Challenges Facing the Developing Feminist Psychotherapist in Training

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Graduate student therapists who self-identified as feminist were asked about challenges they experienced in their training. Therapist responses were analyzed using a qualitative content analysis, represented in content clusters, to provide a rich description of therapists' training experiences. Findings highlight the ways therapists contend with challenges in therapy as influenced largely by their own beliefs about gender. Therapist distress in dealing with prejudicial attitudes from colleagues within their training environments also was reflected in the content themes. This study serves as a framework from which researchers can further examine the training needs of feminist therapists in training.

KEYWORDS developing feminist therapist, feminist therapy, graduate training environment, psychotherapist in training, psychotherapy graduate training

INTRODUCTION

Guiding Question

The influence of feminist thought on psychotherapy has been evolving steadily over the past three decades (Enns, 1993). In this study, the authors were interested in examining the intersection of emerging feminist therapists' personal development and professional practices. A substantial body of feminist research has focused on feminist identity development (e.g., Downing & Roush, 1985; Moradi et al., 2002), and psychotherapy researchers have studied psychotherapists' development across various theoretical orientations (e.g., Jennings Goh, Skovholt, Hanson, & Banerji, 2003; Ronnestad & Skovholt, 2003). In contrast, this study examines how

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feminist therapists develop therapy skills and overcome challenges in their training environments.

Feminist Therapist Development and Practice

Horne, Mathews, Detrie, Burke, and Cook (2001) explored feminist identity development among emerging and experienced psychotherapists. They found that experienced therapists described the process of being initiated into feminism as empowering and liberating, whereas newly emerging therapists experienced some resistance when encountering feminism. Both categories of feminist psychotherapists described negotiating the expression of their feminist values within their social context so as not to alienate others. The findings in this study also supported the work of Enns (1993), who suggested that consciousness-raising groups and activist movements were not central to the development of third generation feminists' identities.

Hill and Ballou (1998) conducted a grounded theory analysis to understand how experienced feminist therapists integrated feminist principles into their practice. Results indicated that the main focus for therapists was attending to the sharing of power in therapy and adopting a collaborative stance with the client. These therapists also worked to recognize the influence of sociocultural factors on clients' experiences of oppression. Therapists identified specific techniques such as challenging destructive beliefs, setting goals for change, and focusing on self-care to combat oppression.

While feminist practice among experienced and novice therapists is becoming a growing focus of feminist research, mainstream psychology groups also have recognized its implications for working with female clients. For example, organizational groups like the American Psychological Association have developed guidelines for psychological practice with girls and women (American Psychological Association, 2007). In these guidelines, the need for therapist awareness of women's socialization process and its multidimensional impact on female clients is emphasized. Additionally, discussions of intersectionality (Stewart & McDermott, 2004) underscore how women negotiate their identities in the context of different social structures and identify with more than one social group at the same time (e.g., African American, female, and lesbian). Thus, developing feminist therapists may need to learn to identify how clients experience these memberships and deal with oppressive messages within the context of these memberships while negotiating their own identities and personal challenges within a graduate school environment.

Diversity and Multiculturalism in Feminist Therapist Training

Contemporary or third wave feminists have challenged traditional feminism to be more inclusive of multicultural concerns, and the intersectionality that

can result when people hold multiple minority identities. In addition, clinical and counseling psychologists share interest in the influence of diversity characteristics such as race, ethnicity, gender, and sexual orientation on psychotherapy processes and outcome (e.g., Society of Counseling Psychology. (n.d.); Davison, 2006). Reynolds and Constantine (2004) pointed out that, in the context of psychotherapy, multiculturalism and feminism share the goal of raising psychologists' awareness about the effects of socialization on these minority groups. For example, global feminists and feminists of color have emphasized the need for an analysis of multiple oppressions on women and for an assessment of privilege and power (Enns, Sinacore, Ancis, & Phillips, 2004). Developing an awareness of diversity could enhance graduate students' understanding of how oppression functions and learn to address it within psychotherapy. Russo and Vaz (2001) discussed the concept of "diversity-mindfulness" in the training and education of psychologists, which involves exploring multiple differences among individuals, their social contexts, and their cultures. The valuing of diversity, egalitarianism, and inclusiveness were important aspects of this process for feminist psychologists.

Psychology programs that encourage awareness of sociocultural diversity during training can further these goals, but it seems that training programs still have a way to go. For instance, a Joint Task Force in American Psychological Association's (APA) Division 44 noted in their "Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients" (American Psychological Association, 2002) that APA accreditation criteria for diversity training regarding gay, lesbian, bisexual, and transgender (GLBT) issues were not fully being implemented in practice. In addition, the guidelines on multicultural education and training (American Psychological Association, 2003) have emphasized the need for a more diverse representation of psychologists and educators within training programs to provide students with a culturally centered training base.

Study Objectives

The primary goals of the present qualitative study were to examine the ways in which feminist therapists in training are influenced by their feminist beliefs and their training experiences. The primary questions in this study are: (a) how does therapists' feminist development inform their roles and practices as therapists, (b) how do therapists negotiate challenges related to cultural differences with their clients in therapy, (c) how do therapists cope with and react to discriminatory remarks within their training environments, and (d) what are the strengths and supports that are useful for emerging feminist therapists' development in graduate school.

METHOD

Participants

Forty-one female therapists in training voluntarily participated in this study through an online survey. Participants who were eligible for the study self-identified as feminist, were over 18 years of age, and were enrolled in graduate study to receive training in psychotherapy. Participants were between the ages of 22 and 49 with a mean age of 29.82 ($SD = 6.32$), and participants' location was distributed across 16 states in the United States and Canada. Majority of the participants were of Caucasian origin (76.9%); other ethnicities in the sample were African American (5.1%), Asian/Pacific Islander (7.7%), and biracial ethnicities such as Caucasian–Hispanic (2.6%) and African–American–Caucasian (5.1%). The remaining 2.6% of the sample identified as "Other." The majority of the participants (64.1%) reported their sexual orientation as heterosexual, 30.8% identified as bisexual, and 5.1% identified as lesbian.

Most therapists were pursuing a PhD (69.3%), while 17.9% were enrolled in a PsyD program, and 10.3% were working toward a terminal master's degree. About half of the therapists were in clinical psychology programs, while 43% were pursuing counseling psychology, and 5% of the participants were enrolled in counseling programs. Over half of the therapists (61.6%) were in their third year and above of graduate study, while 25.6% were in their second year, and 12.8% were in their first year of graduate study.

Measures

Therapists in training completed a 37-item questionnaire created by the authors of the study that explored themes such as challenges and supports in therapist training, attitudes toward diversity in their organizations, and their personal development as feminist therapists. The survey consisted of two sections—the first section was composed of 14 open-ended questions exploring participants' training experiences. The second section consisted of 23 closed-ended questions designed to collect therapists' demographic details.

Recruitment

Emerging therapists were contacted via electronic communication in order to invite participation in the study. Purposive sampling was used to recruit feminist graduate students by advertising the study on the Association for Women in Psychology (AWP) listserv. The survey was designed and posted through a survey software Web site (www.surveymonkey.com). Questionnaires also were distributed via electronic mail to graduate programs,

psychologists, and graduate students known to the researchers as feminist, and were asked to circulate the advertisement. Referrals from initial contacts were then used to gather additional participants. An attempt was made to maximize the diversity of participants in terms of geographic location, type of program (counseling psychology, clinical psychology), and type of degree (masters, PhD, PsyD) by sending electronic advertisements to representatives from different graduate programs across the country with different training models (see Patton [1990] on maximum variation sampling). We monitored our data collection to ensure that there was diversity in terms of sexual orientation and race/ethnicity.

Analysis

The data was analyzed using content analysis, based on the constant comparison method put forward within grounded theory (Glaser & Strauss, 1967). This method uses an inductive approach to develop a theoretical model based on the data. Once the data were collected, as per the method worked out by Rennie and colleagues (Rennie, Philips, & Quartaro, 1988), the researchers divided the responses into *meaning units*, which are segments of text that contain a single idea or theme (Giorgi, 1970). These units were sorted into sets corresponding to the four main study questions. Within each set of responses, the researcher then developed categories and subcategories that grouped these units based on similarities.

    Memoing is an integral part of qualitative analysis that, according to Rennie (2000), allows researchers to record emerging thoughts about theory as well as analytic and method-related decisions that may occur during the analysis and to encourage researchers to continually check such thoughts against the data. For this reason, the primary investigator kept a detailed record of her feelings, biases, values, and thoughts about the data and referred to the memos throughout the analytic process.

    Reaching *saturation*, within the grounded theory method, indicates that the addition of new data from the surveys has stopped adding new categories to the analysis and suggests that data collection is complete. In this study, saturation was achieved at the 34th interview, as the last seven surveys did not contribute new categories or themes to the analysis.

Credibility Checks

To enhance the credibility of the study, three checks were used. First, at the end of the survey, participants were asked if anything relevant to their experiences of feminist challenges in therapy had been neglected in the survey, and their responses suggested that the survey was comprehensive. Next, the second author who supervised the analysis of the data provided feedback on the development of categories and content themes. This procedure of

investigator triangulation (Flick, 1999), or consensus (Hill, Thompson, & Williams, 1997), utilizes multiple investigators who serve as a check of the analyst's biases in the data results, which provides a means of assessing the reliability and validity of the data obtained (Patton, 1990). Last, a summary of the findings was e-mailed to the 28 participants who provided their contact information and consented to provide feedback on the results of the analysis (Packer & Addison, 1989). Therapists were asked if the findings accurately reflected the types of experiences they reported in the survey and if the research findings contradicted the types of experiences they wrote about. Both questions were based on a Likert-scale with a rating of 1 indicating "not at all" and a rating of 7 indicating "very much." Those therapists who responded to the feedback request (30.7% of the sample, $N = 12$) provided a mean rating for the first question of 5.75 ($SD = 0.97$) and a mean rating for the second question of 1.58 ($SD = 0.75$). These ratings suggest that the research findings were endorsed by the graduate student therapists as representative of their experiences.

RESULTS PART 1: QUANTITATIVE RESULTS

The present section, part 1, provides a quantitative description of therapists' training experiences. In the following section, part 2, the main portion of the results is presented (i.e., the analysis of therapists' qualitative narratives).

Quantitative Description of Participants' Training Experiences

To learn more about the training experiences of these emerging feminist psychotherapists, we asked them to specify in the survey (a) the number of hours of training they received on race ($M = 30.17$, $SD = 29.69$), gender ($M = 24.66$, $SD = 31.78$), sexual orientation ($M = 15.71$, $SD = 24.44$), class ($M = 15.83$, $SD = 24.61$), and disability ($M = 15.29$, $SD = 33.14$); (b) psychotherapy orientations in which they had received training (92.3% cognitive behavioral, 79.5% humanistic, 61.5% feminist, and 56.4% psychodynamic approaches); (c) whether they received mentoring or support for their feminist development, for which 78% of the therapists reported receiving support through classes, 68% from fellow graduate students, faculty, and academic supervisors, and 56% from their therapy supervisors; (d) the sex-ratio of their department faculty (male $= 43.7\%$, $SD = 5.05$; female $= 55.9\%$, $SD = 8.17$; transgender $= 0.3\%$, $SD = 0.32$); and (e) the percentage of their faculty who identified as feminist (39.9%, $SD = 5.90$). Last, we asked therapists about their experiences with discriminatory comments, to which therapists reported hearing discriminatory comments from at least one of the following sources: therapy supervisors, faculty members, graduate students, or others in their graduate program. Approximately 9.75% of the

therapists heard sexist remarks from supervisors, 21.95% from faculty, and 39% from graduate students. When asked about homophobic remarks, 9.75% reported hearing such remarks from both supervisors and faculty, and about 34% were from graduate students. Approximately 7% heard racist remarks from supervisors and faculty, and 39% heard remarks from graduate students. Classist comments were heard by about 9.75% of the sample from supervisors, 20% from faculty, and nearly 30% from graduate students. The percentages were smaller for remarks about disability, where about 5% of the therapists heard remarks from supervisors, 2.4% from faculty, and 7.3% from fellow graduate students.

RESULTS PART 2: QUALITATIVE RESULTS

Using a process of content analysis based upon the grounded theory method, the qualitative results were organized into 10 clusters and 25 categories. Each question with the associated clusters and categories are discussed in the following sections.

Question One: How Do Therapists' Feminist Development Inform Their Roles and Practices As Therapists?

CLUSTER ONE

The meaning of feminism for emerging feminist therapists focused on advocating the need for gender equality and celebrating the value of womanhood—both meanings helped to define their therapy orientation when working with clients. In the first category ($N=24$) within this cluster, descriptions of gender equality and women's empowerment were grouped together as central themes in participants' personal understanding of feminism. One participant wrote,

> Being a feminist means that not only do I believe that men and women are truly equal, but I understand that our current system has not previously and does not currently operate in an equal fashion. Being a feminist means that I actively work to confront and challenge patriarchal assumptions and women's prescribed roles. (P-37)

Therapists' valuing of equality was described as motivating them to challenge clients' traditional assumptions about gender roles and nurture clients' power to become self-determining.

Participants ($N=8$) also described feminism as focused on the need to value women and their potential to a greater extent. In the second category, participants ($N=12$) described how feminism helped them understand different aspects of their clients better. One participant wrote, "I think feminism has deepened my understanding of the struggles that clients go through and

the sense of alienation my minority clients may feel at times" (P-20). This perspective enabled therapists to become aware of oppressive conditions that could limit clients' lives and to address them in therapy to help clients reach their potential.

CLUSTER TWO

Therapists embraced feminism as a positive and natural force in their professional development as it fit with their therapy goals of being sensitive to their clients' needs and presenting themselves as strong role models for their clients. For some participants (N = 13) feminist perspectives were important in their training as it helped them increase their awareness and sensitivity toward difference. One participant described this process:

> It [feminism] influences me, and I think will continue to influence me, to be aware of power differentials and cultural influences that may affect the client's experience in therapy and in the outside world. I also think it will encourage me to consider the power differentials and oppression that occur for all groups in society, not only women. (P-2)

This deepened awareness appears to have increased therapists' skills and lead to better therapy.

The second category organized participants' (N = 23) descriptions of their feminist identities as a natural part of who they were that informed their experience of therapy. Therapists expressed that they could not feel like authentic therapists without applying feminist principles to therapy. This strong sense of feminist identification and values enabled them to be effective therapists as well as positive role models for their clients.

Question Two: How Do Therapists Negotiate Challenges Related to Cultural Differences with Their Clients in Therapy?

CLUSTER THREE

Therapists were most likely to struggle with their professional abilities in dealing with clients' cultural differences when clients were in oppressive or dangerous situations and made decisions that did not fit with therapists' perspectives of what was best for them.

The first category in this cluster grouped together the therapists' (N = 8) feelings of powerlessness when they were unable to get their clients to make decisions that would free them from oppressive or dangerous situations. For example, one participant wrote,

> Those [clients] on gender that I have been challenged by are women in domestic violence situations. I have wanted to help them, but their

> culture had bound their minds and bodies so that they could not be
> helped to escape their oppressive situations. This was challenging
> because I did not now how to help this person. (P-25)

Therapists often reported feeling helpless when they could not help their clients change decisions that were bound by clients' beliefs about gender roles.

In the second category, about half of the therapists ($N=22$) described how they experienced challenges in therapy due to their own cultural background being different from that of their clients. One participant wrote about the challenges she faced when her client did not see herself as capable of providing financial sustenance for her family because she was a woman. Client-therapist differences in culture and gender norms tested the therapists' ability to accept their clients' decisions in therapy.

CLUSTER FOUR

A sense of therapist accomplishment evolved out of an interpersonal alliance with clients and experimentation with diverse approaches to address differences with clients including exploring therapists' own beliefs about difference—all of which helped them to better attend to the clients' needs. In category one, therapists ($N=14$) reported that in the face of stark differences with clients, the therapeutic relationship could be a curative factor. One woman described:

> Clients appreciate the delineation of our relationship. It is therapeutic
> and liberating for them to understand that our relationship is qualitatively
> different from any other and that individuals can have different points of
> view that can be appropriately and productively discussed. (P-16)

In the second category, the skill of the therapists ($N=12$) in using diverse approaches and techniques to help their clients explore diversity related topics was said to lead to better results in therapy. For instance, some participants found it useful to be transparent with their clients about their limited understanding of issues related to diversity. Other participants described using a combination of theoretical approaches or an increased level of empathy to deal with client-therapist differences. Techniques such as these improved client-therapist communication and understanding, leading to improved rapport.

In the third category, therapists ($N=8$) explained that their sense of accomplishment was bolstered by their willingness to explore their own feelings and biases when dealing with difference with their clients. Understanding how diversity influenced them personally helped them to better recognize the values they were bringing to therapy. This recognition aided the therapists in avoiding making inaccurate assumptions about clients' experiences.

Empowering clients in therapy involved understanding the external basis of clients' beliefs in the context of their social environment, while adopting an egalitarian approach to help them create change in their lives.

In the first category, therapists' ($N=21$) conveyed their hopes that their clients would be empowered by challenging their oppressive or stereotypical beliefs so that they may gain awareness to make new decisions in their lives. In the final category ($N=20$), an integral component of empowering clients was the exploration of the social and external basis for these beliefs. One student wrote,

> As clients tell their stories, I consider the context in which they are embedded, which includes the societal forces that affect them. I strive to educate my clients about different oppressions that may be affecting them and discuss with them how they feel about that information. (P-8)

By adopting a contextual perspective in therapy, therapists attempted to broaden clients' understanding of their problems and helped them begin to question ideas that constrained them.

The second category of this cluster contained participants' ($N=14$) descriptions of how attention to power differentials affected their therapy. One wrote, "[Feminist principles] influence my conceptualization of the problems for which people seek services. They influence my wish to work to reduce the power imbalance in the therapeutic relationship and my recognition of features of that power imbalance" (P-10). Many participants viewed egalitarian relationships and empowerment as parallel goals in the therapy process, as both helped clients to identify their own voices and needs.

Question Three: How Do Therapists Cope with and React to Unfair Remarks Related to Experiences of Discrimination Within Their Training Environments?

CLUSTER SIX

When therapists' own discrimination is experienced as an enduring event, therapists were motivated to extend their awareness to broader diversity issues within their graduate training environment. The first category of this cluster contained participants' ($N=9$) descriptions of incidents that were specific to discrimination within their own training environment:

> A particular graduate student training at the same site as myself constantly makes insensitive comments about sexual orientation. This has affected my training on both a personal and professional level. I personally identify as a lesbian, so statements such as these are offensive. Professionally,

it frustrates me that there are individuals who will be practicing in the field of psychology who hold such views and are not open minded enough to seek out education about them. (P-20)

These comments highlighted that discriminatory attitudes influenced graduate student therapists and could be personally hurtful as well as professionally alienating.

The second category grouped together participants' ($N=14$) descriptions of seeking educational supports in the face of discriminatory remarks in graduate school. In spite of the adverse effects of receiving these comments, therapists were prompted to increase their awareness of various prejudices that exist and to seek out multicultural training and education opportunities. They reported that this process, although painful at times, could help them to become more culturally sensitive.

CLUSTER SEVEN

Therapists were likely to respond with anger toward people who had discriminated against them, although some therapists tended to become more tolerant by adopting an educational role, especially when they viewed discrimination as a result of external forces. The first category grouped together therapists' ($N=21$) expressions of anger and frustration when receiving stereotypical comments about race, gender, and sexual orientation. For instance, one woman described,

I recently had a therapy practicum supervisor (male), whom I was running an all-male therapy group with, refer to me as "the pretty girl" in the group. After consulting with peers and other supervisors, I decided to approach him and let him know how uncomfortable this made me feel. He told me that I "needed to loosen up" and "realize my stimulus value as a woman on the unit." I was furious, felt taken advantage of as a student, and felt I was put in a compromising situation that could have been dangerous. (P-20)

In category two were therapists' ($N=8$) descriptions of adopting an educational stance and somewhat tolerant attitudes toward the discriminating individual. Therapists tended to view prejudice as an attitude that existed in society wherein the individual acting in prejudicial ways was not completely to blame. Participants attempted to take an educational stance by correcting prejudicial comments from peers, faculty, or supervisors in an empathic manner.

CLUSTER EIGHT

Therapists found it useful to deal with discrimination within graduate school by processing the experience with peers, which then led to either confrontation

or avoidance of the oppressive situation, both of which were helpful at times. Whereas the previous cluster focused on therapists' internal reactions to discrimination, this cluster focused on how participants dealt with these events. Participants ($N = 17$) preferred to avoid those individuals who treated them unfairly, as they found it to be a safer and easier way to deal with discrimination. Therapists tended to choose an avoidance approach when discriminatory comments were made by professors or supervisors who were in positions of power and when the comments were seen as difficult to confront. Another participant wrote, "Yes, [I] quit my job and moved into a career more compatible with my life approach. It has been a most positive change" (P-12).

In the descriptions within the second category ($N = 14$), therapists confronted discriminating individuals about their offensive remarks or sought programmatic support for themselves through mentoring. In both cases, it seemed that participants felt that their chosen route of resolution worked because it provided needed support, distance, and/or change.

Question Four: What Supports are Useful for Emerging Feminist Therapists' Development in Graduate School?

CLUSTER NINE

Therapist goals involved actively seeking training opportunities from faculty, supervisors, and mentors who have feminist beliefs, as well as from organizations outside of their training program so they could stay connected to feminism and diversity. In the first category, therapists ($N = 21$) made clear that they appreciated having mentors and role models in their training environment who were feminist. For instance, one therapist wrote, "I think my faculty members have been supportive in helping me focus my research on feminist topics. I had one supervisor that came from a feminist perspective, and she was able to help me incorporate that into my therapy process" (P-30).

In category two, participants ($N = 9$) reported having insufficient feminist resources within their department and sought access to resources outside of their training environment to help them expand their support systems. In the last category, therapists ($N = 8$) characterized the importance of multicultural training when working with clients within a feminist framework, which helped them be more sensitive to differences. Multicultural training was described as having particular relevance to student therapists who were non-Caucasian or biracial, as it helped them integrate their ethnic identities with feminist perspectives ($N = 3$).

CLUSTER TEN

When feminist supports in the form of mentoring were not found, therapists experienced a gap between their expectations of training and the reality of

what their programs offered, leaving them disappointed although hopeful that they may receive such training in the future. In category one, feminist support and resources were viewed by graduate student therapists ($N=18$) as limited and unsatisfactory, which, in some training programs, were not considered as important factors in meeting students' professional needs. One participant commented, "I think a support group or a mentoring process where feminist faculty members could periodically check-in with graduate students who have self-identified as wanting that service could even occur via e-mail" (P-20). The next category grouped together participants' ($N=17$) hopes of receiving a consistent process of mentoring from a feminist supervisor or mentor to reach their goals of getting feminist-based training in the future. In the third category, therapists ($N=10$) conveyed the need for an increased emphasis on formal training in feminist issues and feminist theory, desiring a stronger understanding of feminist therapy to help shape their own feminist identity.

DISCUSSION

In this section, the implications of the study findings will be discussed followed by limitations and strengths and directions for future research.

Feminist Therapy is a MetA-Orientation with a Focus on Gender Equality and Empowerment

Feminist therapy has been described as an integrative approach that is embodied in many mainstream approaches (Evans, Kincade, Marbley, & Seem, 2005). In this study, feminist principles in therapy were sometimes practiced in the form of specific interventions (challenging clients to modify traditional gender roles) and at other times in a more philosophical sense (respecting client's choices in therapy). Feminism appeared to be integrated into therapists' practice as a meta-orientation across different psychotherapy approaches in which therapists had received training. Often this practice occurred in the absence of any formal training in feminist therapy (38.5%).

   Theoretical perspectives on feminism often describe liberal, radical, socialist, cultural, and women of color feminisms as distinct forms of feminist thought (Henley et al., 1998). However, according to Enns and colleagues (2004), therapists of the next generation applied definitions of feminism that cut across feminist perspectives, a finding that was consistent with our results. Important themes from our analyses indicated that therapists' work with clients were based on gender equality and the autonomy of women, as were social influences (e.g., power) and their intersections with oppression and prejudice in their clients' lives. These findings also fit with perspectives of Hill and Ballou (1998) and Marecek and Kravetz (1998), and they detail the shifting experience of feminism across generations.

Feminist Goals Can be Accomplished Through an Intersectional Emphasis in Training

In this study, therapists sought to understand the contribution of environmental factors in their clients' lives and recognized that clients' ideas about gender were connected to their beliefs about other aspects of their identities such as race, culture, sexual orientation, and class, a connection that also has been made by Stewart and McDermott (2004). This task was challenging for some therapists, as their goal was also to help their clients make choices that were free from external influences. Thus, therapists tried to find a balance between being sensitive to cultural influences and guiding their clients toward making authentic choices for themselves.

To accomplish feminist-based goals in graduate training programs, it may be helpful to provide education on diversity that not only emphasizes the psychological differences associated with different identities but also the sociopolitical history behind those differences. The themes described in this study also can direct educators to areas in which more concentrated training might be desired for this new wave of graduate students. For instance, class and disability oppression rarely were described in the qualitative descriptions of feminism in this study. It might be useful to promote awareness about class and disability-related issues through explicit didactic instruction as well as including these variables in research agendas.

Experiencing Discrimination Fuels Therapists' Activism and Need for Mentorship-Based Training

When therapists heard discriminatory comments, they reported dealing with their feelings of internal distress either through consultation with mentors and peers or through promoting awareness about difference. Therapists' sense of commitment to social justice and activism seemed to be expressed at a personal and individual level (such as through therapy or peer interaction) rather than through traditional forms of social movements. In addition, when therapists were upset by discriminatory remarks made by peers and colleagues, anger served as a constructive mechanism for therapists to make efforts to increase others' awareness about difference. These findings also have been reflected in the literature (see Fischer & Good, 2004; Sowards & Renegar, 2006).

Therapists expressed that peer groups and feminist mentors provided an avenue of support for them to process prejudicial comments. Given that some therapists ($N = 18$, ~43%) viewed their training environments as having insufficient feminist supports, relational networks were a crucial resource for maintaining therapists' feminist identities, and conferencing opportunities also were important for developing informal mentoring relationships, as also was discussed by Horne, Rice, and Israel (2004) and Kaschak (2001).

Limitations and Strengths

As the study sample consisted of developing female student therapists and self-identified feminists, perspectives reflected in this study may not apply to male feminist therapists and experienced feminist therapists (see Horne et al. (2001) for descriptions of novice and experienced feminist therapists) or nonfeminist therapists. The sample in this study is diverse in terms of geographic location of participants from sixteen states across the United States and one province in Canada. Levels of racial/ethnic diversity in this study were slightly higher than levels reported by the Association of Psychology Postdoctoral Internship Centers (2006) and by recent statistics from an APA research survey (Wichersky & Kohout, 2005) citing doctorate employment statistics from recipients of graduate degrees across 322 psychology doctoral programs in the United States and Canada. Although qualitative studies are inductive and based within an interpretive process, we increased the credibility of the study through memoing, researcher consensus, and participant feedback. In addition, the finding of saturation showed that no new themes were realized in the data in the last seven surveys.

Directions for Future Research

This study suggests many different directions for future research. Research appears to be needed on the processes by which we are training students to understand class and disability issues. The intersection of class and its relation to the oppression of women often is neglected in the research literature, as noted by Liu and colleagues (2004), which could lead to the deemphasis that was observed in the participants' descriptions of feminist concerns. Also, increased research and supervisory practices related to therapist values appears to be desired by participants. Issues around how students negotiate their personal beliefs with psychotherapy training and practice could be usefully explored within further qualitative research methods. These findings shed light on how new generations of feminists understand feminism and its practice in therapy. This research can serve as a framework for which other researchers can further explore contemporary feminist development. Also, researchers can continue to evaluate different strategies that are currently being used to meet the training needs of graduate students receiving psychotherapy training.

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