</i> • <i>Becoming mobilized: signaled need for resistance</i> • <i>Weighing options</i> • <i>Barriers to resistance</i> 	<p>Putting foot down. Challenging existing structure. Developing hysterical blindness, learning to not make it my responsibility. Naming the act. Confronting others on misuse of power.</p> <p>Relieving self of discomfort through resisting. Noticing a cognitive awareness that something is not right.</p> <p>Understanding role in multiple contexts.</p> <p>Naïve to the need for resistance. Feeling frozen or immobilized. Fearing imposition. It's too difficult/too complicated. Fearing consequences of resistance.</p>
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Appendix E

Sample Memo/Theoretical Note

Accountability

There are a few pieces to the accountability piece. One is that we need to be aware of our own positionality. Second, we need to be open to being challenged by others for our "silly nearsightedness." Our position in society leads to nearsightedness. We need to hold others accountable and have high expectations for others to be accountable for their own actions. We also need to consider why we are feeling pressure to be accountable for our own actions. Is it because of shame? Is that what motivates people to be accountable? The idea was raised that the neutral stance that many therapists employ stifles honesty and accountability. Does this mean we need to be firm in taking a stance or position in order to be accountable and encourage the same from others? Also included in this piece is the fact that it's a unique way to be and therefore a difficult one to expect of others.

Appendix F**Member Check Email/Letter**

Participant Name
Title

Date

Dear Participant Name,

I hope this email finds you well. I have attached a summary of the themes that emerged from my data. I am hoping that you agree with the themes that I found. As I stated in my initial contact with you, I used a constructivist grounded theory approach while analyzing my data. The analysis was interpretive and I attempted to piece together various experiences into one narrative. The themes are subjective and I will be discussing how this was influenced by my own experiences and interpretations but I wanted to be sure that I am honoring your voice and contributions as I present my findings.

Please let me know if you have any thoughts to share about the themes. I welcome any contributions that you would like to make. I am excited to write up my findings and I am hopeful that this research will be helpful for others who are working to adopt a feminist stance in therapy.

- Is there anything in the themes that you disagree with?
- Do you feel that I have overlooked something important?
- Do you have any recommendations for how I will move this in the direction of clinical implications?

Please feel free to respond to any of the questions that I have asked or anything else that stands out to you.

Sincerely,

Annabelle Goodwin, M.Ed.
Doctoral Candidate
Virginia Polytechnic Institute and State University
goodwina@vt.edu

Appendix G

Participants and Selected Publications

Rhea Almeida, Ph.D.

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Louise Silverstein, Ph.D.

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Kaethe Weingarten, Ph.D.

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