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A phenomenological investigation of women's experience in family counseling: Interviews with ten mothers

Sharon Wilson Krumpe
William & Mary - School of Education

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A PHENOMENOLOGICAL INVESTIGATION OF WOMEN'S EXPERIENCE IN FAMILY COUNSELING: INTERVIEWS WITH TEN MOTHERS

A Dissertation

Presented to

The Faculty of the School of Education

The College of William and Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Philosophy

by
Sharon W. Krumpe
December 2002
A PHENOMENOLOGICAL INVESTIGATION OF WOMEN'S EXPERIENCE IN FAMILY COUNSELING: INTERVIEWS WITH TEN MOTHERS

by

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Approved December 2002 by

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DEDICATION

This research is dedicated to the ten women who so selflessly gave up their valuable time to me, a virtual stranger, so that I could carry out this project. I admire your strength, your courage, and your deep love for your families. I am grateful to have had the opportunity to enter your lives, if only for a moment. Your willingness to share your stories and your perspectives will, I hope, make some measure of difference in the way the field of family counseling views and treats women.

This research is also dedicated to women in families everywhere, especially those who, in search of help, may someday walk through the doors of a family counseling practice. It is my fervent wish that your experience and perspectives will be honored, and you will be treated with the dignity and respect you deserve.
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"The phenomenology of the client is respected as his or her personal reality, his or her currently active construction of how things are and what that might mean. Thus, therapy begins and remains fundamentally tied to the personal phenomenology of the client" (Mahoney, 1996, p. 136).
ACKNOWLEDGMENTS

An endeavor such as this one is not accomplished without tremendous support and assistance from others.

To Victoria, who gave me my first glimpse of the feminist critique five years ago and has guided me ever since. Your door has never been closed to me.

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I thank you all and wish you well.

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Most of all, to my parents, Paul and Shirley Wilson, both PhDs themselves, for their unending love and bountiful encouragement. You recognized, long before I did, the value of reaching for the stars.

I love you all.
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A PHENOMENOLOGICAL INVESTIGATION OF WOMEN'S EXPERIENCE IN FAMILY COUNSELING: INTERVIEWS WITH TEN MOTHERS

ABSTRACT

The purpose of this study was to investigate the experience of adult women in family counseling at a college-based clinic. There has been very little research on women’s experience as clients in family counseling conducted from the perspective of the women themselves.

This study used a phenomenological approach to profile experience characteristics. Loevinger’s (1976) framework for assessing ego development level was used as the theoretical perspective. Ten participants were recruited from families who had completed counseling at the clinic. Data collection consisted of two face-to-face interviews and the completion of the Washington University Sentence Completion Test (SCT), Abbreviated Form, to measure ego development.

The Grand Tour question was: What is the experience of women in family counseling? Sub-questions were: (1) From the perspectives of the women in this study, what is the nature of the client-counselor relationship? (2) What are the roles of age, gender, class, race, and ethnicity in their counseling experience? (3) Using Loevinger’s (1976) framework for assessing ego development level, how do these women make meaning of their counseling experience? and (4) Is there a correspondence between the level of complexity in their constructions of the counseling experience and their assessed level of ego development, using the SCT?

Data analysis revealed six major themes common to the participants’ experience: A Helpful Counselor, Family Counseling Process, Being a Woman and a Mother,
Validation, Family Influences and Relationships, and Working With the School. Ego development assessment revealed a modal stage of E6.
A PHENOMENOLOGICAL INVESTIGATION OF WOMEN’S EXPERIENCE IN FAMILY COUNSELING:
INTERVIEWS WITH TEN MOTHERS
CHAPTER ONE
INTRODUCTION

The Feminist Critique of Women’s Experience

*In Society and the Family*

During the last few years, much has been written about the experience of women, both in families and in a patriarchal society. The fundamental tenet of feminism is that "women and men are equally qualified and entitled to participate fully in the human experience" (Rampage, 1995, p. 267). Feminists note that the greater physical, economic and social power enjoyed by men influences family dynamics, and family dysfunction can be understood only in the larger context of societal beliefs and implications (Libow, 1986; Rampage, 1994). In a patriarchal society this power differential between men and women is reflected in various areas of family functioning, such as the division of labor, unequal access to financial resources, socially-prescribed sexual behaviors, and invalidation of nurturance, caretaking, and emotional connectedness, as well as domestic violence and incest, most often perpetrated by males upon females (McGoldrick, 1999a; Rampage, 1995).

It is exactly in the family that women’s oppression and men’s power are enacted most plainly and personally. The reproduction of patriarchy occurs through family structure and family process, from who serves the coffee to who drives the car, from who pursues conversationally to who has the last word, from minor acts...
of deference to major decision-making. The lessons are lost on no one (Goodrich, 1991, p.11).

The problem of gender inequality and resulting power differential is not endemic to modern society; most scholars hold the view that human social and cultural systems have probably always been dominated by males (Goldner, 1989).

Marriage has been shown to be beneficial to men’s mental and physical health, but single women are healthier than married women both mentally and physically (McGoldrick, 1999; Rampage, 1995). According to Walsh (1989), what is needed is “a sense of mutual long-term reciprocity, such that partners believe that each is carrying a fair share of responsibilities and that their contributions are valued and balance out over time” (p. 274). The reality is that many women carry a disproportionate share of family responsibility while simultaneously working outside the home, where they are discriminated against and paid less than their male counterparts (Walsh, 1993). At the same time men have not made reciprocal changes by participating more inside the home because “woman’s work” has traditionally been devalued by society (Goodrich, 1991; Walsh, 1993). This situation may possibly be traced to the patriarchal, political and social structures that “support women’s sacrifice of their productive/creative selves in order to care for the productivity and ego development of men, thereby conditioning women to an inferior status” (Fish, 1989, p. 309). Woman’s role in family life must be validated (Ault-Riche, 1986).

In Psychotherapy

Feminists insist that gender is the fundamental organizing principle of life; to ignore this concept is to miss a critical dimension of marriage and family therapy.
practice. Without gender-conscious practice, psychotherapy fails to address fundamental aspects of the human self (Orbach, 1990). Obviously, women are not men; traditional therapy models that view male experience as normative may not serve women well, may preserve the status quo, and may even be disrespectful to them.

Societal sex-role stereotypes and expectations shape therapist perceptions and interventions (Ivey, 1995). Research has suggested that therapists operating from stereotyped perspectives of sex roles may actually restrict female clients to “narrowly defined roles and to psychologically unhealthy life circumstances” (Jones & Zoppel, 1982, p. 271). Therapists are responsible for educating themselves about women’s issues and for continually looking at their own personal biases about sex roles (Stabb, Cox, & Harber, 1997). Initial research (Leslie & Clossick, 1996) showed that entry-level marriage and family therapists with training in gender issues from a feminist perspective demonstrated less sexism clinically than did those counselors without such training.

Women’s experience in society and in the family is different from that of men (Walsh, 1989). Women, thus, may have special needs and concerns that are not being addressed. A therapy model based on the feminist critique takes these issues into account and can “potentially remove obstacles to the effective treatment of women” (Gray, Alterman, & Litman, 1988, p. 102). One of the goals of family therapy is the empowerment of family members; responsible therapists must take care to insure empowerment for both men and women.

The impact of patriarchy is so profound and pervasive that both clinicians and theorists are unable to understand completely how it influences psychotherapy (Lerner, 1988). Therapist analysis of how and why women feel as they do about themselves both
affects and directs the course of therapy (Day, 1992). It is thus essential for therapists to become aware of personal beliefs and assumptions that influence therapy (Gray, Alterman, & Litman, 1988). Feminist therapy as a distinct entity grew out of what the women's movement of the 60s and 70s perceived as sexism in the field of mental health practice (Chambless & Wenk, 1982; Libow, Raskin, & Caust, 1982). Feminist therapists are aware of the different socialization and developmental experiences of men and women, and they encourage women to realize a sense of personal power and to nurture growth-fostering skills (Boss & Thorne, 1989; Hare-Mustin, 1983). In feminist marital and family therapy the goal of empowerment is the promotion of relational equality as well as personal power (Rampage, 1995).

There have been some investigations into women's experience in various forms of therapy, the models for which were mostly developed by males. Critics of these models charge that they are largely blind to gender-based nuances and differences, especially the power differential that exists between men and women in our society (Ault-Riche, 1986; Goldner, 1985; Hare-Mustin, 1983). Feminists have perceived psychotherapy as oppressive to women because it labels men's behavior as normal and women's as deviant (Kitzinger, 1991). A bias against women has been demonstrated by the devaluation of caretaking and the definition of connection-seeking as pathological in existing theories (Day, 1992; Knudson-Martin, 1994; McGoldrick, 1999a). More psychotropic medications are prescribed for women than for men, and women are seen for more therapy sessions than are men (Hare-Mustin, 1983; Jones & Zoppel, 1982; Stabb, Cox, & Harber, 1997). Hare-Mustin (1983) suggested that much psychiatric labeling applied to
women by mental health professionals is actually reflective of societal conditions that
disempower women in favor of men.

Although studies involving individual therapy have not produced unanimous
results, several indicate that "stereotyping, diagnostic and treatment biases, sexism, and
sexual abuse of women in therapy are prevalent issues" (Stabb, Cox, & Harber, 1997,
p. 336). Jones and Zoppel (1982) found that female clients tended to find male therapists
more critical and judgmental than did male clients of the same therapists. Cannon's
(1988) study echoed these findings, as most participants described feeling greater support
and validation from female therapists. As late as 1992, gender issues were by and large
marginalized in psychiatric and counseling texts (Day, 1992). "Neglect of the woman's
point of view in psychotherapy theory and practice may not be a result of conscious
discrimination, but it is a reflection and concomitant of the prevailing attitudes in our
society toward women" (Hare-Mustin, 1983, p. 594).

Jung stated that in adopting a masculine calling, by working and studying in a
"man's" way, women engage in activities that are foreign to their nature, and might quite
possibly be self-damaging (Lerner, 1988). Freud's theories were based on male
development and anatomical differences between the two sexes; Erikson based his stages
of identity development on male experience. Feminists have often criticized Freud's
views of women as inferior, hysterical creatures envious of men. Freud, among others,
tended to blame mothers for whatever was wrong with their children (Caplan & Hall-
McCorquodale, 1985). Contemporary Psychoanalytic theory continues to do so (Lerner).
Chess and Thomas (1982) noted "the professional ideology that crystallized by the 1950s,
in which the causation of all psychopathology, from simple behavior problems to juvenile
delinquency to schizophrenia itself, was laid at the doorstep of the mother” (p. 213).
Featherstone (1996) argued that mental health professionals hold mothers responsible for their children’s mental ill health.

Feminist scholars have repeatedly challenged the practice of mother blaming by emphasizing and insisting upon the importance of the social context in which mothering occurs. In reflecting on these prevalent attitudes, McGoldrick (1999a) remarked that traditional forms of therapy have likely been more harmful than beneficial, as they have failed to acknowledge women’s oppression and have caused women to take responsibility for problems actually caused by their lack of power in the greater social structure.

Accepted definitions of mental and emotional health or illness are a critical issue in counselor education, for these definitions are at the foundation of theory and practice (Ritchie, 1994).

In Family Therapy

Systems theory differs from individual counseling theory in that individuals are seen as part of a whole and not separate or isolated in function. A major source of controversy has focused on the idea that some clients may not be well served, and may perhaps be harmed by, marriage and family therapy. Critics charge that biases in systemic practice have ignored and even pathologized women in families, ethnic minority families, and gay and lesbian families (McGoldrick, 1998). It is beyond the scope of the present undertaking to address adequately all three groups, but, along with the focus on gender, it is nevertheless important to be aware of other groups who also occupy marginalized and power-down positions in society.
Leslie (1995) identified three criticisms of marital and family therapy as traditionally practiced: a) it fails to consider the broader social context, b) it ignores power differences both within the family and in society, and c) it assumes a monolithic family form, ignoring non-nuclear household arrangements and diverse family forms. The balance of power between partners is central to the organization of a marital system; achieving that balance is critical to the health and well being of the system (Walsh & Scheinkman, 1989). Hare-Mustin (1986) insisted that rather than a peripheral issue, “gender is the basic category on which the world is organized;” she compared the failure of family therapists to acknowledge social context to “watching a parade through a keyhole” (p. 15). Goldner (1989) went a step further and insisted that the concepts of generation and gender can best be grasped as “the two fundamental, organizing principles of family life,” and that “it is around the structuring and interpretation of these two social categories that primitive societies and modern families organize themselves” (p. 44). Both concepts are essential to a description of family relationships.

Although some (Hicks & Cornille, 1999; Ivey, 1995) have stated that the field of couples and family counseling recognizes gender to be an influential, if not wholly central, factor in treatment, others have argued that power and gender issues are still largely ignored by theorists and practitioners of the major marriage and family therapy models (Walsh & Scheinkman, 1989; Werner-Wilson, 1997; Werner-Wilson, Zimmerman, Daniels & Bowling, 1999). In a research project designed to address the extent to which therapist communications reflect the power imbalance between men and women, Walsh (1993) found no support for the feminist critique, stating that results “appear inconsistent with the main arguments put forth in the literature by feminist
scholars with respect to family therapy as traditionally practiced” (p. ii). In contrast, Haddock, MacPhee, and Zimmerman (2001) performed a content analysis of 23 American Association of Marriage and Family Therapists (AAMFT) Master Series tapes to determine how well feminist behaviors have been incorporated into family therapy practice. Results showed that “master” therapists, leaders in the field, “tended to hold women responsible for family issues, endorsed traditional rather than egalitarian relationships, and overlooked how the social context affects families” (p. 487). Although the researchers found many instances of pathologizing and overtly disrespectful behavior toward female clients, they found no such disrespect toward male clients.

The failure to notice the culturally-based hierarchical imbalance within the marital/parental subsystem leaves the husband’s relatively greater power and authority and the woman’s subordinate position un-addressed in the therapy. Nor does it consider how a woman, socialized primarily for a maternal role, can spontaneously develop meaningful alternatives in a society in which her options are limited (Walsh & Scheinkman, 1989, p. 28).

Marriages are embedded in the larger context of society, where men and women do not yet function as equals. Women and children do not have the same freedom or ability to function outside the family as men do (Ault-Riche, 1986). Family function must be assessed within the larger context of societal beliefs, expectations, and realities of the worlds of work, economics and social welfare (Walsh & Scheinkman, 1989).

Hare-Mustin and Lamb (1984) expressed concern that family counselors tend to reinforce traditional sex role stereotypes and expectations in their practice, stating that research has found sex role stereotyping to be common among clinical practitioners in
general, and to be evident among those writing about family therapy in particular.

Discussing the prevalence of “mother-blaming” within the therapy context, Imber-Black (1986) stated,

Women are the locus of blame for the problems of family members; that women, at once, can be counted on to be the emotional repository for families while also being unable to cope, and that it is women’s responsibility to handle issues of distress for other members (p. 27).

In short, women appear to be blamed for doing what they are socialized to do (Leslie, 1995). When clinicians fail to consider external issues, it is all too easy to blame women for problems over which they have little or no control; socially-constructed gender inequality is the source of many of women’s problems (Enns, 1988).

Power in family life is socially structured by gender. Feminist theory insists that power analysis is central for understanding the family system’s process; such analysis includes the consideration of social, political, economic, and religious systems interactive with the family. “What is at stake here is not who does the laundry, but who defines the relationship and how its rules are made” (Goldner, 1985, p. 34). Feminist therapists believe that therapy work with families and couples must begin with an inquiry about the specific allocation and experience of power so that inequities can be acknowledged, creating the possibility for change (Ellman & Taggart, 1993).

**Problematic Theoretical Constructs**

A construct central to family therapy theory is circular causality, which dictates that family members reciprocally influence each other. No specific person or situation is thought to be responsible and, therefore, the cause of the problem. The assumption is that
all family members are equally accountable and equally powerful to create change within
the system. Those espousing a feminist approach have criticized this concept as an
oppressive way of understanding domestic violence: that in some way a battered woman,
for example, is to blame for her own abuse. Instead of accepting the validity of circular
causality at face value, therapists interested in a gender-equitable approach must be on
the alert for instances where those in “power-down” positions are assigned co­
responsibility for their oppression.

Complementarity is a systemic concept used to explain how couples with
different roles are actually equal to each other, and, therefore, things eventually balance
out. He takes out the garbage, and she washes the dishes, for example. The assumption
is that tasks and roles are divided fairly, and each partner is equally free to choose. What
this concept fails to take into consideration is the contextual nature of a couple’s
relationship; men and women do not enjoy equal power or status socially. Luepnitz
(1988) criticized Structural theory for its views of structural functionalism, which states
that the parts of a society fit together like organs to form an intact and functional
organism. According to this view, complementarity between the sexes is seen as natural
and justifiable because of the perceived greater social need. According to Rampage
(1995), “what holds women and men in place in their marital roles is much stronger and
more complex than can be understood by so simple a notion as complementarity”
(p. 263).

Structural theory.

Structural Family Therapy has tended to focus on the interior of the family, and
although examining the interplay and boundaries between the family system and the
larger societal system, it does not identify family problems as maintained and reinforced by the dominant patriarchal culture. Focus on the here-and-now does not provide for a historical perspective on gender and race relations or acknowledge that current problems may be rooted in societal history.

The theory seems mostly blind to race and gender inequality, either within marital/parental subsystems, in gendered coalitions across generations, or between individuals and larger social systems, although Luepnitz (1988) stated that Minuchin has consistently demonstrated respect for non-traditional families and has refrained from overtly prescribing sex roles for men and women. “Husbands and wives have been conceptualized as a marital or parental unit, with the most salient distinguishing feature between them ignored” (Walsh & Scheinkman, 1989, p. 27). Although power is addressed to some degree in terms of hierarchical structure (generation), the theory seems to make the assumption that whatever the circumstances outside the home, there is equality inside the home between male and female partners. Men and women are not equally empowered to define meaning; the experience of marriage and family life is “embedded in a larger social context, and within that context women and men do not yet function as equals” (Rampage, 1994, p. 127).

Structural theory has traditionally tended to characterize as pathological a mother’s strong involvement with her children, regardless of context, by labeling the relationship as “enmeshed,” although women are socialized to be family caretakers and are sometimes also socialized to meet their own emotional needs through their children (Ault-Riche, 1986). On the other hand, non-custodial or working mothers have been blamed as neglectful. Within Structural practice, there has been a tendency to praise the
distant or peripheral father while unbalancing through the mother, and interventions are
geared toward retrieving the disengaged father, extricating the woman from her "over-
involvement," and realigning her with her husband, who is given the central role (Enns,
1988). However, to attempt to disengage a woman from her children may prove to be
harmful to her, unless the peripheral father increases his attachment to her as well as to
the children (Ault-Riche, 1986).

The feminist critique has itself been criticized for a stance that has seemingly said,
“One description of gender fits all,” ignoring the potentially powerful differences in the
therapeutic experience of women of varying race, ethnicity, class, age, and sexual
orientation (Bryan, 2001; Hare-Mustin & Marecek, 1994; Leslie, 1995; McGoldrick,

When feminism is defined by White, intellectual women, which is the case in
family therapy, it can only alter structure and expand choices for women with
similar experience and background. The experience of women who are ‘other’ is
excluded from such a discourse – a discourse that supports the universality of

The dominant feminist discourse of gender oppression has suppressed the many
faces of women’s experience along the continuum of race, class and ethnicity and
assumes that immigrant women and women of color enjoy the same power and privilege
as do White women (Almeida, 1998). In considering economic status, it is worthwhile to
note that gender and class can create complex family dynamics (Ziemba, 2001). The
meaning of gender varies widely, depending upon cultural group, social class, and sexual
orientation, and the field of marriage and family therapy theory has always privileged
heterosexual partners (Laird, 2000). “Obviously, a woman’s experience is tied not to her
gender alone, but also to her race, social class and sexual orientation” (McGoldrick et al.
1999, p. 198). This criticism has resulted in recent efforts to delve beyond the monolithic
view of gendered experience (Almeida & Hernandez, 2001; Leslie, 1995), although
feminist writers still describe male-dominated hierarchical systems in the field of family
therapy and an absence of discussion about the politics of race, culture and sexual
orientation in counselor training (Almeida, 1998).

In summary, critics of traditional therapy models have charged that these
approaches tend to ignore or minimize gender-based differences between men and
women, especially the socially sanctioned power differential. Traditional therapies, both
individual and systemic, have demonstrated bias by devaluing caretaking and other roles
historically assigned to women, blaming mothers for the problems of the family, and
ignoring the broader social context and women’s oppression. Structural family therapy
theory has tended to praise a distant, peripheral father, while seeking to extricate an
involved mother from “pathological” enmeshment with her children or labeling a
working or non-custodial mother as neglectful. Critics of this critique have charged that
feminists themselves have ignored or minimized powerful differences in the therapeutic
experience of women of varying race, ethnicity, class, age, and sexual orientation.

Theoretical Framework

Cognitive Development Theory

Cognitive Development theory is composed of a set of assumptions about the way
in which individuals construct meaning about themselves and the world around them.
These assumptions state that human motivation toward mastery is intrinsic and life long
It is in our very natures to grow psychologically; for example, studies have shown that even tiny babies prefer complex geometric shapes to simple ones (Sprinthall). Developmental growth occurs according to stages, and stages represent qualitatively different ways of constructing experience, like the transformation of egg to caterpillar to butterfly. Stages are hierarchical and sequential; growth proceeds from simple to increasingly complex levels, and each stage builds upon previous ones. The direction of developmental growth is invariant and irreversible. Individuals do not move backward; they move forward (Dewey, 1963; Gielen, 1994; Snarey, 1985). Reversibility, if it can be said to occur at all, is the result of major stressors; this concept is referred to as phasic movement. Phasic movement applies to particular age-related developmental tasks and to those temporary drops in developmental functioning that appear when an individual is placed in an unfamiliar and demanding situation.

There appears to be a consistent relationship between stage and behavior. Stage does not determine behavior, but it does influence how choices are made (Rest, 1994). Developmental growth is physiological as well as psychological. Physical maturation does not guarantee psychological development; however, certain age ranges are commonly associated with particular developmental tasks and milestones. It is not clear at this time exactly what the relationship is between intelligence and psychological development, but most researchers agree that intelligence is a necessary but insufficient component.

Growth is not automatic; it requires a series of significant events. If these events do not occur, growth can stall out or stabilize at a lower level than is possible. Many developmental theorists and researchers have studied the question of how to promote
growth. Mosher and Sprinthall (1971) developed a program to encourage psychological
development; this was the Deliberate Psychological Education (DPE) model, which
describes the conditions for the promotion of growth: a significant, new role taking
experience, a balance between support and challenge, guided reflection, and continuity of
the experience in a manner that alternates the periods of role taking with periods of
reflection.

Stage growth is modal rather than fixed. Stages represent an individual’s
currently preferred mode of functioning. Stage growth is domain specific. Domains are
major aspects of being human: thinking, feeling, relating interpersonally, and so on.
Developmental level in one domain does not necessarily extend across all domains;
individuals can function simultaneously at different levels in different domains. Finally,
developmental growth is thought to be universal across gender and culture (Lee &
Snarey, 1988).

John Dewey (1895) theorized about stage development for children and teenagers;
he stated that the goal of education is moral and intellectual growth, or development.
Focusing on the entire person, he “was a wellness person and a developmentalist”
(Hatfield & Hatfield, 1992, p. 164). Beginning with Jean Piaget, several theorists have
put forth their ideas as to the progressive nature of development.

Ego Development Theory

Origins and Applications

Another way of exploring women’s experience in family therapy is to use ego
development as a therapeutic frame that can provide a means for tracking growth
throughout the lifespan. It is possible that women at various levels of ego development
may experience family therapy in different ways; depending upon level of ego
development, the therapy experience could be educative or mis-educative, growth
producing or not. The impact of therapy on ego development is not clear; it is also
possible that ego development neither affects, nor is affected by, therapy. Further
research is needed to clarify these issues.

Ego development as an abstract concept comes from work done in the fields of
psychiatry, clinical psychology, developmental psychology and sociology (Swensen,
as the “evolution of meanings that the (individual) imposes upon inner experience and
perceptions of people and events,” a “sequence of increasingly mature stages of
functioning across the domains of personal relationships, impulse control, moral
development, and cognitive style” (p. 6), in other words, the way individuals make
meaning of their personal life experience and the world at large. The stages, arranged
hierarchically from simple to complex, represent a theory of personality development that
has been heavily researched and verified. Stages are defined independently of
chronological age, and individual growth can stop at any stage. Loevinger, who admits
to having been greatly influenced by Harry Stack Sullivan (1953), has been responsible
for most of the work done on ego development assessment, and her work originally
began with women. Prior to that time most psychological research concerned men or
children.

Evidently it was their function as mothers that finally brought women to the
attention of research psychologists. This was the era of mother-blaming
(Loevinger, 1953), during which mothers were held accountable for the sins and
personal failings of their children; so one might suspect that the implicit purpose of most such studies was to protect or defend the children (Loevinger, 1998, p.1).

Loevinger and colleagues began studying the personality patterns of women, and, more specifically, of mothers (Loevinger, Sweet, Ossorio, & LaPerriere, 1962). Their instrument, the Family Problems Scale, was devoted to mundane problems of family life throughout the family life cycle and gradually evolved into a means for measuring ego development. In recent years researchers have begun to investigate and analyze clinical problems in terms of this construct, since it refers to behaviors and attitudes involved in impulse control, anticipation, responsibility taking, social judgment, and cognitive complexity (Hauser, Powers, & Noam, 1991). Swensen (1980) stated that of all the developmental theories, this one seems most applicable to counseling and particularly to marital counseling because in some cases differences in ego level are responsible for couples' difficulties. D'Andrea and Daniels (1992) devised a model for counseling that uses Loevinger and Wessler's (1970) instrument, the Washington University Sentence Completion Test (SCT), to guide the choice of intervention so as to promote clients' psychological development.

Higher ego development levels have been positively related to adjustment, the ability to nurture, responsibility, tolerance, capacity for leadership, and a lack of aggression (White, 1985). Higher levels have been positively correlated with increased parenting skills (Hauser, Powers, & Noam, 1991). Therefore, ego developmental theory appears to have a direct relationship to women's development, family functioning, and family therapy.
Stages

Hy and Loevinger (1996) described nine sequential stages that reflect increasingly complex perceptions of self and others. The first stage is reflective of a newborn’s first attempts at constructing “a stable world of objects” (Hy & Loevinger, p. 4). This first stage is not applicable to study, but the theorists included it for the purposes of theoretical comprehensiveness. The Impulsive stage (E2), the lowest amenable to study, is characterized by cognitive simplicity and a lack of psychological insight. In the Self-Protective stage (E3) character development is reflected in the notion of immediate gratification and the fear of being caught as well as the beginnings of self-control.

The Conformist stage (E4) is characterized by a growing preoccupation with approval and social acceptance. In the Self-Aware stage (E5), individuals begin to describe interpersonal relationships in terms of feelings as well as actions. The Conscientious stage (E6) is marked by the internalization of morality; that is, inner rules of morality are more important than group-sanctioned rules.

The Individualistic stage (E7) features a heightened sense of individuality and a growing tolerance for individual differences. The Autonomous stage (E8) is marked by the recognition of and respect for others’ needs for autonomy. The Integrated stage (E9) is characterized by the reconciliation of conflicting demands and renunciation of the unattainable, and is marked by the achievement of a sense of integrated identity. Only a few individuals are theorized to reach this point, and data are unavailable to fully describe this stage.
Adult development

Whether developmental growth continues throughout the lifespan has been debated and researched, along with when or how people reach maturity, and whether life events may foster growth in adulthood (Bursik, 1991; White, 1985), but it is now generally acknowledged that adult growth can and does occur (Hauser, Powers, & Noam, 1991; Wong, 1977), especially following stressful or positive life changes (Bursik; Helson & Roberts, 1994). Although the modal adult tends to reach a premature plateau at the self-aware level because the stability of the adult environment acts to restrict further ego development, and people tend to assimilate whenever possible, adults can continue to develop (Helson & Roberts). If ego development does not stop with adolescence, then

<table>
<thead>
<tr>
<th>Level</th>
<th>Code</th>
<th>Impulse Control</th>
<th>Interpersonal Mode</th>
<th>Conscious Preoccupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impulsive</td>
<td>E2 (I-2)</td>
<td>Impulsive</td>
<td>Egocentric, dependent</td>
<td>Bodily feelings</td>
</tr>
<tr>
<td>Self-Protective</td>
<td>E3 (Delta)</td>
<td>Opportunistic</td>
<td>Manipulative, wary</td>
<td>“Trouble,” control</td>
</tr>
<tr>
<td>Conformist</td>
<td>E4 (I-3)</td>
<td>Respect for rules</td>
<td>Cooperative, loyal</td>
<td>Appearances, behavior</td>
</tr>
<tr>
<td>Self-Aware</td>
<td>E5 (I-3/4)</td>
<td>Exceptions</td>
<td>Helpful, self-aware</td>
<td>Feelings, problems, adjustment</td>
</tr>
<tr>
<td>Conscientious</td>
<td>E6 (I-4)</td>
<td>Self-evaluated standards, self-critical</td>
<td>Intense, responsible</td>
<td>Motives, traits, achievements</td>
</tr>
<tr>
<td>Individualistic</td>
<td>E7 (I-4/5)</td>
<td>Tolerant</td>
<td>Mutual</td>
<td>Individuality, development, roles</td>
</tr>
<tr>
<td>Autonomous</td>
<td>E8 (I-5)</td>
<td>Coping with conflict</td>
<td>Interdependent</td>
<td>Self-fulfillment, psychological causation</td>
</tr>
<tr>
<td>Integrated</td>
<td>E9 (I-6)</td>
<td></td>
<td>Cherishing individuality</td>
<td>Identity</td>
</tr>
</tbody>
</table>

Note: The code for the previous version used I-levels and Delta; the current code uses E-levels. Adapted from Loevinger (1976, 1987) [as cited by Loevinger, 1998, p. 5].
clearly it is important to clarify those experiences that may contribute to adult growth. It may be that family therapy provides just such an experience.

Rationale for This Study

The foregoing leads to an investigation of women's experience of family therapy. Loevinger's (1976) framework has been underutilized in the specific study of women's development, although the SCT is comprised of sentence stems evoking real life feelings about parents, children, and others (Thorne, 1993). Ego development seems to be particularly appropriate as a lens through which to view women's experience because the way in which we perceive ourselves and our world must necessarily frame any life experience, plus, the theory of ego development was originally normed on women. Women have traditionally been the caretakers and nurturers in their relationships (Goodrich, 1991). Women make up a higher percentage of therapy clients than do men (Jones & Zoppel, 1982); more often than not, women are the ones who bring their families into therapy (Boss & Thorne, 1989). My personal experience, academic coursework, and belief in the validity of developmental theory and its usefulness both therapeutically and in general encourage me to view this research within such a framework. The inclusion of a theoretical component may provide knowledge about women's development viewed from within a therapeutic context and provide insights about how women at various stages of ego development experience family therapy and construct meaning of that experience.

Existing research in this area is limited, partially because of the difficulty inherent in quantitatively measuring family therapy process and outcome effectiveness, i.e., the presence of so many potentially confounding variables. Of the available research, little
has been directed toward understanding the client's perspective (Kuehl, Newfield, & Joanning, 1990). However, interest in qualitative research has been growing among marriage and family therapy researchers (Gehart, Ratliff, & Lyle, 2001). Gehart, Ratliff, and Lyle conducted a substantive and methodological review of 24 qualitative studies published from 1991 to 1999. Of these, only one studied client perspectives of structural-strategic family therapy, and no distinctions were made between men and women in this ethnography. One study focused on women specifically, an ethnographic methodology investigating the experience of being single.

Avis and Turner (1996) noted,

Little research exists in family therapy on women, their experience and their perspectives – as therapists, as clients, in supervisory and training relationships, as employees in agencies and institutions, as authors and researchers, and as members of professional associations. The need to create space for women’s voices remains important and overdue (p. 165).

Feminists have criticized traditional scientific methodology for its insistence upon an objectivity involving control and distance from that which is observed, but the feminist critique of gender and power relations has had relatively little impact on family therapy research to date (Avis & Turner, 1996). This phenomenological investigation will allow the women involved to speak for themselves without a superimposed framework for response or a replication criterion.

**Purpose of This Study**

The purpose of this research is twofold: to investigate the experience of women involved in Structural Family therapy at a college-based, family counseling clinic and to
explore how these women made meaning of that experience. The goal is to explore and clarify, not to identify correlations or to bring about client change by means of an intervention. Through this research we will hopefully gain some understanding of what aspects of therapy at this clinic and of Structural Family Therapy in general are helpful and not helpful to women. The resulting information could help us to modify our therapeutic approach and point to new directions for additional research.

Grand Tour Question and Sub-questions

According to Moustakas (1994), “In phenomenological research, the question grows out of an intense interest in a particular problem or topic” (p. 104). The grand tour question is broad and general, so that it does not limit investigation, and in phenomenological studies is often framed without reference to existing literature (Creswell, 1994). This overall question is followed by several sub-questions that serve to narrow the project’s focus while still allowing the researcher some room for maneuvering.

The grand tour question for this study is: What is the experience of women as clients in family counseling? Sub-questions are:

1) From the perspectives of the women in this study, what is the nature of the client-counselor relationship?

2) What are the roles of age, gender, class, race, and ethnicity in their counseling experience?

3) Using Loevinger’s (1976) framework for assessing ego development level, how did these women make meaning of their counseling experience?
4) Is there a correspondence between the level of complexity in their constructions of the counseling experience and their assessed level of ego development, using the Washington University Sentence Completion Test (SCT)?

Statement of Personal Experience

I have been involved with New Horizons Family Counseling Center for over four years. During that time, I have functioned as one of the counselors, providing direct client services both on-site at the clinic and off-site at one of the school-based locations. As a former student director of the clinic, I am aware of the ways in which my position might enter into this research and influence the participation of counselors and clients.

When I first began to study the feminist critique of family therapy, I also began to consider the many effects of the power differential between men and women endemic to our society. I did not agree with all of the viewpoints I was reading in the literature, but enough of them resonated with my own personal experience as a woman and a mother that I was forced to take a good look at the way in which I was conducting my practice. I started to make changes and have watched with excitement the growth that has occurred (both my own and that of clients), while at the same time feeling conflicting emotions through seeing some discontent among family members, as woman after woman has considered what is against the backdrop of what could be. I have spent many hours contemplating my ethical obligations that stem from adopting a feminist approach to family therapy and confess that I do not as yet have an answer with which I can be entirely comfortable. Yet, I know that I must continue to explore with families what it means to them to be a woman, a man, a mother, a father, a sister, or a brother.
Developmental theory has informed my doctoral studies and influenced me in all areas of my life. I believe, as Ivey and Ivey (1998) stated, that developmental growth is the goal of counseling, and I view all counseling within that framework. This perspective is not without its accompanying mixed emotions, however. As we know from most developmental literature, higher is probably better, although not necessarily happier. That dilemma aside, it is impossible for me to consider the experience of women in therapy without placing their experience within the contextual framework of developmental theory.

My interest in doing a qualitative research study arose from a doctoral level course in qualitative research methodology; I was an almost instant convert to the paradigm. The idea that one could execute legitimate research in a literary fashion while acknowledging and giving pre-eminence to the voices of participants was exciting, and I realized that this methodology, when added to the quantitative models available, provides a full spectrum of approaches to family therapy research. My desire to investigate women's experience in family therapy grew out of an awareness of the feminist critique and subsequent incorporation of feminist principles into my own counseling practice.

Delimitations and Limitations of Study

This study was designed as a preliminary investigation into how women participants actually experienced family therapy as practiced at this college-based clinic. No attempts were made to generalize the resulting themes to other settings or populations. Phenomenological studies do not seek to generalize beyond the particular case studied, and many participants are not necessary since qualitative research typically studies a few cases intensively within context.
Those favoring a quantitative stance argue that qualitative research is subjective and lacking in well-tested guidelines (Miles, 1983). Qualitative research is also criticized because it is difficult to replicate studies conducted under this paradigm, due to the participant-observer stance of the researcher, who routinely interacts in unique ways with the research and participants. Because this study was concerned with investigating women’s experience of family therapy at a particular college-based family counseling clinic, no attempt should be made to extrapolate or generalize findings to a larger audience.

Polkinghorne (1989) outlined the following cautions and recommendations for ensuring the quality of phenomenological studies: (a) Make sure that the descriptions of the participants’ experience are accurate and not influenced by the interviewer, (b) Insure that the taped interview transcriptions are accurate, (c) Identify alternative interpretations or conclusions from the data that were not addressed by the researcher, and (d) Show clearly to readers how structural (interpretive) descriptions arise from and are supported by the data. Although every attempt was made in this study to ensure the accuracy of transcriptions, transcribed data cannot possibly convey the full experience of any participant. It is critical that the reader be informed of the researcher’s biases, values, and assumptions, which necessarily limit what is written from the full range of possible interpretations and perspectives (Avis & Turner, 1996).

It is possible that the researcher’s presence in an interview may bias participant responses (Creswell, 1994). There also exists the very real possibility that the research process itself changes both the researcher and the participants, that it can raise consciousness and enrich meaning-making (Avis & Turner, 1996). The researcher has a
responsibility to protect the relationship and trust that develop between researcher and participant, especially in studies in which women are interviewed a number of times.

Definitions

Correspondence – similarity (American Heritage Dictionary)

Bracketing – the process by which the researcher sets aside, as fully as possible, all preconceived ideas about an experience in order to better understand the participants’ experiences (Denzin & Lincoln, 1994)

Essence – the reduction of all participants’ meanings of a lived experience to the invariant essential element of that experience (Moustakas, 1994)

Gender – the psychological and cultural definitions of being male or female; can also be used to refer to biological aspects of being male or female (Johnson, 1988)

Grand tour question – the overarching research question in a qualitative study (Bogdan & Biklen, 1992)

Meaning making – the process by which life experiences are used to produce knowledge of, or conceptualize, self and one’s world (Kegan, 1982)

Ogive – a frequency distribution (Hy & Loevinger, 1996)

Phenomenon – the concept or experience under study (Creswell, 1998)

Phenomenology – describes the meaning of a phenomenon as experienced by individuals (Creswell)

Profile – the representation of characteristics describing a subject; in phenomenology, the attributes or characteristics representative of the experience under study (Moustakas)

Reciprocity – giving back to the participants (American Heritage Dictionary)
CHAPTER TWO

REVIEW OF THE LITERATURE

This chapter will present a review of relevant professional literature, beginning with an overview of the feminist counseling approach, followed by a focus on the experience of women in individual, as well as in marriage and family, therapy. The chapter concludes with a discussion of the origins, applications, stages, potential for adult growth, and therapeutic context of ego development.

A Feminist Approach to Counseling

The decade of the 60s was a time of social upheaval, punctuated not only by the civil rights movement, but by the women's liberation movement also, as women from diverse backgrounds began to speak for equal rights and against discrimination. What originally began as a single force called feminism has become several distinct branches of feminisms, including a range of liberal, cultural, radical, and socialist perspectives (Enns, 1992). Early feminists fought against the portrayal of women by psychoanalysis, which described women as inferior and prone to hysteria, and encouraged the use of such concepts as "penis envy." Writers began to talk about the double bind in which women found themselves: traditional conceptions of femininity provided the ideal standard of mental health for women, and yet diagnoses such as "hysterical personality" and "dependent personality disorder" stigmatized women and pathologized this socially-accepted feminine ideal (Marecek, 2001).
Women began to challenge commonly held beliefs in psychotherapy and human development, beliefs not based on facts but on norms that served to reinforce and perpetuate social inequality between men and women. In response, some practitioners in the mental health professions began intentionally to formulate the notion of a feminist therapy model, a relational and respectful model defined not by techniques, but by philosophy. “An unwitting feminist is an oxymoron” (Marecek, p. 307). This model is not so much a theory as it is a therapeutic philosophy that applies feminist theory to the practice of family therapy (Bryan, 2001; Leslie & Clossick, 1996). As described by Almeida and Hernandez (2001), feminist family therapy is inclusive of complex and often competing examples of experience.

Feminist therapists generally agree on at least five core components of feminist therapy: (1) equality, (2) empathy, mutuality, and collaboration, (3) gender and social context, (4) social change, and (5) feminist ethics (Raynes, 2001). Equality is expressed in practices designed to balance or minimize the power differential inherent in the counselor-client relationship. Empathy, mutuality, and collaboration are found in the acceptance of all emotions, the expression of care within ethical limits, and a focus on collaboration and non-expert therapist stance. Awareness of gender and social context are facilitated by acknowledging that clients are the experts about their own lives and that gender, class, and culture are embedded within the fabric of society. “Feminist therapists strive to free individuals, their interactions, and their relationships from gender-based constraints, thereby increasing a sense of options and personal agency” (Haddock, MacPhee, & Zimmerman, 2001, p. 489). Gender is a central principle of both family and social life and will have meanings that vary across social groups.
Family difficulties need to be understood in relation to gendered features of society, such as women's diminished earning power, the gendered division of family labor and wage labor, the simultaneous idealization and blaming of mothers, and the stigma faced by single women and lesbians. Unless therapy takes into account men's and women's disparate material and social resources, it will perpetuate unfair outcomes (Marecek, 2001, p. 311).

Social change is fomented by the axiom that “the person is political.” Feminist therapists are often involved in encouraging political, social, and professional activism. Feminist ethics include such practices as consistently working to be aware of one’s own biases and potential areas of discrimination (Raynes, 2001).

One of the contributions of the feminist critique of psychotherapy in general and family therapy specifically has been the generation of research aimed at exploring how women are treated when they present themselves, either alone or with families, for counseling. With the rise of feminism in the 60s and 70s came some initial studies in the area of psychotherapy. The field of family counseling was a little slower to respond, but here, too, some projects examining the treatment of women have been conducted. By and large, however, the majority of studies have been from the viewpoint of the counselor and not the client. The feminist critique has itself been criticized for a stance that has seemingly said, “One gender fits all,” ignoring the potentially powerful differences in the therapeutic experience of women of varying race, ethnicity, class, age, and sexual orientation (Almeida & Hernandez, 2001).
Women's Experience in Psychotherapy

Caplan and Hall-McCorquodale (1985) investigated the extent of mother-blaming in 125 articles from 9 “major” clinical journals for 1970, 1976, and 1982. They found that mothers were being blamed for a wide variety of problems and forms of pathology (74 items in all, from absence of physical sexual characteristics to self-induced television epilepsy and ulcerative colitis). Evidence showed that female clinicians were as likely to blame mothers as were male clinicians. Interestingly, the word “mother” was used 2151 times, as compared with 946 times for “father.” When authors used only one parent to illustrate a clinical problem, they chose the father only 17% of the time. No author described a mother-child relationship simply as “healthy,” nor was a mother ever described only in positive terms. 62% of the articles found problems with the mother, as opposed to 26% finding fault with the father. Authors used judgmental terms to describe mothers in 74% of the articles and to similarly describe fathers in 41%. A child’s pathology was attributed at least in part to the mother 82% of the time, but only to the father 43%. Caplan and Hall-McCorquodale concluded that mother-blaming is a serious problem that remains practically unabated in modern literature.

Caplan and Hall-McCorquodale (1985) did a thorough job of justifying the need for this study by discussing in their literature review section recent relevant criticisms of the psychotherapy field. However, nowhere were limitations or recommendations for further research mentioned. The authors had two questions: What is the extent of mother-blaming in major journals, and has the women’s movement brought about a decrease in such blaming? No hypotheses were made; the study consisted only of frequency counts and the resulting percentages. Although volumes were investigated
from 1970 because that year "would presumably include articles that were conceived just at the beginning of the new feminist movement" (p. 346), the authors failed to compare findings from that year with subsequent years. They, therefore, did not answer their first research question, except to say, "The frequency of mother-blaming varied only slightly, depending on the type of article, the year of its publication, and the item in question" (p. 350).

Only nine journals were used for this descriptive research, out of seventy-one listed in the *Union List of Scientific Serials*. Sampling was not random. The authors said the other journals were eliminated because they either made "too few" (Caplan & Hall-McCorquodale, 1985, p. 346) references to etiology of psychopathology, or because the journals were not available in Toronto, the location of the research. The reader was left with the questions of "How few are too few?" "What was the cutoff criterion?" Although some interesting percentages were tallied, the sample size of only nine of seventy-one journals does not appear to substantiate the claim made by the authors that "Mother-blaming is a very common practice in clinical journals" (p. 350); population validity is suspect.

Jones and Zoppel (1982) conducted two studies to assess the impact of client and therapist gender on psychotherapy process and outcome. The literature review justified their project on the basis that up to that date analogue studies comprised much of the research performed in this area, and naturalistic designs had been limited by relatively small samples. Also, the primary research focus had been on the impact of therapist gender on female clients only; these studies examined the influence of gender in all four possible client-therapist gender pairs.
In the first study the researchers investigated "actual psychotherapy with relatively large samples of therapists and patients" (p. 260). They used as their sample 160 clients who had recently (defined as 4-6 weeks previously) terminated individual outpatient therapy at several community clinics, psychiatric outpatient departments, or university clinics in a major West Coast city. The sample as a whole averaged 28 years of age and, according to Jones and Zoppel, reflected "the entire range of educational and socioeconomic levels" (1982, p. 260), although the authors never defined the limits of these ranges. Equal numbers of males and females were represented; 66% were White; 34% were Black. No other racial groups participated. Clients had been assigned to therapists not randomly, but according to availability of space in therapists' caseloads. The age range and lack of ethnic representation limits the generalizability of findings.

Despite the researchers' statement that they sampled actual psychotherapy, they actually mailed three measures to identified mental health professionals. Psychologists made up 64% of the therapists; 20% were social workers, and 16% were psychiatrists. The authors stated that the fact that 96% of the psychiatrists were male might have confounded study results. No other types of providers participated, once again limiting generalizability. The researchers claimed a 95% return rate. With such a high return, some methodological questions, such as "who returns and why," were rendered less troublesome. However, the only other limitation mentioned by the authors concerned the possibility that providers' behavior might not match their report. Good validity and reliability information were given for the first measure, Rating Scales for Therapy Outcome; however, nothing was given for the other two, the Therapist Questionnaire and
Gough’s Adjective Check List, except general descriptions. Instrumentation is, therefore, potentially a threat to internal validity.

Therapists’ assessments of outcome were appropriately analyzed using a three-way (2x2x2) analysis of variance. Change during therapy was found to be significant for all of the 11 outcome scales. Interactions suggested gender match to be related to outcome; female therapists, as compared to male therapists, rated their female clients as significantly more improved on several scales. The adjective descriptions of clients provided “the most striking finding (p. 264). Male therapists seemed to be more judgmental and blaming than female therapists when describing female clients, using words such as “affected,” “awkward,” “wary,” “temperamental,” and “conceited” (p. 264). The female therapists used words such as “capable,” “honest,” “strong,” “shy,” “emotional,” and “intelligent” (p. 264). Descriptions of male clients by therapists of both sexes were more balanced. Tables and statistical values supported the researchers’ claims.

The second study used 99 former clients selected from case records in the same settings as the first study. Criteria for selection were identical for diagnosis, age, and length of treatment. There was some overlap; that is, some of the participants in Study Two were referenced by providers in Study One. Clients were interviewed using the Client Posttherapy Questionnaire. No information was given about this instrument. Responses to the questionnaire items were subjected to factor analysis, which yielded five factors. Analyses of variance were then performed on factor scores. The significant main effect for client gender occurred on factor five, Negative Experience. Analysis suggested that regardless of therapist gender, female clients were more likely than male
clients to experience deprecation from their therapists. The term “deprecation” was not defined; however, factor five included such statements as, “I was never sure whether my therapist thought I was a worthwhile person,” and “I had the feeling that my therapist sometimes criticized things I did or said” (p. 268). At the conclusion of the report, the researchers stated that the term “sex bias” does not adequately describe the impact of gender in psychotherapy. They indicated the main issue to be “differences between men and women therapists in abilities or behavioral skills, and emotional capacities, as well as in attitudes” (p. 271), although these studies did not measure therapist ability, behavioral skill, or emotional capacity. Overall, only two limitations were discussed, and no recommendations for further research were presented, although the report contained sufficient detail for replication.

Stating research to be rare in the area of women’s therapy experience, Chambless and Wenk (1982) conducted a preliminary investigation, from the client’s point of view, into how women experience feminist therapy differently from more traditional therapies. The researchers first defined feminist therapy as consisting of two themes: (a) “the person is political,” and (b) the therapist-client relationship is egalitarian (p. 57). Their statement of the problem and its significance were illustrated in a short, concise review of the literature that synthesized previous relevant studies and pointed out that comparisons had not been made between feminist and non-feminist therapies from the client’s perspective. However, the reference list was very short (five items), and one citation within the text was not included in the list.

Although not stated as such, the study was a phenomenology, as it investigated the lived experience from the participants’ point of view and sought to illuminate the
"essence" of that experience. The researchers asked women who had participated in both feminist and non-feminist therapies to talk about their experiences. Participants were recruited from present and former clients of the Feminist Therapy Collective; no information was given about this organization. Presumably, they were chosen because of convenient access. Of the 13 asked, 11 agreed to participate. The researchers stated that both types of therapists represented "a variety of theoretical approaches and disciplines" (Chambless & Wenk, 1982, p. 59). The report's second author, who had no affiliation with the Collective, conducted a tape-recorded interview of about 1½ hour with each woman. The women were asked open-ended questions concerning their perceptions of the two therapies.

The themes that emerged from the interviews were not explicitly stated in the report; there was no discussion of data analysis. According to the researchers, most of the women reported that their feelings were taken more seriously in feminist therapy; non-feminist therapists showed them a lack of sensitivity. "One woman stated angrily that her therapist told her all she needed was a lover to rid her of her depression" (Chambless & Wenk, 1982, p. 60). "Outliers" were reported also: lack of trust in the non-feminist therapist was not unanimous. Most of the women described the client-therapist relationship to be more warm and supportive with the feminist therapist. A frequent criticism of non-feminist therapy was the feeling that whenever therapy appeared not to be going well, the client felt blamed. Other responses reflected the growth of personal power in feminist therapy. The amount of participant voice included in the report was appropriate and gave life to the discussion.
In drawing conclusions, the researchers pointed out the limitations of their study and reminded the reader that it was intended as "but a beginning effort to define the important elements of feminist therapy" (Chambless & Wenk, 1982, p. 63). Appropriately, no attempts were made to generalize to a larger population. The authors noted that the clients' responses bore a close resemblance to those noted in the previous feminist literature. The only remaining question they posited was the uncertainty of whether a male can be a feminist therapist, but no recommendations were proposed for further research. Creswell (1998) discussed eight procedures for the verification of qualitative research studies and recommended the inclusion of at least two of those procedures for any one study. This report's authors mentioned none.

In a qualitative research project designed to investigate women's counseling experiences, Cannon (1988) used an interview methodology to delineate beneficial and negative aspects of therapy and important therapy outcomes, as perceived by female clients. A total of 30 women, recruited from newspaper ads, participated in the study; all were Caucasian and well educated. In terms of marital status, 8 women were single, 11 were currently married, 5 were separated, and 6 were divorced.

Participants described beneficial aspects of therapy as acceptance, validation, and information giving. In short, "therapy was a relationship" (Cannon, 1988, p. 60). Rather than a result of something the therapist did, acceptance seemed to be the outcome of things not done by the therapist: i.e., the therapist was not perceived to be judgmental or rejecting, but supportive and nurturing. In contrast, validation appeared to be the result of therapists' affirming behaviors and statements. Although most participants described
feelings of validation from and rapport with a female therapist, a few mentioned wanting the approval of a male therapist.

Negative aspects of therapy included non-acceptance, non-validation, inadequate information, financial cost, stigma, and unprofessional therapist behavior. Therapists conveyed non-acceptance by labeling and judging statements and behaviors. Participants described non-validation in terms of inattentiveness and abrupt termination. Unprofessional therapist behavior included sexual behavior and disclosure of confidential information about the client.

The women involved in this study described the impact of therapy in terms of increased self-awareness, increased self-confidence, better skills (in communication and handling crises), and the increased sense of responsibility for their own lives. These themes often overlapped; the women described how increased self-awareness led to self-acceptance, which contributed to their ability to change the patterns operating in their lives.

The researcher stated a personal perspective as stemming from family studies and family therapy and recommended future research designed to explore client experiences in group, couples, and family therapy. However, no distinction was made in this study as to treatment modality. “While these modalities were represented in the current sample, they represented a very small portion of therapy experiences examined” (Cannon, 1988, p. 107).

Despite methodological flaws and limitations, the five previous studies suggested some interesting conclusions. Male therapists appeared more blaming of female clients, as compared to female therapists, and female clients were more likely to feel deprecated
by their therapists, regardless of therapist gender (Jones & Zoppel, 1982). Most women interviewed believed that they had been taken more seriously by feminist therapists than by traditional therapists; these women also found the therapist-client relationship with a feminist therapist to be more warm and supportive and less blaming, than with a traditional therapist (Chambless & Wenk, 1982). Women found acceptance and validation to be important beneficial aspects of therapy and the opposite to be harmful (Cannon, 1988). Finally, as of 1985, mother-blaming appeared to be alive and well in at least some examples of professional literature (Caplan & Hall-McCorquodale, 1985).

The findings from these four studies do seem to support the feminist critique of traditional psychotherapy theory and practice.

Women's Experience in Marriage and Family Counseling

In 1970 Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel published a study on sex stereotyping among psychotherapists and concluded that therapists held one standard of mental health for men and adults and a different, more stereotypically feminine, standard for women. They found respondents to their survey more likely to attribute healthy adult traits to a healthy man than to a healthy woman. Clinical judgments varied with client gender in a way that paralleled traditional stereotypes. The researchers concluded that clinicians probably believed that good mental health is a function of adjustment to one's environment. "Thus, for a woman to be healthy, from an adjustment viewpoint, she must adjust to and accept the behavioral norms for her sex, even though these behaviors are generally less socially desirable and considered to be less healthy for the generalized competent, mature adult" (p. 6).
Ciano-Boyce, Turner, and Turner (1988) replicated this study with a random sample of clinical members of the American Association for Marriage and Family Therapy (AAMFT), using the Broverman et al. questionnaire. This instrument was mailed to 450 AAMFT members; 322 responded, for a response rate of 72%. Sex, therapist type, and degree of participants were reported. Each participant was randomly assigned to one of nine groups. No validity or reliability information was given for the instrument, nor was information given about the population for whom the instrument had been originally developed.

The researchers posed four hypotheses: (1) clinical judgments about the traits characterizing healthy, mature men would differ from judgments about the traits characterizing healthy, mature women; (2) ratings of traits judged healthy for a sex-unspecified adult would resemble ratings of health for men, but differ from those for women; (3) male therapists would demonstrate more bias against women than would female therapists; and (4) therapists with doctoral degrees would show less bias against women than those with master’s degrees. Analyses of variance were performed on scores; reporting was detailed. Results supported the first three hypotheses, but not the fourth.

Except for possible validity and reliability problems of the instrument used and potential problems due to its self-report nature, this study appeared to be well crafted. The authors compared their findings with those of previous studies and discussed the implications for practitioners. Their conclusions included a statement that findings were rooted in the assumption that therapist preconceptions are likely to influence the course of therapy. They stated that women clients may be especially vulnerable when seeing
male therapists (but did not explicitly state why) and that marriage and family therapists should be careful not to reinforce the stereotype of expressive wife-inexpressive husband. This study found that the major findings of Broverman, et al. (1970) still held.

McCollum and Russell (1992) undertook a research project designed to investigate if therapists' evaluations of families are indicative of mother blaming. The researchers formulated two hypotheses: that mothers would be judged more dysfunctional than fathers in families with a symptomatic child, and that mothers, instead of fathers, would be asked to do the major work of therapy. Four vignette forms were created that presented a family of four in which one parent worried about a 15 year-old child, and the other parent minimized the difficulties. The presenting problem never varied. The instructions were to rate each parent on a scale from one to seven, from very functional to very dysfunctional. Also, the instructions requested that participants add a short treatment plan, delineating whom and what should be changed in the family.

Four hundred names were chosen randomly from the 1988 AAMFT directory for participation. Of that number, 127 therapists completed the questionnaire. Despite the low return rate of 36%, the researchers claim that the sample was representative of AAMFT membership on the demographic variables of sex, professional degree, and years of practice in marriage and family therapy.

Since the data were not normally distributed, a Wilcoxon Matched-Pairs Signed Ranks test was used to compare ratings for mothers and fathers across all versions of the vignette. A Chi-Square test was used to examine the distribution of ratings within each version. In this testing, the first hypothesis was not supported. The difference in the ratings of mothers and fathers was not found to be significant. Participants did tend to
rate parental concern as more dysfunctional regardless of the parent’s sex. McCollum and Russell (1992) wrote, “clinical experience suggests that concern about the behavior of a child is more typical of mothers than fathers when families come for therapy. Thus, our subjects may be rating a typically female family role as dysfunctional” (p. 75).

A frequency count, used to test the second hypothesis, failed to show evidence that women are asked to do more of the work in family therapy than are men. In fact, treatment plans showed a desire for both parents to bear equal responsibility for change. Although neither hypothesis was supported, the researchers recommended further research: “A program of process research is the logical next step to investigate therapist behavior and the operation of gender bias in session” (McCollum & Russell, 1992, p. 76).

Ivey (1995) conducted research designed to examine how gender roles, client-family leadership gender, attitudes about parental control, and the level of parental control experienced by practitioners during their childhood might relate to these therapists’ perceptions of client-family functioning. Citing evidence indicating that family history plays a primary role in the development of gender role attitudes and behavior, he hypothesized that a history of elevated parental control would be positively associated with unfavorable perceptions of a non-traditional, mother-led client family. The report contained detailed information about the participants, 98 practicing counselors, social workers, psychiatrists, and psychologists, who rated two videotaped family interviews (family members were actors). Participants were not randomly selected; they were recruited through advertisement; 28 were doctoral students who agreed to participate in order to receive follow-up information. The participants were randomly assigned to observation of either a mother-led or a father-led family. Ivey
reported only that a content analysis of the two videotapes revealed that "the two were acceptably consistent on extraneous factors and that they varied as intended in gender of leadership" (Ivey, 1995, p. 217). He failed to define "acceptably."

Four instruments were used: the Global Family Rating Form (for which good validity and reliability information was given), the Individual Rating Form (only criterion validity support mentioned), Attitude Toward Parental Control of Children's Activities (extensive reliability information, but nothing about validity), and the Autonomy-Control Scale (good reliability information, but nothing about validity). The first two instruments were used as dependent variables, and the last two were used to derive values for two of the four independent variables: gender of family leadership, participant attitudes regarding parental control of children, participant family history of parental control, and individual roles of family members. Separate analyses of variance were performed for each of the dependent variables, and post hoc comparisons were conducted for significant interactions.

Results suggested that participant therapists perceived the mother-led family to be significantly less healthy than the father-led family, and the father in the former to be significantly less healthy than the father in the latter. In addition, members of the patriarchal family were perceived as healthier than members of the matriarchal family by therapists who had a personal family history of high parental control during adolescence. Ivey (1995) did not define "parental control," nor did he explain whether "parental" referred to control by fathers, or mothers, or both. Except for the missing definitions, sufficient detail was included for replication.
Ivey (1995) discussed five primary limitations to the study results. The participants did not typically possess specialized training or experience in family counseling, their perceptions of the observed family might not have been generalizable to other configurations or interactional patterns, their parental control history was based on self-report, the study only looked at a narrow facet of family relationships, and it was possible that the results might have occurred because of extraneous confounding factors. Nevertheless, Ivey's findings indicated that therapist family-of-origin experience might influence the evaluation of client family functioning, and therapists might reinforce stereotypes regarding mother-led client families. "The preference for patriarchal styles of family interaction over matriarchal arrangements reflects the presence of an androcentric bias by clinicians in the evaluation of individual and family functioning. Sex role stereotypes disfavoring female family leadership may serve as a significant obstacle to the equitable and helpful treatment of clients and client families" (Ivey, p. 224). Ivey concluded with recommendations for further research, including the need to study how gender-discriminating practice may relate to personal attitudes and family history, and he suggested that "the results of such research may determine how vulnerability to gender inequity in family therapy can be mediated" (p. 225).

The topic of therapist gender bias continues to produce contradictory research results and should be investigated further (Stabb, Cox, & Harber, 1997). Noting the existence of little empirical research on gender bias in marital therapy, especially the examination of therapist behavior and attributions, Stabb, Cox, and Harber conducted a study investigating causal attributions for positive and negative events during the course of three actual couples therapy cases. The researchers hypothesized that if the therapist
under study were gender equitable, there should not be a significant difference of either positive or negative causality assigned to either partner. In order to study this question, they used a mixed qualitative/quantitative methodology (referred to as a “two-phase design” by Creswell, 1994) because qualitative case studies allow for in-depth examination and are appropriate for preliminary inquiry, and the researchers believed that combination of methods often improves study quality (Stabb, et al.). The single participant was a 50-year-old, married, white male therapist. The three therapy couples were white and middle class. True to qualitative procedure, the researchers made no attempt to generalize their findings to a larger population. Sessions were audiotaped; a coding system made up of three emerging themes (locus, stability, and globality) categorized attributions, and five doctoral students trained as coders. Participant voice was not included in the body of the text, but was presented in table form.

Of the eight procedures for verification used to establish rigor and trustworthiness (Creswell, 1998), these researchers only mention having utilized triangulation, that is, multiple data collection and analysis methods (by virtue of the mixed design). Creswell insisted that two procedures are the minimum acceptable in any one study.

Frequency counts of therapist attributions were made, and these data were subjected to a series of chi-square analyses. No significance was found for the locus category. However, significantly more stable attributions were made to males for positive outcomes, and more stable attributions were made to females for negative outcomes. Results were similar for the globality category, suggesting that women were blamed for negative relationship outcomes over a longer period of time and across more situations than men; men were seen as responsible for positive relationship outcomes.
over a longer period of time and across more situations than women. Citing Hare-Mustin (1983), the researchers claimed that these findings supported assertions made in the social psychology and individual psychotherapy literature that differing gender attributions do exist, and that they may influence clinical judgment. The researchers noted limitations: the small and biased samples of therapist and clients and the possibility of extraneous confounding variables, but they did not differentiate between limitations of the qualitative phase and those of the quantitative phase. Their stated limitations are more applicable to a quantitative methodology. Recommendations for further research included an investigation of therapist attributions from the clients' perspective.

If male and female clients receive different treatment from therapists, then therapists perhaps can perpetuate inequality rather than challenge it (Wemer-Wilson, Price, Zimmerman, & Murphy, 1997). Citing previous research suggesting that men and women use different conversational strategies, that interruptions by men are rated as more appropriate than those by women, and that power is the most important predictor of interruptions, Wemer-Wilson, Price, Zimmerman, and Murphy examined therapists' interruptions in order to see if female and male clients were treated differently. Convenience sampling was employed, severely limiting the study's generalizability; five female and seven male therapists at a university marriage and family therapy clinic contributed 41 cases. Videotapes were made of initial counseling sessions. Reasoning that therapy sessions have predictable stages, three five-minute segments were coded for each client. Two undergraduate students acted as coders and practiced on other tapes until they achieved 80% agreement, ultimately resulting in interrater reliability of .96.
Coders identified interruptions by either client, as well as by the therapist; in this way researchers disguised the nature of the project.

The researchers appropriately conducted a multivariate analysis of variance to examine the effect of client gender and therapist gender on three measures of therapist interruptions and two measures to control for amount of client participation. Results suggested that both male and female therapists are more likely to interrupt female clients than male clients. Werner-Wilson et al. (1997) recommended that the field consider the influence of gender to be a process variable in marriage and family therapy. The authors failed to discuss any study limitations.

Reiterating that the feminist critique of marriage and family therapy has not been well documented empirically (McCollum & Russell, 1992), Haddock, MacPhee, and Zimmerman (2001) performed a content analysis of 23 American Association of Marriage and Family Therapists (AAMFT) Master Series tapes, made from 1984-1995, to determine how well feminist behaviors have been incorporated into family therapy practice. The Masters Series sessions, using real clients, are filmed during national conferences and later marketed to a large audience; featured therapists are regarded as leaders in the field. The researchers owned already 11 tapes; 12 others were chosen randomly from the AAMFT catalog. The tapes were representative of seven different approaches: feminist (6), experiential (4), transgenerational (4), Milan (1), narrative (1), psychoeducational, (1), and constructivist (1). Five others were demonstrations of approaches for specific problems; no model was specified. Ten therapists were male; ten were female, and three were composed of a co-therapy team. Eleven of the tapes were family therapy sessions; eleven were couples sessions, and one was an individual session.
The researchers identified 34 themes from the feminist family therapy literature. These themes were classed under three main goals of feminist-informed family therapy, as formulated by the researchers: eliminate or reduce power differentials, empower clients to honor and integrate all aspects of themselves, and manage the power differential between therapist and client. Frequency counts were then generated.

Results showed that “master” therapists, assumed to be leaders in the field, “rarely addressed feminist principles, and few were consistently and overtly feminist in nature. . . . There were many instances of blatantly sexist behavior by several therapists – behaviors that were pathologizing and overtly disrespectful of female clients” (Haddock, MacPhee, & Zimmerman, 2001, p. 495). The sessions featuring male pioneers in the field accounted for every example of disrespect toward a woman. The researchers found no such disrespect directed by therapists toward male clients.

Data supported the feminist critique that family therapists ignore or minimize the effect of societal gender-based inequality; only nine percent of the sessions featured a reframe intended to include socialization. Violence was discussed seven times, but only in two of those instances was it overtly denounced. Therapists in 11 sessions held the woman primarily responsible for family/couple problems. Overall results indicated that the majority of these therapists, while becoming somewhat more skillful over time at avoiding sexist behaviors, nevertheless neither consistently nor actively included feminist principles into their sessions.

The previous discussion has focused on family therapy process research involving gender from the viewpoint of the professional. Studies examining clients’ direct experience of family therapy appear much less often in the literature, especially reports
featuring the impact of gender and power on therapy process. When writers have
discussed client experience, it has most often been from the perspective of therapists,
researchers and theoreticians (Kuehl, Newfield, & Joanning, 1990).

Surprisingly, in some published research from the client perspective, little
emphasis was placed on the potential difference between male and female experience. A
qualitative study using a self-described “ethnographic interview methodology” depicted
the family therapy experience of 37 individuals from 12 families (Kuehl, Newfield, &
Joanning, 1990, p. 310). The researchers particularly wanted to find out what clients
found useful and not useful.

The sample consisted of adults and children: 12 mothers, 8 fathers, 5 adolescent
males, 3 adolescent females, and 9 other siblings (sex unspecified). Families had
attended an average of 10 sessions; interviews were conducted an average of 5 ½ months
after termination (range was from 1 to 13 months). All families had presented for therapy
with the problem of adolescent drug abuse. The four therapists came from a structural-
strategic orientation; three were doctoral students in marriage and family therapy, and
one was a doctoral-level faculty supervisor; all represented a program accredited by the
American Association for Marriage and Family Therapy (AAMFT).

The researchers conducted interviews and performed analyses according to
Spradley’s (1979, as cited in Kuehl, Newfield, & Joanning, 1990) Developmental
Research Sequence. This model specifies using less structured and open-ended questions
in early interviews in order to obtain as much information from the participants as
possible, then expanding upon the responses by asking participants for examples and
elaborations. This question and answer cycle continues until the topic is saturated.
During analysis, the researchers categorized portions of the interviews according to similar themes.

Given the therapists' theoretical orientation, it is perhaps not surprising that most participants described the various phases of therapy: making introductions, conducting assessment, getting down to basics, putting ideas into practice, sharing client successes with the therapist, and troubleshooting problems and follow up. Two primary reasons for client level of satisfaction emerged from the data; both reasons focused on the therapist. Satisfied clients tended to view their therapist as personable, caring, and competent. Dissatisfied clients tended to think that the therapist had "tunnel vision" and did not respond appropriately to their presenting problems and needs.

In the report, participant voice examples included mention of client sex; however, discussion of themes and study conclusions did not differentiate between male and female client experience, or between that of adults and children. The authors made no mention of client race, class, or ethnicity. The researchers found the study results important in two ways: (1) Results indicated that therapist characteristics are important to therapeutic outcome, and (2) The methodology used provided for more process description than a more objective approach would have yielded. The authors did not discuss adherence to standards of verification in qualitative research nor study limitations.

Another ethnography investigated how clients experience gender in the therapeutic relationship (Gehart & Lyle, 2001). Stating that previous research "provides evidence that gender is a significant and often subtle factor in therapy" (p. 445), Gehart and Lyle wanted to be able to inform therapists about some issues clients found critical.
They described their design as an interpretive ethnography and used unstructured, collaborative interviews to generate data. Although the examples of participant voice made some distinction between male and female clients, the researchers' discussion focused on clients' (unspecified sex) viewpoints about their therapists. The researchers did not make distinctions in experience regarding client race, age, or gender.

The researchers drew participants from three different agency settings; clients had been involved in couples, family, or individual counseling, or some combination thereof. Participants had to have attended at least six therapy sessions with both a male and a female therapist; all were attending family therapy at the time of the study. Marriage and family therapists were the majority represented (69%), while 12.5% were psychologists, 12.5% psychiatrists, and 6.5% were social workers. Of the 15 participants, 7 were female and 8 male, ranging in age from 13 to 53 years. Ten were Caucasian, three Native American, and two Hispanic, but the report did not specify how many of each were male or female.

The researchers chose an interview style that was unstructured and collaborative. They began with a single question: “Do you have any thoughts about working with a male or female therapist based on your experience?” (Gehart & Lyle, 2001, p. 446). Remaining questions arose from the interview itself as the interviewer sought to gain a true understanding of the client’s experience and interpretation of that experience. Following the interviews, the researchers categorized segments of the transcriptions into themes and then took these preliminary findings back to the participants for comment and verification. Analysis yielded six themes (each with sub-themes): (1) client-therapist
connection, (2) male therapists, (3) female therapists, (4) topics discussed, 
(5) effectiveness, and (6) confounding factors.

Findings suggested that clients experienced male and female therapists differently 
and therapist behavior "as consistent with gender stereotypes: the caring female and
problem-solving male" (Gehart & Lyle, 2001, p. 455), but the authors of the report did 
not indicate which clients, i.e., male or female, had those experiences. In terms of client-
therapist connection, about half of the participants (four women and four men) reported 
feeling a greater sense of connection with a same-sex therapist, while half (three women 
and four men) appeared to prefer a different-sex therapist. Most participants could 
reportedly more easily discuss sensitive topics with the therapist of the preferred sex, but 
they also acknowledged that a therapist of either sex could be helpful. Therapists of 
neither sex appeared more successful than the other in establishing therapeutic 
relationships. Although only two confounding factors emerged, therapist personality and 
style, the researchers did state that such things as therapist age, religion, class,
appearance, and ethnicity could perhaps be added to the list.

No descriptions of client experience were broken down by client race or age. The 
researchers concluded that there is a complex relationship among therapist gender,
therapeutic relationship, process, and therapy outcome, but they failed to acknowledge 
the importance of the variables of client gender, race, or age. They further recommended 
that therapists become "keenly aware of their own gender stories and stereotypes, as well 
as their role in the often unhelpful structuring of gender expectations and stereotyping 
that has been the inheritance of our traditionally dichotomous understanding of gender"
The report did not mention study limitations. Major contributions include both the confirmation and contradiction of previous research. Results of this study echo those discussed elsewhere finding therapist behavior to be consistent with gender stereotypes (Broverman, Broverman, Clarkson, Rosenkrantz, & Vogel, 1970; Ciano-Boyce, Turner, & Turner, 1988; Haddock, MacPhee, & Zimmerman, 2001; Ivey, 1995; Jones & Zoppel, 1982; Stabb, Cox & Harber, 1997; Werner-Wilson, Price, Zimmerman, & Murphy, 1997). Although therapist gender was found in this study to be highly influential in the formation of a successful alliance, these findings contradicted previous research suggesting that female therapists are more adept at creating therapeutic relationships (Chambless & Wenk, 1982; Jones & Zoppel, 1982).

One published study did feature female clients' family therapy experience. Using quantitative methodology, Gregory and Leslie (1996) examined the effects of client race and therapist race and gender on client perception of therapy. Although client gender was not emphasized as a process variable, some findings did highlight female client experience.

Four black therapists (two males and two females) and four white therapists (two males and two females), graduate level interns at a large, urban, university marriage and family therapy clinic, formed the therapist sample. Theoretical orientation was structural/strategic. The client sample consisted of 63 two-parent, same-race, heterosexual families who had completed at least four therapy sessions during the year in which the study was being conducted. The researchers utilized the Session Evaluation Questionnaire (SEQ) (Stiles, 1980, as cited by Gregory & Leslie, 1996) at each session in
order to generate data. The research report cited validity evidence by the instrument developer, in concert with others.

Four specific questions were asked, dealing with: (1) the effects of client race and therapist race on clients’ assessment of the therapy session, (2) the effect of time on black clients’ and white clients’ assessment of sessions, (3) the effect of therapist gender on clients’ assessments of the session, and (4) the change over time of the impact of therapist gender on male and female clients’ assessments of therapy. Findings fell into two categories: the impact of race and gender on the initial session, and the change of race and gender impact over time.

The researchers found that black female clients, as opposed to black male clients, reported a more positive initial session when working with a black therapist than with a white therapist. However, therapist race did not appear to have any effect upon white clients’ assessment of an initial session. Additionally, the researchers did not find any significant difference for either males or females regarding the impact of therapist gender on client assessment of an initial session.

The effect of therapist race on black females’ assessment did appear to change from the first to the fourth session. Session smoothness decreased for black women paired with black therapists, but increased for black women paired with white therapists. Session smoothness appeared to decrease with all other race and gender combinations. Therapist gender had no significant impact on client assessments over time.

The researchers cautioned that some limitations exist: The appropriateness of the instrument for different racial groups is unclear, all eight therapists were graduate interns, and occurrences within individual sessions were not standardized. However, the
researchers concluded that “further research should attempt to determine what theoretical, attitudinal, and/or behavioral differences male and female therapists and clients of different ethnic groups bring into the first family therapy session and how this structures the course of therapy” (Gregory & Leslie, 1996, p. 249).

Gehart, Ratliff and Lyle (2001) conducted a review of the qualitative research on family therapy that had been published from 1989 to 1999 (24 studies were included) and found a primary focus on process and outcome of a single therapeutic approach. Although four studies investigated client and therapist perspectives of general family therapy process, none studied women explicitly. Of the four studies looking at a specific client population, only one studied women specifically: Lewis and Moon (1997), who conducted a phenomenological investigation of the life experience of single and single-again women.

If research from the perspective of the women clients themselves is lacking, even more so is research that reflects the therapeutic experience of women of diverse color, age, class, and sexual orientation. “Assuming that the findings from studies of White, middle-class women apply to all women is analogous to assuming that the findings from studies of men apply to women” (Bryan, 2001, p. 108).

Publications in the prominent scholarly journals during the past few decades have included practice models, techniques and training guidelines as the major focus (Leslie & Morton, 2001), but have neglected within-group characteristics in research into gender as a process variable, leaving the field of feminist family therapy training “suspended at the level of ethnicity and group stereotypes” (Almeida & Hernandez, 2001, p. 248). A growing body of literature speaks about the practice of gender and culturally-sensitive
family therapy, but few studies are being conducted that actually ask clients about their therapy experience related to these topics. Without such process research, “feminist family therapy training is still stalled in forms of knowledge acquisition that inserts conservative norms regarding difference, generalizes in-group characteristics, and does not further the scholarship on women’s empowerment or men’s accountability to that system of liberation” (Almeida & Hernandez, p. 248).

Section Summary

Of the 15 studies critiqued above, 5 had implications for understanding women’s experience in individual psychotherapy, and 10 for understanding women’s experience in couples and family therapy. Three of the studies about individual therapy were conducted from the client perspective and two from that of the therapist or professional. Caplan and Hall-McCorquodale (1985) looked at the incidence of mother blaming in the contemporary professional literature and found it to be prevalent. Jones and Zoppel (1982) undertook two studies of the impact of client and therapist gender on therapy process and outcome, one each from client and therapist perspective. Results from the first study suggested that male therapists tended to be more judgmental and blaming than female therapists when describing female clients; descriptions of male clients were more balanced. Results of the second study indicated that regardless of therapist gender, female clients were more likely than male clients to experience deprecation from their therapists. One qualitative study (Chambless & Wenk, 1982) found that the women clients interviewed believed that they had been taken more seriously by feminist therapists than by traditional therapists. Another qualitative project delineated those
aspects of therapy that the participants found to be beneficial and negative and provided support for women's preference for a same-sex therapist (Cannon, 1988).

Seven out of the ten studies of gender in family therapy process were conducted from the therapist's point of view. Out of the three that examined client experience, only one of those (Gregory & Leslie, 1996) included female client race as a process variable. Only two out of the ten studies reviewed utilized qualitative methodology, both described as ethnographies; one additional study used both a quantitative and a qualitative approach. The paucity of research from the client's perspective, whether male or female, is striking, as is the relative absence of qualitative approaches.

Results from some studies indicate that therapists treat clients in gender-stereotyped ways and exhibit gender bias in their practice (Broverman et al., 1970; Ciano-Boyce, Turner, & Turner, 1988; Haddock, MacPhee, & Zimmerman, 2001; Ivey, 1995; Stabb, Cox, & Harber, 1997; Werner-Wilson et al., 1997). Only one (McCollum & Russell, 1992) found evidence that therapists are engaging in more gender-equitable practice. Nevertheless, although results have been mixed, the studies included here do point out the distinct possibility that marriage and family therapists may employ, either consciously or unconsciously, sex-role stereotypes that influence their practice of therapy. These studies also seem to point to the need for research exploring the female client perspective of therapy experience. Because the majority of female clients in family counseling are also mothers, there is need for research dealing specifically with mothers' experience in family counseling. Obviously, the interconnected impact of gender, race, ethnicity, class, age, and sexual orientation is rarely mentioned. As of this writing, such published research appears to be lacking, although there may be a significant amount of
unpublished dissertation research on specific client populations that are of potential value to practitioners (Gehart, Ratliff, & Lyle, 2001).

Ego Development Theory

Another way of exploring women's experience in family therapy is to look at ego development as a therapeutic frame that can provide a means for tracking growth throughout the lifespan. It is possible that women at various levels of ego development may experience family therapy in different ways; depending upon level of ego development, the therapy experience could be educative or mis-educative, growth producing or not. The impact of therapy on ego development is not clear; it is also possible that ego development neither affects, nor is affected by, therapy. Further research is needed to clarify these issues.

Origin and Applications

Ego development as an abstract concept comes from work done in the fields of psychiatry, clinical psychology, developmental psychology and sociology (Swensen, Eskew, & Kohlhepp, 1981). Loevinger's (1976) conception of the ego is the self, the structure of personality. "The construction of meaning is not only something the ego does, but what the ego is" (Rogers, 1998, p. 145). Hauser, Powers, and Noam (1991) defined ego development as the "evolution of meanings that the [individual] imposes upon inner experience and perceptions of people and events . . . a sequence of increasingly mature stages of functioning across the domains of personal relationships, impulse control, moral development, and cognitive style" (p. 6), the way individuals make meaning of their life experience and the world at large.
The theory describes “changes in the development of self over time” (Rogers, 1998, p. 146); cognitive style, cognitive complexity, impulse control, and conscious preoccupations are components (Loevinger, 1976). These components are not isolated; they are “dynamically connected in specific ways along a continuum of increasing self-integration, differentiation, and complexity of thought” (Hauser, 1993, p. 25). There is a synergistic quality to the construct; the whole of ego development in its complexity is greater than the sum of its parts (McKeon, 1987). According to Loevinger (1998), ego development is the master trait that forms the centerpiece and foundation for the whole personality, an “individual’s prevailing motivations, integrative processes, and overall frame of reference” (Noam & Dill, 1996, p. 268). These frames of reference can be thought of as stages of ego functioning. Nine stages, arranged hierarchically along a continuum from simple to complex levels of impulse control, cognitive complexity, self-awareness, interpersonal skills and adaptability to external demands, represent a theory of personality development that, although complex and ambiguous, has been heavily researched and verified (John, Pals, & Westenberg, 1998; Manners & Durkin, 2000; Rogers, 1998). Stages are defined independently of chronological age, and individual growth can stop at any stage. Therefore, it is possible to find the full range of ego development levels within the adult population (Novy, 1993).

Loevinger, who admitted to having been greatly influenced by Harry Stack Sullivan’s (1953) theory of ego stability and anxiety gating (Loevinger & Wessler, 1970), has been responsible for most of the work conducted on ego development assessment. Her work originally began with women. Prior to the 1950s most psychological research concerned men or children:
Evidently it was their function as mothers that finally brought women to the attention of research psychologists. This was the era of mother-blaming (Loevinger, 1953), during which mothers were held accountable for the sins and personal failings of their children; so one might suspect that the implicit purpose of most such studies was to protect or defend the children (Loevinger, 1998, p.1).

Loevinger and her colleagues began studying the personality patterns of women, and, more specifically, those of mothers (Loevinger, Sweet, Ossorio, & LaPerriere, 1962). Their objective instrument, the Family Problems Scale (FPS), was devoted to mothers' attitudes toward mundane problems of family life throughout the family life cycle. The "pool of items as a whole was constructed systematically so as to sample the day's activities from morning through the night and the life cycle from infancy through grandparenthood" (Loevinger et al., p. 61). A new scale, entitled the Authoritarian Family Ideology (AFI), was constructed from the FPS data and gradually evolved into a means for measuring ego development, the Washington University Sentence Completion Test (SCT). This focus and the path taken by Loevinger's work on ego development seem relevant to family therapy, and yet no one has ever studied the theory in this context (Dr. Victoria Foster, personal communication).

Higher ego development levels have been positively related to empathy, adjustment, the ability to nurture, closeness, responsibility, tolerance, capacity for leadership, and a lack of aggression (Manners & Durkin, 2000; John, Pals, & Westenberg, 1998; White, 1985). Labouvie-Vief (1993) stated, "Mature adults appear to be able to span the bridge between the need to socially control one's emotions and the desire for a rich expressivity" (p. 35).
Higher levels have been positively correlated with increased parenting skills (Hauser, Powers, & Noam, 1991). "Those parents who have reached higher stages of ego development actively participate in family discussions, expressing acceptance and empathy, thereby providing vivid illustrations of parents who hold many perspectives, who are open to varied aspects of problems and new ideas" (p. 15). Therefore, ego development theory appears to have a direct relationship to women's development, family functioning, and family therapy. Loevinger's (1976) model describes psychological maturity not as adjustment, happiness or competence, "but as personality functioning based on introspection, conceptual complexity and openness, an awareness and appreciation of individuality and conflict, and autonomy and intimacy in relationships" (John, Pals, & Westenberg, 1998, p. 1096), all characteristics of healthy interpersonal functioning. In a study investigating developmental themes in women's emotional experiences of motherhood, results showed that, in the absence of psychopathology, higher levels of ego development were positively related to positive experiences of motherhood, and lower levels of development were positively related to poorer parenting functioning, with or without the presence of personal distress (Luthar, Doyle, Suchman, & Mayes, 2001).

Criticisms of the theory exist. Loevinger (1986) herself called the theory "broad and amorphous" and acknowledged that it neither has nor requires a philosophical foundation (as cited in Lee & Snarey, 1988, p. 156). There is no theoretical logic behind the sequencing from one stage to the next (Broughton & Zahaykevich, 1993). Also, subdomains within ego development have been clearly delineated: moral, faith, and intellectual development, for example. Finally, the scoring system has been criticized for
failing to identify empirically the constructs under investigation, and the manual does not include descriptions of item structures or link an item to its corresponding structure (Solbach, 1991). Loevinger (1985) insisted that the big issue is:

> How far the stems, the scoring manuals, and even the whole conception have been slanted toward women. . . . In defense of the conception, it was borrowed originally from Sullivan, M. Grant, and J. Grant (1957), who were working with delinquent young men, an entirely different population from our normal young women (p. 426).

**Stages**

"Ego stages are conceived as resolutions to questions of how to operate in the world and as frames of reference that have an integrity and cohesiveness to them" (Noam & Dill, 1996, p. 269). Hy and Loevinger (1996) described sequential stages that reflect increasingly complex perceptions of self and others. Individuals operating at the lower preconformist stages (Impulsive, Self-Protective) tend to act impulsively and have little ability to delay gratification. They usually think in dichotomous, either-or, terms and demonstrate little self-awareness. The average American adult functions at either the Conformist or Self-Aware stage (Noam & Dill). These two stages, along with the Conscientious stage, make up the Conformist stages. Although there is some self-awareness at these stages, it is not well developed. Relations with others are often seen in terms of being accepted by one's group. In contrast, individuals functioning at the highest, or postconformist, levels of ego development (Individualistic, Autonomous, and Integrated) demonstrate ability to be flexible to situational demands and show cognitive
complexity and highly developed self-awareness, as well as respect for individual differences.

The first stage is reflective of a newborn's first attempts at constructing "a stable world of objects" (Hy & Loevinger, 1996, p. 4). This first stage is not amenable to study, but the theorists included it to provide for theoretical completion. The Impulsive stage (E2), the lowest available for meaningful study, is characterized by cognitive simplicity and a lack of psychological insight. Perceptions of self and others are reflected in dichotomist thinking, such as good/bad, nice/mean, and clean/dirty; relationships are determined by what others can do for self. "Good guys give to me, mean ones do not. The growing sense of self is affirmed by the word 'No'" (Hy & Loevinger, 1996, p. 5). Punishment is arbitrary, and rules are poorly understood. This stage is dominated by sexual and aggressive bodily impulses, and emotions are represented physiologically and may be intense: "mad, upset, sick, high, turned on, hot" (Loevinger, 1976, p. 16).

In the Self-Protective stage (E3), character development is reflected in the notion of immediate gratification and the fear of being caught, as well as the beginnings of self-control. Individuals at this stage lack long-term goals and ideals. Blame is understood, but always assigned elsewhere, either to others or to circumstances. The individual functioning at this stage understands rules but is not self-critical and does not accept responsibility for actions. "Older children and adults who remain at this stage see life as a zero-sum game; they may become hostile, opportunist, or even psychopathic" (Hy & Loevinger, 1996, p. 5). Enjoying the good life means having money and material objects.

The Conformist stage (E4) marks a shift from egocentrism to group centeredness and is characterized by a growing preoccupation with approval and social acceptance.
Reputation, status, appearance and adjustment are important. Social norms define right and wrong; the individual identifies with the group or authority, and trust is essential. Right and wrong are determined by compliance with socially sanctioned rules, which are accepted because they are the rules. "There is a right way and a wrong way, and it is the same for everyone all the time" (Hy & Loevinger, 1996, p. 5). When rules are broken, shame and guilt are felt. Tolerance of individual differences is not a feature. Sex roles are often stereotypical. Belonging to a group brings security. Group disapproval is powerful. Individuals at this stage are interested in social acceptance, reputation (social desirability), and material things. Inner emotions are perceived in simple terms: sad, happy, glad, angry. Interpersonal relationships are viewed in terms of actions, as opposed to feelings.

In the Self-Aware stage (E5), individuals begin to describe interpersonal relationships in terms of feelings as well as actions; feelings describe self in relation to others: "lonely, embarrassed, homesick, self-confident, and most often, self-conscious" (Loevinger, 1976, p. 19). The sense of distinction between self and group is often pronounced. There is awareness that rules, once thought to be absolute, can be modified; multiple possibilities now exist in situations. There is the growing realization that no one is capable of conforming all the time to socially accepted stereotypes. This stage is characterized by an emerging self-awareness and capacity for introspection.

The Conscientious stage (E6) is marked by the introduction of the internalization of morality and self-evaluated standards; that is, inner rules of morality are more important than group-sanctioned rules. "The moral imperative remains, but it is not just a matter of doing right and avoiding wrong; priorities and appropriateness are considered"
(Hy & Loevinger, 1996, p. 6). Obligations, ideals, traits, and achievement are measured by inner standards, and the capacity for self-criticism emerges. Rules are followed because they are just or fair, and not out of fear of reprisal. Tolerance for and understanding of alternate viewpoints becomes possible, as does the capacity for reflection. Important components of an adult conscience appear at this stage, including "long-term, self-evaluated goals and ideals, differentiated self-criticism, and a sense of responsibility" (Loevinger, 1976, p. 20). An individual functioning at this stage is able to perceive the broader, social context of situations and concepts.

The Individualistic stage (E7) features a heightened sense of individuality and a growing tolerance and respect for individual differences. The person is able to distinguish among physical, financial, and emotional dependence, while manifesting a particular concern for the last. This stage marks the emergence of the concept that people can have and be in different roles simultaneously. The internalization of morality marked by the Conscientious stage (E6) begins to be replaced by the awareness of inner conflict.

The Autonomous stage (E8) is marked by the recognition of and respect for others’ needs for autonomy and features the acknowledgement of and means to cope with inner moral conflict among duties, desires and needs. Moral dichotomies characteristic of earlier stages are no longer evident; instead, the individual is becoming aware of the multifaceted complexities of real people in real situations. “There is a deepened respect for other people and their need to find their own way and even make their own mistakes” (Hy & Loevinger, 1996, p. 6). A high tolerance for ambiguity and the paradoxes of life is present. Feelings are vividly conveyed. With conceptual complexity comes the desire to view self and others realistically and objectively; self-fulfillment is a major goal.
Difficult to describe because of its rarity, the Integrated stage (E9) is characterized by the reconciliation of conflicting demands and renunciation of the unattainable, and is marked by the achievement of a sense of integrated identity. Individuality is cherished. Only a few individuals are theorized to reach this point; thus, data are unavailable to describe this stage fully. Because of these difficulties in measurement and definition, this stage is often combined with the previous one, Autonomous (E8).

Table 2.1

Some Characteristics of the Stages of Ego Development

<table>
<thead>
<tr>
<th>Level</th>
<th>Code</th>
<th>Impulse Control</th>
<th>Interpersonal Mode</th>
<th>Conscious Preoccupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impulsive</td>
<td>E2 (1-2)</td>
<td>Impulsive</td>
<td>Egocentric, dependent</td>
<td>Bodily feelings</td>
</tr>
<tr>
<td>Self-Protective</td>
<td>E3 (Delta)</td>
<td>Opportunistic</td>
<td>Manipulative, wary</td>
<td>“Trouble,” control</td>
</tr>
<tr>
<td>Conformist</td>
<td>E4 (1-3)</td>
<td>Respect for rules</td>
<td>Cooperative, loyal</td>
<td>Appearances, behavior</td>
</tr>
<tr>
<td>Self-Aware</td>
<td>E5 (1-3/4)</td>
<td>Exceptions allowable</td>
<td>Helpful, self-aware</td>
<td>Feelings, problems, adjustment</td>
</tr>
<tr>
<td>Conscientious</td>
<td>E6 (1-4)</td>
<td>Self-evaluated standards, self-critical</td>
<td>Intense, responsible</td>
<td>Motives, traits, achievements</td>
</tr>
<tr>
<td>Individualistic</td>
<td>E7 (1-4/5)</td>
<td>Tolerant</td>
<td>Mutual</td>
<td>Individuality, development, roles</td>
</tr>
<tr>
<td>Autonomous</td>
<td>E8 (1-5)</td>
<td>Coping with conflict</td>
<td>Interdependent</td>
<td>Self-fulfillment, psychological causation</td>
</tr>
<tr>
<td>Integrated</td>
<td>E9 (1-6)</td>
<td></td>
<td>Cherishing individuality</td>
<td>Identity</td>
</tr>
</tbody>
</table>

*Note: The code for the previous version used I-levels and Delta; the current code uses E-levels. Adapted from Loevinger (1976, 1987) [as cited by Loevinger, 1998, p. 5].*

**Adult Development**

Freud (1933) insisted that there is a rigidity to women that limits their psychological development after the age of 30 (as cited in Helson & Roberts, 1994). However, Loevinger’s (1976) model of ego development acknowledges the ability of
adults to undergo transformations of cognitive complexity (Labouvie-Vief, 1993).

According to Labouvie-Vief and Diehl (2000), these transformations involve qualitatively new thinking that transcends the abstract formal reasoning of adolescence and "involves a higher use of reflection and the integration of contextual, relativistic, and subjective knowledge" (p. 490).

Whether developmental growth continues throughout the lifespan has been debated and researched, along with when or how people reach maturity, and whether life events may foster growth in adulthood (Bursik, 1991; Cohn, 1998; Manners & Durkin, 2000; White, 1985). Even though only a relatively small percentage of adults progress to advanced stages of ego development (Manners & Durkin), it is now generally acknowledged that adult growth can and does occur (Hauser, 1991; Noam & Dill, 1996; Sprinthall, Reiman, & Thies-Sprinthall, 1993; Wong, 1977) through maturation, socialization, education (Muss, 1996), more complex family and work roles (Loevinger, 1976), self-exploration in a therapeutic context (Blocher, 1980; Loevinger), and especially following stressful or positive life changes (Bursik; Helson & Roberts, 1994; Manners & Durkin). Merriam and Heuer (1996) stressed the need for reflection, as well: "In other words, development involves an adult's increased capacity to reflect on experiences, make meaning of them and then act upon them" (p. 248). Development occurs when individuals are unable to make sense of experiences or are dissatisfied with the sense they are able to make (Merriam & Heuer).

Lee and Snarey (1988) found that the processes of ego and moral development continue into adulthood, although not at the same rate. Ego level tends to be very stable; whatever change there may be will be slow (Hy & Loevinger, 1996). Although the
modal adult tends to reach a premature plateau at the self-aware level because the
stability of the environment acts to restrict further ego development, and people tend to
assimilate whenever possible, adults can continue to develop (Helson & Roberts, 1994;
Manners & Durkin, 2000), although giving up a familiar stance may be more difficult for
adults than for children and adolescents (Sprinthall, Reiman, & Thies-Sprinthall, 1993).
Change in ego development during adulthood appears to be unrelated to chronological
age (Bursik, 1991). According to Sprinthall, Reiman, and Thies-Sprinthall, “Stages are
not necessarily transformed by the passage of time” (p. 286).

Certainly the stabilizing of adult ego development at the Self-Aware level is
below the maximum potential, but the reasons for this plateau are not clearly understood
(Bursik, 1991; Manners & Durkin, 2000). Loevinger (1976) acknowledged that a range
of factors may influence ego stage development in adults, but she endorsed only two:
Piagetian cognitive development and life experiences. Cognitive development, or
intellectual complexity, is different from ego development, although there is a
relationship between the two domains; cognitive stage provides the range of possibilities
of ego development (Labouvie-Vief & Diehl, 2000; Loevinger). In other words, “this
may mean that the cognitive stage sets limits on the level of complexity that a person
perceives and seeks in the environment;” life events may not lead to further ego growth
“because the person’s stage of cognitive development prevents recognition of the
complexity of the event” (Manners & Durkin, p. 485). Conversely, ego development as a
framework for making sense of the self and world, a progressive structure for organizing
personality, cannot be encompassed by a cognitive process. Therefore, cognitive
development appears to be a necessary but insufficient component of ego development.
The rate of ego development is greater in adolescence than in adulthood (Cohn, 1998). The reason for this difference may be that adolescents are exposed to a larger range and number of challenging life experiences than are adults; adults may have more choice in their life experiences and so choose those that confirm their existing structure (Manners & Durkin, 2000). However, most adults are faced with challenging experiences at some point in their lives, prompting the question of which types of those experiences are likely to promote ego development. Some writers (Manners & Durkin) have suggested that "the ego stage at which people stabilize is a function of the interaction of individual psychological and social differences that influences the degree of exposure to, the perception of, and the response to, disequilibrating life experiences" (p. 481).

Divorce is certainly a stressful and challenging life experience for many people. Noting that very few studies using a longitudinal design had been undertaken, Bursik (1991) investigated the effect of divorce on women's ego development. Bursik specifically wanted to know if those who successfully adapted to divorce exhibited growth in ego development. The researcher located and recruited 104 women from the greater Boston area. All the women had been married for at least five years and had been separated for less than eight months at the time of the first data collection. Although age, length of marriage, and number of children varied, all participants were White, middle or upper-middle class, and well educated (most were attending college at the time). Interviews were conducted and self-report questionnaires administered. Participants were contacted after one year; 91% agreed to participate in a second round of data collection. Data were collected in the same fashion as at the beginning of the study.
The researcher identified four possible paths of adaptation: (1) an increase from low to high level of adjustment, (2) no increase from low level of adjustment, (3) no increase from a high level of adjustment, and (4) a decrease from high to low level of adjustment. The SCT was used to measure ego development. Self-esteem level was measured with Rosenberg’s (1965) Self-Esteem Scale. Life satisfaction was assessed by asking the question, “In general, how satisfied are you with the way you are spending your life these days?” (Bursik, 1991, p. 303). Responses were plotted on a Likert scale. Negative affect level, stress symptoms, and physical health were also assessed. Repeated measures analyses of variance (ANOVAs) were performed for each adjustment indicator.

Results showed that those women who initially found divorce a disequilibrating experience, but made a successful adjustment (low to high level of adjustment), demonstrated a significant mean increase in ego level. The women who experienced disequilibrium initially but were not able to adapt successfully (low to low level of adjustment), showed a mean increase in ego development, but the increase was not significant. The group of women who apparently did not find divorce particularly disequilibrating and maintained a high level of adjustment overall (high to high level of adjustment), showed the smallest amount of change among all the participants. These women were seemingly able to organize the experience of divorce by using their existing ego structures; because very little adaptation was required, little or no ego growth occurred. Finally, the women who did not initially find the experience unbalancing but declined in adjustment (high to low level of adjustment), showed a significant mean decrease in ego development level.
It is interesting to note that ego development and level of adjustment were not associated at either time of testing. Ego development is distinct from adjustment, and well-adjusted people can be found at all levels of ego development (Loevinger, 1976; Loevinger & Wessler, 1970; Vaillant & McCullough, 1987), neither does a higher level of ego development confer happiness upon its owner (Helson & Roberts, 1994). In this study, the women scoring lowest in emotional adjustment at both testings (low to low level of adjustment) also scored the highest mean level of ego development at the initial testing. However, this high level of ego development did not appear to facilitate significant emotional adjustment to divorce. The fact that these women were able to acknowledge and report inner conflict agrees with Loevinger's conception of higher stage characteristics. Helson and Wink (1987) suggested that the lack of relationship between adjustment and ego development might occur because the "goals at the highest stages of development may conflict with the compromise and compliance needed for successful adjustment to surrounding social reality" (p. 532).

Results of Bursik's (1991) research project showed that 38% of the women participants achieved a change in level of ego development following a major life event. Also, change in ego level was apparently not related to age. The finding that the women who declined in adjustment (high to low level of adjustment during the course of the study) showed a significant mean decrease in ego development level, is interesting and led the researcher to conclude that "although this type of life change has the potential for fostering further growth and development, it should also be viewed as a life change that may lead to disorganization and regression" (p. 306). Unfortunately, a second follow-up was not conducted that might have shed light on the perhaps temporary nature of this
regression. Bursik’s findings also indicate that disequilibrium may have to include emotional and interpersonal aspects in order to produce growth (Manners & Durkin, 2000).

Another longitudinal study (Helson & Roberts, 1994) researched the factors that might influence ego development in adult women. The researchers formulated three hypotheses: (1) the expectation that cognitive (verbal aptitude) and personality traits found in late adolescence would exert an influence on ego development, (2) the expectation that life path followed between college and midlife would affect ego development, and (3) the expectation that ego development might take place as a result of difficult and challenging life experiences.

To test these hypotheses, the researchers in 1958 and again in 1960 recruited and tested 141 seniors at Mills College. In 1963-64, 1981, and 1989 the sample was contacted again. Data were thus collected from women in their final year of college, at roughly age 43, and again at about age 52. Eighty-one women participated at all three times. The SCT was used to measure level of ego development, the California Personality Inventory (CPI) to measure personality change (especially regarding Responsibility, Achievement Via Independence, Tolerance, and Psychological Mindedness), and the Scholastic Aptitude Test (SAT) to measure verbal aptitude. In addition, the women were asked to rate a series of statements describing their “feelings about life.” The participants were categorized according to social clock projects: “cohort-specific expectations about the timing and phasing of the major undertakings of young and middle adulthood” (Helson & Roberts, 1994, p. 913). Finally, at age 52 the women were asked to reflect on “the most unstable, confusing, troubled, or discouraged
time in your life since college – the one with the most impact on your values, self-concept, and the way you look at the world” (p. 914).

In performing analyses, the researchers first documented the relationship between ego development level and (1) scholastic aptitude in high school, (2) psychological mindedness and flexibility in the final year of college, and (3) life stimulation between the ages of 21 and 43. A path analysis mapped the pattern of influences. Further analyses utilized correlations and chi-square tests to show relationships between level of ego development and (1) feelings about life, (2) degree of life stimulation, and (3) themes about the most difficult times.

Although the SCT was administered only at midlife, the researchers nevertheless argued that their results provided strong evidence for adult ego development. They found significant positive changes in Tolerance, Achievement Via Independence, and Psychological Mindedness, all constructs consistent with ego development theory. The researchers explained a drop (by those in the Self-Aware group) in Responsibility with Loevinger’s (1976) statement that responsibility levels off among those at higher ego levels. This study also found that life paths involving “new ways of thinking and sustained adaptational effort” (Helson & Roberts, 1994, p. 918) were related positively to higher levels of ego development at midlife, more than life paths that did not involve challenge and disequilibrium. The researchers concluded that the way in which women cope with major life events is reflective of and also affects ego development level.

The Therapeutic Context

In recent years researchers have begun to investigate and analyze clinical problems in terms of ego development, since the theory refers to behaviors and attitudes
involved in impulse control, anticipation, responsibility taking, social judgment, and
cognitive complexity (Hauser, Powers, & Noam, 1991). Swenson (1980) stated that of
all the developmental theories, this one seems most applicable to counseling and
particularly to marital counseling because in some cases differences in ego level are
responsible for couples’ difficulties. D’Andrea and Daniels (1992) devised a model for
counseling that uses Loevinger and Wessler’s (1970) instrument, the SCT, to guide the
choice of intervention so as to promote clients’ psychological development. Many
practitioners view clinical intervention in developmental terms, and Loevinger’s (1976)
model is particularly well suited to a clinical-developmental orientation; the structures of
go development relate to “expressions and outcomes of psychopathology and health”
(Noam, 1992, p. 682).

Noam and Dill (1996) proposed the use of ego development to examine the
supposed relationships between ego complexity and psychopathology in adults, noting
that Loevinger (1976) believed that it is possible for psychopathology to exist at any ego
level. Several studies cited by Noam and Dill have shown a relationship between
psychopathology and the preconformist stages, especially higher levels of symptoms,
externalizing behaviors, a greater likelihood of psychiatric hospitalization, elevated
scores on eight out of the ten Minnesota Multiphasic Personality Inventory (MMPI)
scales, significantly more personality disorder diagnoses, suicide attempts, and delinquent
behaviors. On the other hand, studies in which participants scored at the conformist or
postconformist stages have not demonstrated such consistent relationships. In fact, the
results of studies suggest that the way problems manifest may vary according to ego
stage; more research needs to be conducted (Noam & Dill).
As discussed above, there appears to be no relationship between adjustment and ego level; higher developmental levels do not necessarily mean better-adjusted individuals. On the contrary, higher ego levels may relate to greater incidences of internalizing disorders, such as suicide attempts and ideation, as well as affective disorders. In this regard, Noam (1992) spotlighted a conceptual problem with the theory: although psychopathology can occur at any stage, higher stage descriptions conjure up images of glowing mental health. He suggested that instead of increasing maturity, ego development should be viewed in terms of increasing complexity.

In a study designed to explore the relationship between ego maturity and psychopathology among adults, Noam and Dill (1996) hypothesized first that pathology might exist at all ego levels, but that the most severe symptoms would be found at the lowest levels. Results indicated that those participants who scored at the lowest levels did, indeed, appear to experience the most distress. Those participants functioning at the highest levels appeared to experience the least distress from symptoms.

The study sample was composed of 125 adults from an ambulatory mental health outpatient program. Participation was voluntary. The researchers' report focused on the 102 participants for whom ego development data were available: 40 men and 62 women, ranging from 19 to 71 years in age. Dual and multiple diagnoses were common. Under staff supervision, participants completed the Washington University Sentence Completion Test (SCT), the Symptom Checklist (SCL-90-R), and the Patient Request Form (PRF), designed to assess the form of psychiatric treatment desired.

The researchers also wondered if certain types of symptoms would correlate with ego level; that is, would individuals at higher levels exhibit more internalizing behaviors
and affective disorders? Findings did not support this hypothesis. Symptoms actually decreased with increased ego levels, a result supporting the interpretation that higher levels correlate with fewer symptoms, less severe symptoms, or intervention being sought earlier.

Noam and Dill (1996) further hypothesized that ego level would be reflected in preference for type of treatment. However, ego level in this study’s sample showed less variance than expected; the majority of participants scored at or above the Self-Aware level, limiting interpretation of results. These participants requested a collaborative form of treatment; as a result, the researchers emphasized the importance of attending to clients’ requests when negotiating a treatment plan. In keeping with the theory that individuals functioning at postconformist levels are more capable of self-reflection and insight, Noam and Dill found that participants at the higher ego levels were more likely to request a psychodynamic, insight-based approach. Individuals functioning at lower levels tended to ask for treatments utilizing reality contact.

Based on the study findings, the researchers recommended more clinical training in the area of adult development, stating, “We cannot underestimate the importance to our patients of recognizing their specific ways of organizing their experiences” (Noam & Dill, 1996, p. 289). They further recommended that future research undertake the assessment of differences in ego level across various psychological disorders.

In summary, ego development, although tending to plateau at the Self-Aware level in adulthood, can and does continue throughout the lifespan. Thus, a range of ego levels can be found within the adult population. A variety of life experiences appears to be conducive to growth. However, research has shown that, in order to promote stage
growth, life experiences must be disequilibrating, not only cognitively but emotionally engaging, interpersonal, and personally relevant. Perception, as well as interpretation, of events appears to be crucial (Manners & Durkin, 2000). Psychotherapy itself may be such an experience for clients (Manners & Durkin; Rogers, 1998), although researchers do not yet know if therapy is the cause or the effect of ego development (Cohn, 1998).

Psychopathology can exist at all ego development levels. Although researchers have begun investigating clinical problems in terms of this developmental construct, further research is needed to describe the seemingly complex relationships between pathology and ego development level in adults.

Chapter Summary

A review of the relevant professional literature yielded mixed results. Studies examining women's experience in individual counseling revealed support for the feminist critique of traditional psychotherapy theory and practice: male therapists appeared more blaming of female clients, as compared to female therapists, most female participants believed that they were taken more seriously by feminist therapists than by traditional ones, and evidence existed for the continued practice of mother blaming.

Most family therapy process research has been conducted from the perspective of the therapist and not the client. Even when researchers have studied client experience directly, they have often failed to delineate between the experience of male and female clients. Because the majority of female clients in family counseling are also mothers, there is, by extension, a lack of research dealing specifically with mothers' experience in family counseling. Few researchers have utilized qualitative approaches. Although one study found evidence that therapists are engaging in more gender-equitable practice
(McCollum & Russell, 1992), most studies indicated that therapists treat clients in gender-stereotyped ways and exhibit gender bias in their practice (Broverman et al., 1970; Ciano-Boyce, Turner, & Turner, 1988; Haddock, MacPhee, & Zimmerman, 2001; Ivey, 1995; Stabb, Cox, & Harber, 1997; Werner-Wilson et al., 1997). The interconnected impact of gender, race, ethnicity, class, age, and sexual orientation was rarely mentioned as a process variable.

Although heavily influenced by the theory of ego stability and anxiety gating (Sullivan, 1953), Loevinger (1976) is responsible for most of the work conducted on ego development assessment. Loevinger’s work began by studying the personality patterns of women and, more specifically, of mothers (Loevinger, Sweet, Ossorio, & LaPerriere, 1962). That work gradually evolved into the current theory and instrumentation, the Washington University Sentence Completion Test (SCT). Researchers now recognize that higher ego levels are positively correlated with increased parenting skills, including empathy, closeness, and the ability to nurture (Hauser, Powers, & Noam, 1991). Although the modal adult tends to plateau at the self-aware level, research has demonstrated that adults can and do continue to develop (Helson & Roberts, 1992; Manners & Durkin, 2000).

In recent years researchers have begun to investigate clinical problems in terms of this construct. Many practitioners view clinical intervention in developmental terms, and Loevinger’s (1976) model is well suited to a clinical-developmental orientation (Noam, 1992). For these reasons, ego development seems to be a viable frame for the examination of women’s experiences in family therapy. Because of the paucity, not only of investigations into women’s experience of family counseling, but of qualitative
approaches as well, it seems that phenomenological research might begin to fill a noticeable gap in the professional knowledge of this subject.
CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

This section will present the research design used in this study. Included are the justification for the chosen design and the relevance of qualitative methodology to this project. Setting, participants, and procedures will be described.

General Characteristics of the Qualitative Research Paradigm

A paradigm may be viewed as a set of basic beliefs (or metaphysics) that deals with ultimates or first principles. It represents a worldview that defines, for its holder, the nature of the "world," the individual's place in it, and the range of possible relationships to that world and its parts, as for example, cosmologies and theologies do. The beliefs are basic in the sense that they must be accepted simply on faith (however well argued); there is no way to establish their ultimate truthfulness (Guba & Lincoln, 1994, p. 107).

Guba and Lincoln (1994) argued that the beliefs defining an inquiry paradigm can be summarized in answers to the following: the ontological question, the epistemological question, and the methodological question. The ontological question asks what is the nature and form of reality; the epistemological question asks about the relationship between researcher and that which is being researched, and the methodological question asks what is the best way for an inquirer to go about getting information or answers about
topics of interest. The classification of ontological and epistemological theories lies along a continuum from positivism (there is only one reality, and we can know it), to post-positivism (there is probably one reality, but we can only imperfectly understand it), to critical theory (our worldviews are shaped and influenced by social values), to constructivism (knowledge is constructed both individually and socially). Although quantitative researchers generally take a positivist stance, those favoring the qualitative stance tend to favor the view that reality is socially constructed and multiple in nature, as opposed to the viewpoint that reality is fixed and knowable, and there is but one truth (Denzin & Lincoln, 1994).

According to Creswell (1998), qualitative research is “an inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex, holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting” (p. 15). In opposition to quantitative research that employs few variables and many cases, qualitative research relies on many variables and few cases. A natural setting (field focus) is used as the source for data, and the researcher is recognized as part of the instrumentation for data collection. Whereas quantitative research utilizes a deductive process of analysis, qualitative research uses an inductive process, focusing on particulars and building themes from those particulars, using a literary and expressive style of writing.
The characteristics of a well-conducted qualitative study are:

*Employment of rigorous data collection procedures* – Multiple forms of data are collected; findings are presented in detail and in graphic form, by means of words or pictures, rather than in numerical form; adequate time is spent in the field.

*Assumptions and characteristics of qualitative research form the framework* – The design is an evolving one, multiple realities are presented, the researcher is recognized as part participant in data collection, and there is a focus on the participants’ views.

*A tradition of inquiry is used* – The researcher identifies, studies, and uses one or more inquiry designs (Case Study, Ethnography, Grounded Theory, Biography, or Phenomenology).

*The study begins with a single focus* – Each project begins with a single idea or problem that the researcher wants to investigate and understand.

*Detailed methods are used* – A rigorous approach is used for data collection, analysis, report writing and verification of accuracy procedures.

*Writing is persuasive, clear, and engaging* – The goal is for the reader to understand the participants’ perspectives, for the findings to become believable and realistic. The focus is on participants’ perceptions and the way in which these individuals make meaning of their life experiences.

*Multiple levels of abstraction are used* – Multiple themes are combined into larger themes, and analyses are layered from the particular to the general. Concepts and hypotheses are built from details (Creswell, 1998).
Assumptions and Rationale for a Qualitative Design

Methodology and epistemology are connected (Schwandt, 1990). Research questions that seek to understand the nature of human experience and the meaning making associated with that experience within a particular setting seem to require the use of a qualitative methodology. Gehart, Ratliff, and Lyle (2001) asserted,

The human perspective provided through qualitative investigation will allow future research and theory to be more representative of and responsive to the actual experiences of clients and therapists . . . and has the potential to ensure that family therapy remains helpful and humane (p. 267).

The qualitative research paradigm is isomorphic with the cybernetic underpinnings of the field of family therapy, since the field of family therapy grew from cybernetic and phenomenological roots. Bateson (1972) was a trained anthropologist who conducted ethnographic research, and out of that research he developed his perspective on cybernetic systems. The first theories of family therapy gradually emerged from this qualitative methodology.

Moon, Dillon, and Sprenkle (1990, 1991) believed that the qualitative paradigm, with its roots in anthropology and sociology, offers a viable alternative to statistical research for investigating and understanding complex social science phenomena. These researchers argued not for the wholesale substitution of qualitative methods for quantitative ones, but for the addition of qualitative procedures in order to benefit the field of family therapy, making the claim that qualitative researchers are apt to ask questions relevant to actual clinical practice.
Qualitative methods are the logical research expression of aesthetic approaches to family therapy, just as quantitative methods are the logical research expression of pragmatic approaches to family therapy. Both approaches to family therapy are needed (Keeney & Sprenkle, 1982), and both approaches to family therapy research are needed (Moon, Dillon, & Sprenkle, 1990, p. 366).

Others have stressed that it is only through the use of qualitative methodology that the experience of those involved in family therapy can be known (Kleist & Gompertz, 1997). Cavell and Snyder (1991) disagreed, arguing that inherent weaknesses in internal and external validity limit the usefulness of qualitative studies. However, urging the appropriate use of both types of designs, Moon, Dillon, and Sprenkle (1991) insisted, “qualitative methodology has the potential to advance the science and practice of family therapy” (p. 177). Gehart, Ratliff, and Lyle (2001) argued that qualitative research should be considered “a necessary complement that produces a different type of knowledge”:

Quantitative research provides us with the general knowledge and trends of which we need to be aware, whereas qualitative research can provide us with the specific knowledge and personal stories that add depth and life to the statistics. The potential “dialogue” between these two perspectives produces a richer understanding than either approach alone (p. 268).

Creswell (1998) listed eight reasons to undertake a qualitative study: (1) the nature of the question requires it, (2) the topic needs exploration, (3) there is need for a detailed view, (4) the objective is to study participants in a natural setting, (5) the researcher is interested in a literary style of writing, (6) necessary time and resources
exist for extensive data collection, (7) there is a receptive audience for the study results, and (8) the researcher can take the stance of active learner rather than expert. The current study fulfilled these criteria and was well suited to the qualitative research paradigm because of the lack in counseling literature of the reporting of women's experience in family therapy, especially as voiced by the women themselves. The nature of the research questions called for a qualitative study methodology, in which research questions often begin with how or what, instead of why, as in quantitative studies. The choice of a qualitative design was appropriate because the topic of women's experience in family therapy is one that needs to be explored and presented in detail.

Epistemologies that include room for different perspectives and the actual voices of participants provide a way to reveal real women in their racial, age, class, ethnic, and sexual diversity. Certainly, those of us who espouse a feminist approach to the practice of family therapy must be mindful of the need to respect and listen to the hitherto unheard voices of women in all their rich variety. How else are we really to know and understand the kind of experience we are providing for them? Without this knowledge and understanding, how can we hope to change the field of family therapy practice so that it is truly inclusive of gender, race, ethnicity, class, and sexual orientation?

Phenomenological Research Design

"Phenomena are the building blocks of human science and the basis for all knowledge" (Moustakas, 1994, p. 26). A phenomenological design describes the meaning of a phenomenon or concept as experienced by several individuals, with the recognition that perception is the unassailable primary source of knowing. Through the process of data analysis, the researcher reduces the experiences to a central meaning, or
"essence" (Moustakas). "The purpose of phenomenological research is to produce clear, precise, and systematic descriptions of the meaning that constitutes the activity of consciousness" (Valle, King, & Halling, 1989, p. 10). Researchers employing this design seek to understand the meaning of naturally occurring events and interactions through the participants' eyes, to grasp the participants' lived experience of a phenomenon. Data analysis utilizes the method of reduction, distilling themes from specific statements, and searching for all possible meanings. The researcher must engage in "bracketing," the setting aside of his or her personal experiences, and must rely "on intuition, imagination, and universal structures to obtain a picture of the experience" (Creswell, 1998, p. 52).

Four philosophical themes are foundational to phenomenological inquiry: (1) the return to the traditional task of philosophy, i.e., the search for wisdom, (2) the suspension of judgments about what is real (bracketing or epoche), (3) the belief that the reality of an object is related to one's consciousness of it (intentionality), and (4) the belief that an object's reality can only be grasped within the meaning of lived experience (Creswell, 1998). Thus, the goal of this type of research is to find out and describe what an experience means for the individuals who have had the experience and who are able to describe it comprehensively. Such descriptions "keep a phenomenon alive, illuminate its presence, accentuate its underlying meanings, enable the phenomenon to linger, retain its spirit, as near to its actual nature as possible" (Moustakas, 1994, p. 59). Universal meanings, or profiles, are then derived from these specific descriptions.

There are several approaches to phenomenology, including dialogical, empirical, transcendental/psychological, existential, hermeneutic, and social (Creswell, 1998). Creswell stated a preference for the psychological approach, which focuses on general or
universal meaning extracted from individual experience, rather than that drawn from group experience. Creswell outlined the major procedural issues involved in this model: (1) the researcher must understand the philosophical perspectives underlying this approach, (2) the researcher must ask questions designed to explore the meaning of an individual's lived experience, (3) the researcher must collect data from individuals who have experienced the phenomenon, (4) individuals' statements are grouped together into clusters of meanings, which are then tied together to form a broader, general description by means of themes, and (5) the readers of the report will, as a result, better understand the essence of the lived experience.

In the case of women's actual experiences in family therapy, little research has been conducted, leaving a void that needs to be filled (Avis & Turner, 1996; Helmeke & Sprenkle, 2000; Wark, 1994). Avis and Turner noted "how little research exists in family therapy on women, their experience and their perspectives - as therapists, as clients, in supervisory and training relationships . . . the need to create space for women's voices remains important and overdue (p. 165).

A review of qualitative research in couples and family counseling (Kleist & Gompertz, 1997) revealed a total of seven recent studies. The three studies that investigated client perceptions of process and/or outcome did so within the context of ethnography. The one phenomenological project studied supervisor and supervisee perspectives of live supervision. Gehart, Ratliff and Lyle (2001) conducted a review of the qualitative research on family therapy (24 studies were included) that had been published from 1989 to 1999 and found a primary focus on process and outcome of a single therapeutic approach. Although some researchers investigated both client and
therapist perspectives of counseling, only one study featured client perspectives of structural-strategic family therapy (Kuehl, Newfield, & Joanning, 1990). Out of the four studies looking at a specific client population, only one (Lewis & Moon, 1997) studied women. Phenomenology was the epistemological theory most often cited as that used to guide the studies.

A phenomenological study of women’s experience of Structural Family Therapy, using semi-structured interviews, seemed particularly well suited for this study’s purpose, since the participants themselves could be heard in their own words without the constraints of a superimposed framework for response, as called for by quantitative methods. A qualitative tradition such as this one is attractive to feminist researchers because women’s interpretations are given center stage (Bogdan & Biklen, 1992).

The phenomenological approach was an appropriate tradition of inquiry for this study. Such an approach provides the means for profiling, for distilling the elements that made up these women’s counseling experience into their essence, a close-to-pure form, thereby giving the reader a greater understanding of that experience. “Qualitative researchers believe that approaching people with a goal of trying to understand their point of view, while not perfect, distorts the subjects’ experience the least” (Bogdan & Biklen, 1992, p. 35). In keeping with feminist tenets, this model honors and respects participants and their views.

Bracketing

Qualitative research recognizes the integral part the researcher plays in any project; a relationship between researcher and participant is accepted and often considered to be useful (Bogdan & Biklen, 1992). In fact, the researcher is the primary
instrument of data collection. Although there is no such thing as a bias-free design (Denzin & Lincoln, 1994), part of a phenomenological study design is the "epoche," the setting aside by the researcher of all pre-suppositions, prejudgments, and preconceived ideas, the knowing of things in advance, thus bracketing his or her own experience, biases, or expectations of how others will construct an experience. The goal of bracketing is the creation of new ideas, awareness, and understandings. The suspension of judgment begins with the researcher's personal statement. Though the bracketing process is difficult and seldom perfectly achieved, through the attempt, the qualitative researcher is more able to see things, events, and people afresh, as if for the first time, naïve and unhampered "by voices of the past that tell us the way things are or voices of the present that direct our thinking" (Moustakas, 1994, p. 85). For the family therapy researcher, it is appropriate to ponder how our own family experiences affect what we choose to study and what questions we ask (Daly, 1992).

Site and Sample Selections

Participants

Qualitative studies are evaluated on the basis of their purpose and methodology and not on numbers of subjects; generally, a project requires enough participants to authenticate the results of analysis (Gehart, Ratliff, & Lyle, 2001). The individual participants of a phenomenological study are generally chosen because they have recently experienced (or are currently experiencing) the phenomenon under study, and they are able to describe the experience clearly and descriptively (Creswell, 1998). The participants for this study were ten women who had recently been, along with their
families, involved in family therapy provided by a college-based family counseling center. No women with whom the researcher worked were participants. The women ranged in age from 28 to 52 years old at the time of the interviews. The majority of the participants were in their 30s (five women) and 40s (three women). Four women were married at the time, three were single and living alone with their children, one was single and living with the father of her youngest child, and two were living together in a same-sex relationship. Six out of the ten were employed outside their homes, including two of the single mothers who were on their own. Eight women identified themselves as Caucasian, one as Caucasian/Cherokee, and one as Native American/Mexican. One of the women who identified herself as Caucasian said that there was Native American “blood” in her family, but the family did not “think about it much.”

Setting

This family counseling center operates under a grant funded by a regional educational consortium of six local school districts. In return for the funding, the center accepts all family referrals made by personnel from the school systems involved and provides counseling services at no charge to the families. Referrals typically are made for students experiencing academic and/or behavioral problems at school or at home. Counselor Education faculty and a clinical supervisor, assisted by doctoral student directors, form the administrative staff. Services are provided at two locations on campus and from three to five other sites. Advanced master’s degree and doctoral students work as counselors at the clinic; these students receive individual and group supervision at the clinic, also. In addition to providing family counseling services to the public, the clinic
serves as a training facility for novice family counselors enrolled in the college's master's degree program in counseling under the marriage and family counseling track, and for those in the Ph.D. program in counselor education, enabling students to receive the clinical experience necessary for fulfillment of their internship requirements.

The clinic was originally established and funded in 1980 to provide clinical services to families of children with special needs. Each year, on average, approximately 250 families are referred for counseling, and there is no screening process. Everyone who chooses is able to receive services, although there is often a waiting list. Not all families who are referred actually elect to participate; however, the clinic serves somewhere around 150 families in a typical year.

**Sampling Procedure**

Quantitative researchers prefer random samples. “In contrast, the qualitative researcher’s intent to better understand a specified phenomenon demands that participants have certain characteristics” (Gehart, Ratliff, & Lyle, 2001, p. 263). Sampling for this study was criterion-based; as is appropriate for a phenomenological project, all the participants had recently completed at least six sessions of family counseling. In five cases, termination resulted from clients’ goals having been met; in three cases the families terminated because the counselor discontinued practice at the clinic. Two clients were on “sabbatical.” Unlike quantitative methods, qualitative research utilizes the in-depth description of a small number of individuals; therefore, sampling can legitimately be purposeful. Convenience sampling is acceptable in qualitative research, although some information and credibility are sacrificed (Creswell, 1998). Both the participants and setting for this study were chosen for convenience and out of my personal interest. I
chose the setting deliberately, both out of a curiosity as to how women experience family counseling at our clinic, as well as from the easy accessibility. The participants were those women who responded positively to my request for interviews and were able to follow through to completion.

Researcher's Role

Entry

According to Denzin and Lincoln (1994) “Access and entry are sensitive components in qualitative research” (p. 211). As student director of New Horizons Family Counseling Center during the data collection process, I was in a unique position to access female clients; in addition, I had almost daily contact with student intern counselors. My first step in gaining entry was to present an overview of my proposed study to the student counselors meeting for group supervision and to ask for their cooperation in identifying potential participants. When a student counselor identified a family preparing for termination, I sent a letter to the adult woman (mother, step-mother, grandmother, or other female guardian), introducing myself, explaining the proposed study, and requesting an initial meeting. In some cases, termination was unplanned; in such circumstances letters were sent to the adult woman in the family after three “no-shows” for scheduled sessions.

Reciprocity

What obligation do we as researchers have to those who at the very least will give us their time, and at most will bare their souls to us? Following the interviews, I provided participants with copies of their transcribed interviews and Sentence Completion Test (SCT) for accuracy checking. At the conclusion of the study, I sent to
each participant a summary of the study's findings. Of course, the clinic stood ready to offer them and their families further counseling, if they so desired. I will attempt to publish the results of the study, as well as present them at regional and national conferences, in the hope that this research on and with women becomes research for women.

Data Collection Techniques

The Qualitative Interview

There are many ways to collect data in qualitative research, including the use of interviews, participant observation, questionnaires, audio and video recordings, and transcriptions of everyday language and conversation. The research questions and the purpose of the study determine the type of data to be collected. The qualitative interview is the major procedure for gathering data in phenomenological research designs and is used to collect descriptions of experience so as to generate understanding. "The face-to-face encounter provides the richest data source for the human science researcher seeking to understand human structures of experience" (Polkinghorne, 1983, p. 267). An interview is a process of "unveiling personal feelings, beliefs, wishes, problems, experiences, and behaviors" (Hutchinson & Wilson, 1994, p. 301).

This study employed two face-to-face semi-structured interviews, composed of open-ended questions (Appendices C & D), a procedure commonly preferred by family therapy researchers (Gehart, Ratliff, & Lyle, 2001). The partial, or moderate, structure provided general questions, while still allowing the women's freedom of expression. Although the nature of an interview is somewhat conversational, because of the semi-structure the conversation is not entirely open and extends beyond everyday dialogue.
The qualitative interview is, however, a conversational technique for gaining knowledge and understanding. According to Kvale (1996), "the researcher listens to what people themselves tell about their lived world, hears them express their views and opinions in their own words, learns about their views on their work situation and family life, their dreams and hopes" (p. 1).

The phenomenological method seeks to understand as much as possible some aspect of the human experience "as it is lived or felt or undergone by the participants in that experience" (Schwandt, 1990, p. 266). "But wasn't it the women's voices that mattered? After all, we had decided to write a book because we found their words so moving, their thoughts so important that we felt the world had to hear them" (Belenky, et al., 1997, p. xvi). Since this study's purpose was to hear from the participants themselves without the constraints of a superimposed framework, semi-structured interviews composed of open-ended and exploratory questions were appropriately used.

Ego development theory and the feminist critique of family therapy guided the composition of interview questions (Source Tables for Interview Questions are located in Appendices F & G). In addition to background and demographic questions, relevant themes relate to (1) the nature of the client-counselor relationship, (2) the role of age, gender, class, race and ethnicity in the counseling experience, (3) meaning-making of the experience as assessed by the Washington University Sentence Completion Test (SCT), and (4) the correspondence between the participants' ego development level and their construction of the counseling experience. The interviews were conducted at sites chosen because they were convenient for participants. These sites included the campus and satellite locations of the family counseling clinic, a public library, participants' homes,
and one participant's workplace. Interviews were recorded on audiotape for later transcription. These transcriptions were given to the women to check for accuracy and for further reflection and additions, if they wished.

The Washington University Sentence Completion Test

The Washington University Sentence Completion Test (SCT) (Loevinger & Wessler, 1970) is used to assess stage of ego development as constructed by Loevinger (1976). This theory is grounded in data generated by the measure; the one has “bootstrapped” upon the other: This “bootstrapping,” or “reciprocal relationship between theory and systematic data collection, remains an outstanding feature of her approach” (Hauser, 1993, p. 24).

The assumption that “the ego maintains its stability, its identity, and its coherence by selectively gating out observations inconsistent with its current state . . . is the theoretical foundation for the use of sentence completions and other projective techniques to measure ego development” (Hy & Loevinger, 1996, p. 4). A semi-projective test, the SCT consists of 36 sentence stems (“A good father . . . “ “Raising a family . . .”) and provides different forms for men and women (Forms-81 – the pronouns “he” and “she” are changed to achieve gender-specific language). Form-81 for men and Form-81 for women are not gender-biased (Novy, 1993). Loevinger (1998) stated that the SCT provides clues to personal frame of reference, which is “essentially what the ego stage is” (p. 352).

Respondents are asked to complete each stem, generally with no further instructions. Responses reveal an individual's characteristic way of reasoning about her actions, motivations and personal relationships (Cohn, 1991). Each stem is designed to
elicit a range of responses. For example, “A good mother...” begins item 28. A response at the Self-Protective level might be “feeds her family,” whereas a Conscientious response might be “teaches her children values.” An individual functioning at the Autonomous level might respond, “gives to her children the skills to be resilient and to take risks” (Hy & Loevinger, 1996, pp. 222-225).

Table 3.1: Ogive for Scoring SCT Abbreviated Form
(Item Sum Rules for 18-Item Forms)

<table>
<thead>
<tr>
<th>Code</th>
<th>Name</th>
<th>Item Sum</th>
<th>Automatic Ogive</th>
<th>Explanations of Ogive</th>
</tr>
</thead>
<tbody>
<tr>
<td>E9</td>
<td>Integrated</td>
<td>119 up</td>
<td>No more than 17 ratings at E8</td>
<td>1 or more E9</td>
</tr>
<tr>
<td>E8</td>
<td>Autonomous</td>
<td>109-118</td>
<td>No more than 16 ratings at E7</td>
<td>2 or more E8 or higher</td>
</tr>
<tr>
<td>E7</td>
<td>Individualistic</td>
<td>101-108</td>
<td>No more than 15 ratings at E6</td>
<td>3 or more E7 or higher</td>
</tr>
<tr>
<td>E6</td>
<td>Conscientious</td>
<td>91-100</td>
<td>No more than 12 ratings at E5</td>
<td>6 or more E6 or higher</td>
</tr>
<tr>
<td>E5</td>
<td>Self-aware</td>
<td>82-90</td>
<td>No more than 9 ratings at E4</td>
<td>9 or more E5 or higher</td>
</tr>
<tr>
<td>E2</td>
<td>Impulsive</td>
<td>36-67</td>
<td>At least 3 ratings at E2</td>
<td>3 or more E2</td>
</tr>
<tr>
<td>E3</td>
<td>Self-protective</td>
<td>68-75</td>
<td>At least 3 ratings at E3</td>
<td>3 or more E3 or lower</td>
</tr>
<tr>
<td>E4</td>
<td>Conformist</td>
<td>76-81</td>
<td>Other cases</td>
<td>Other cases</td>
</tr>
</tbody>
</table>


The theory assumes that people exhibit a predominant level of development. Although responses to individual items may vary somewhat, they will tend to fall around this predominant level (Young, 1998). Instead of scoring each protocol separately, individual items are scored for an entire sample. Only then are all item scores reassembled for each respondent. Different scoring methods exist; most raters use the Automatic Ogive (Cohn, 1991), a method that requires the calculation of the cumulative frequency distribution of item scores and subsequent comparison with rules given in the

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manual. The scoring algorithm determines an overall ego development level for each participant and assigns a total protocol rating (TPR) based on the composite score. Individuals with at least a sixth grade reading level can take this test, either alone or in groups. The full 36-stem version generally requires about 30-40 minutes to complete.

A shorter alternate form, composed of 18 sentence stems, can be used without sacrificing validity, despite some loss of reliability due to the shorter length (Foster & Sprinthall, 1992; Novy & Francis, 1992). This study utilized all the even-numbered sentence stems, for a total of 18. Since the purpose was to look at the correspondence between stage of ego development and descriptions of family counseling experience, but not to undertake statistical analyses with the data generated, the short form was sufficient.

Several studies have provided evidence for validity and reliability of the SCT (Cohn, 1991; Cohn, 1998; D'Andrea & Daniels, 1992; Hauser, 1993; Loevinger, 1998a; Loevinger, 1979; Loevinger & Wessler, 1970; Redmore & Loevinger, 1979; Vaillant & McCullough, 1987). The scoring manual allows coders to be self-trained. Loevinger and Wessler reported an inter-rater agreement for self-trained raters to be between .86 and .90. When self-trained raters were compared to professionally trained raters, inter-rater agreement ranged from .89 to .92. In this study, the researcher and a colleague, both self-trained with the manual, scored the SCT. Inter-rater reliability was calculated at .89.

Loevinger and Wessler (1970) tested the internal consistency of the SCT and reported an alpha coefficient of .91 for all 36 items. Other researchers have supported their findings (Young, 1998). Loevinger and Wessler also reported that factor analysis confirmed their contention that the SCT actually measures a singular dimension (Young). Blasi (1993) found a significant correlation between ratings of psychological maturity
and ego development as measured by the SCT. Studies correlating ego development with other developmental constructs, such as moral and conceptual development, have strengthened the validity claim of the SCT (Lee & Snarey, 1988; Loevinger, 1979; Sullivan, McCullough, & Stager, 1970).

Two possible obstacles to validity are in the areas of: (1) verbal fluency – there is often a high correlation between the length of the completed sentences and scored ego level of response, and (2) socioeconomic status – higher scores have been found for higher socioeconomic strata (Loevinger, 1998a). Loevinger maintained that writing ability reflects deep structure or frame of reference, the complexity of thought. There has been some question as to the relationship between intelligence and ego development. Results have been varied, but a recent study found a correlation of approximately .35 (John, Pals, & Westenberg, 1998). Despite the question about the overlapping of ego development with certain other constructs, the SCT appears to be robust (Young, 1998). It has been used in hundreds of studies, translated into several languages, and used with diverse socioeconomic, age, and educational groups (Cohn, 1991).

Field Notebook

The nature of qualitative research is interpretative (Creswell, 1994). Because this interpretation occurs through the lens of the researcher’s perspective, it is vital to keep a field notebook, which can serve as a diary of the researcher’s thoughts, feelings, reactions, reflections, hunches, and experiences throughout the research process (Bogdan & Biklen, 1992). The audiotape of an interview cannot capture “the sights, the smells, the impressions, and the extra remarks said before and after” (p. 107).
Procedures

Steps in the proposed project followed this sequence:

(1) Turn in proposal, complete any re-writes necessary, and defend before dissertation committee.

(2) Pilot the interview questions for clarity and content.

(3) Obtain approval for conducting study from the College’s School of Education Human Subjects Review Committee by completing and submitting the necessary forms.

(4) Introduce the project to student family counselors by presenting a brief overview to them at the beginning of their weekly session of group supervision. Enlist the counselors’ cooperation at this time.

(5) Send potential participant an introductory letter. Secure an initial meeting.

(6) Interview participant shortly (approximately two weeks) after she completes family counseling.

(7) Transcribe interviews (ongoing).

(8) Interview participant again in approximately two weeks; at this time, also administer the SCT (abbreviated form).

All cases followed the same format. Thus, at any given time after step four, data collection was occurring simultaneously with data analysis. Writing was an integral and iterative part of this process.

(9) Complete analysis and interpretation of data.

(10) Complete writing of report (dissertation).
Managing and Recording Data

Ethical Considerations

Ethical concerns “go with the territory” in qualitative research. Ethical dilemmas are commonplace (Denzin & Lincoln, 1994). “First and foremost, the researcher has an obligation to respect the rights, needs, values, and desires of the informants. Sensitive information is frequently revealed during the interview process” (Ancelloti, 1999, p. 20). Informed consent is problematic; during interviews the participants may reveal information about other family members, friends, or neighbors. Due to the emergent nature of qualitative design, researchers may find it impossible initially to inform the participants completely as to the exact scope of the study.

Research into marriage and family therapy presents challenges over and above those found in other types of psychological research due to the potential involvement of multiple family members. In conducting research in one’s own professional setting, there is a potential to confuse the role of researcher with that of therapist. Requests for advice and information are to be expected within the context of a research relationship (Daly, 1992). Although there is apparently no ultimate answer to this dilemma, defining the research relationship in the beginning is necessary, paying attention to limitations and boundaries. As a researcher I had to attempt to set aside my clinician’s hat in order to better understand the participants’ perspectives of their counseling experience. At the very least, it is important to realize that participants may experience therapeutic effects, no matter how the research relationship is structured.
Some researchers believe that the nature of qualitative research calls for a
different set of ethical principles than is appropriate to quantitative research. Bogdan and
Biklen (1992) advocated four general ethical principles for those doing fieldwork:

1. Protect the identities of participants so that no harm or embarrassment comes to
   them as a result of your research. Anonymity should apply not only to writing,
   but also to verbal reporting.

2. Respect and seek the cooperation of participants. You should not lie to
   participants or record interviews clandestinely.

3. Keep your promises. If you agree to something in exchange for participation, you
   should abide by your contract.

4. Tell the truth in writing and reporting.

The following methods were used to protect the participants' rights: (a) research
questions were submitted to the College's Human Subjects Review Board for approval,
(b) the research objectives were articulated as clearly as possible to participants, both
verbally and in writing, including a description of how the data were to be collected and
used, (c) written permission and informed consent were obtained from each participant,
(d) written interview transcripts and interpretations were made available to informants for
the purpose of member checking, and (e) steps were taken to insure the anonymity of
participants.

Data Analysis Strategies and Procedures

In qualitative research most analysis is done with words (Miles & Huberman,
1994). Unlike quantitative analysis, which is carried out only after the completion of
data collection, Miles and Huberman stated that qualitative analysis actually consists of
three activities that occur more or less simultaneously: data reduction, data display, and conclusion drawing/verification. Data reduction is the process by which data are sorted, organized, simplified and transformed, while still retaining context, so that final conclusions can be drawn. Data displays are organized, compressed presentations of information that are often in the form of matrices, graphs, charts, and networks. Final conclusions may not be reached until data collection is finished; however, preliminary hunches and guesses are occurring all along the analytic process. Conclusions must be verified. "The meanings emerging from the data have to be tested for their plausibility, their sturdiness, their 'confirmability' – that is, their validity. Otherwise we are left with interesting stories about what happened, of unknown truth and utility" (Miles & Huberman, p. 11). From this perspective, analysis is constant and iterative, interwoven with data collection from the beginning.

In this study, analysis proceeded according to the following steps, adapted from Moustakas (1994):

1. Bracket personal experience and expectations.
2. Conduct interviews.
3. Transcribe interviews. Interviewing and transcribing take place concurrently.
4. Member check for accuracy, revisions and additions.
5. Record common and uncommon responses to the interview questions.
6. Read and re-read the interviews, trying to get a sense of the whole, as well as to discover patterns.
7. Code each phrase, statement, or sentence pertinent to the experience, with each item having equal worth.
8. Test each item for the following: a) Is it necessary and sufficient for understanding it, and b) Is it possible to abstract and label it?

9. Eliminate overlapping statements and those with the same meaning.

10. Cluster these codes under themes.

11. Return to transcription to see if anything is unaccounted for. If everything extracted is accurate, ask the following: Is each code and corresponding theme expressed explicitly or at least compatible with the transcription? If not, the code and/or theme are not relevant and should be deleted.

12. Compose an individual textural description for each participant, including verbatim examples from the transcription (participant voice). The order of theme presentation is from those that emerged most strongly (greatest frequency) from interviews to those of secondary and tertiary emphasis. Discuss ego development level. Compose an individual structural description (interpretation) for each participant. These steps comprise within-case analysis (chapter four).

13. From the individual textural/structural descriptions, compare and contrast the themes across cases. This is cross-case analysis (chapter five).

14. Discuss conclusions and implications (chapter six).

Standards for Quality or Verification

Because qualitative research acknowledges the existence of multiple perspectives, it is perhaps no surprise that various researchers define verification in different ways and provide different procedures for establishing standards for the quality of reporting. Some writers use equivalent terms for qualitative standards that parallel quantitative ones for validity and reliability, believing that use of such terminology paves the way for the
acceptance of qualitative methods in quantitatively dominated social science research (Creswell, 1998). However, Lincoln and Guba (1985) argued for the use of alternative terms more appropriate to the qualitative paradigm. These writers preferred the terms "trustworthiness" to "internal validity," and "credibility," "transferability," and "dependability" to "external validity," "reliability," and "objectivity" (p. 300). Atkinson, Heath, and Chenail (1991) stated the belief that establishing the trustworthiness of qualitative research is the job of the research consumer, the stakeholder, rather than the researcher. Other writers insist that the discussions of validity and reliability are a distraction to the performance of good research, and understanding is preferable to either (Creswell, 1998).

Phenomenologist writers appear to have differing views about the nature of verification. Polkinghorne (1989) identified five questions for researchers in phenomenology to ask themselves: (1) Do descriptions truly fit the experience, or was there undue influence by the interviewer? (2) Is the transcription accurate? (3) Did the researcher identify all possible alternative conclusions derived from the transcriptions? (4) Does the general structural description fit with the actual transcription? (5) Is the structural description applicable to the experience in other situations?

Creswell (1998) advocated the following: (1) the practice of extensive fieldwork and closeness to participants that actually strengthens a study, (2) use of the term "verification" instead of "validity," emphasizing that qualitative is a distinct and legitimate approach, (3) use of the Lincoln and Guba (1985) terms of "trustworthiness" and "authenticity" to establish a study's credibility, (4) use of a different framework for verification if the perspective is postmodern, and (5) recognition that verification has
implications for procedure that the researcher can assess. Creswell (1998, p. 201) presented eight useful procedures for verification and recommended that at least two of these be incorporated into any given study:

*Prolonged engagement and persistent observation* – involves not only obtaining information, but also building trust and checking for misinformation. In balancing the need for inclusion of this standard with respect for the complexity of participants’ lives, the decision was made to limit contact with participants to the two interviews. However, by returning interview transcriptions to the participants, inaccuracies could be detected, and the women were able to add to or otherwise revise their responses.

*Triangulation* – involves the use of multiple methods and theories to provide corroborating evidence for the existence of a theme. The proposed study utilized two semi-structured interviews, plus the administration of the Washington University Sentence Completion Test, which assessed the participant’s stage of ego development.

*Peer review or debriefing* – involves an external check of the process. In this study, another doctoral student trained to score the SCT assisted with scoring of the sentence stem responses.

*Alternative case analysis* – involves the ongoing refinement of hypotheses in the event that disconfirming evidence appears. The emergent nature of analysis and the honoring of disconfirming evidence provided for inclusion of this standard.

*Clarifying researcher bias* – involves an initial personal statement by the researcher as to previous experiences, biases, prejudices, and orientations that may have influenced interpretation and approach. In this phenomenology, the personal statement
was accomplished by means of bracketing. The researcher’s personal statement is included in Chapter One of this text.

*Member checks* – are considered to be a crucial technique and involve taking data, analyses, interpretations, and conclusions back to the participants for verification of accuracy. In this study, transcriptions of the audiotaped interviews were returned to the participants for verification, and a summary of the study’s findings were mailed to them.

*Deep, elaborative description* – involves detailed description of participants and setting, which facilitates a reader’s decision as to the transferability of findings to other settings. Such a description is provided in Chapter Three of this report.

*External audits* – involve the examination of both the process and the product in order to assess accuracy of the account. The dissertation committee conducted two audits, one examining the researcher’s within-case analysis, and one examining the cross-case analysis.

**Timeline**

Data were collected from March through June, 2002.

- **December, 2001**
  - Proposal defense
  - Piloting of Interview Questions
  - Committee on Human Subjects review

- **January, 2002**
  - Initial contact with student counselors
  - Letters to potential participants (ongoing)

- **March-June, 2002**
  - Data collection (ongoing)

- **March – November, 2002**
  - Data analysis, interpretation, and report writing
Committee on Human Subjects Criteria

Most institutions have institutional review boards, whose responsibility it is to insure compliance with applicable state and federal regulations for the protection of human subjects involved in research. Since this research study involved actual clients, it required evaluation by the School of Education Human Subjects Review Committee at the College. The following elements of informed consent outlined by this committee were included on the consent form (Appendix B):

1. A statement that the participant is part of a research project
2. An explanation of the purposes of the research
3. The expected duration of the subject’s participation
4. A description of any reasonably foreseeable risks or discomforts
5. An explanation of compensation or treatments
6. The name of the individual to contact for questions or redress
7. A statement indicating that participation is voluntary, that refusal to participate will not result in penalty, and that the subject may discontinue participation at any time without penalty
8. A statement describing how confidentiality will be maintained
9. A disclosure of appropriate alternative procedures
10. A description of benefits to be reasonably expected from the research

Reporting: Distribution of Results and Implications

In addition to the dissertation publication, results of this study will be presented at various professional meetings. Articles will be written and submitted to professional publications, and the data gathered for this study will be useful in generating further
projects. Although the scope of the proposed study is small, it is intended to add to the body of research not only on women, but also for women, in the hope that as family counselors, we may begin finally to operate within a more inclusive and respectful model that reflects the fundamental organizing principles of gender, class and culture present within human society.
CHAPTER FOUR
FINDINGS AND WITHIN-CASE ANALYSIS

Chapter Four describes the findings and within-case analysis of this phenomenological study. A separate section is devoted to each of the ten participants. Individual textural descriptions were derived from the words of the participants themselves. Participants’ scores on the Washington University Sentence Completion Test (SCT) are given, along with description of assigned level and examples of responses. Each analysis is followed by researcher interpretation.

Overview of Analytical Procedure

Each participant was interviewed twice less than two months following termination; the second interview took place one to two weeks after the first. All interviews were completed within the time span of five months. At the end of the second interview, participants completed the short form (18 sentence stems) of the SCT (located in Appendix E), designed to measure ego development (Hy & Loevinger, 1996). A Field Notebook provided opportunity for the recording of researcher asides all during the process of data gathering and analysis. These researcher asides became another tool to assist in analysis and interpretation.

After looking at various descriptions of phenomenological procedures, I chose to use as a basis the analytic method recommended by Moustakas (1994) as outlined in Chapter Three of this report (p. 101). Interview analysis began with the description of common and uncommon responses to questions (Appendix H). I then read and re-read
both interviews for each participant in order to get a sense of the whole and to begin to uncover patterns present in the material. Meanings were formulated for each significant statement from an interview, and themes, chosen based on their frequency of occurrence, were developed for clusters of meanings. Participants seemed to return over and over again to important ideas, which became themes.

I was then able to describe the experience, including the participant’s own words; thematic titles are the words of the women themselves. Themes are presented in the order of their importance within the interviews, as determined by frequency of occurrence. Not all sub-themes are discussed here. Sub-themes were included for discussion based on their relevance to the overarching research question or sub-questions or my own personal interest.

Analysis and discussion of ego development level follow the presentation of themes. Ego development scores (as measured by the SCT) were computed using the Automatic Ogive method presented by Hy and Loevinger (1996). The Ogive for the measurement’s short form can be found on in Table 3.1 (p.96).

Each individual analysis is then followed by researcher interpretation. Names of the participants were changed for confidentiality purposes. A matrix showing examples of the path from statement to meaning to theme is located in Appendix J.

After I completed all within-case analyses, I conducted the cross-case analysis, comparing and contrasting the themes across all cases (participants). Chapter Five (p. 214) of this text describes the cross-case analysis, followed by interpretation. A matrix showing the reduction of themes is located in Chapter Five also (p. 215). The following table (Table 4.1) presents a demographic overview of participants.
Table 4.1
Demographic Overview of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Race</th>
<th>Marital Status</th>
<th># Of Children</th>
<th>Age Of Children</th>
<th>Reason for Referral</th>
<th>Reason for Termination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kara</td>
<td>42</td>
<td>C</td>
<td>S</td>
<td>1</td>
<td>8</td>
<td>Disrespectful behavior</td>
<td>1</td>
</tr>
<tr>
<td>Vivian</td>
<td>52</td>
<td>NA/M</td>
<td>M</td>
<td>1</td>
<td>19</td>
<td>Disrespectful behavior</td>
<td>2</td>
</tr>
<tr>
<td>Catherine</td>
<td>34</td>
<td>C</td>
<td>M</td>
<td>3</td>
<td>8,6,2</td>
<td>Aggressive behavior Tantrums</td>
<td>1</td>
</tr>
<tr>
<td>Sarah</td>
<td>43</td>
<td>C/NA</td>
<td>M</td>
<td>3</td>
<td>18,15,12</td>
<td>Truancy, stealing</td>
<td>1</td>
</tr>
<tr>
<td>Mary</td>
<td>38</td>
<td>C</td>
<td>M</td>
<td>5</td>
<td>10,8,6,2, 6mos</td>
<td>Excessive worrying</td>
<td>1</td>
</tr>
<tr>
<td>Judith</td>
<td>32</td>
<td>C</td>
<td>S</td>
<td>3</td>
<td>11,9,6</td>
<td>Tantrum behavior</td>
<td>2</td>
</tr>
<tr>
<td>Kathy</td>
<td>43</td>
<td>C</td>
<td>S</td>
<td>1</td>
<td>6</td>
<td>ADHD</td>
<td>1</td>
</tr>
<tr>
<td>Melissa</td>
<td>28</td>
<td>C</td>
<td>L</td>
<td>3</td>
<td>9,7,2</td>
<td>Disrespectful behavior</td>
<td>2</td>
</tr>
<tr>
<td>Christie</td>
<td>30</td>
<td>C/NA</td>
<td>L</td>
<td>2</td>
<td>13,9</td>
<td>Inattentive school behavior</td>
<td>3</td>
</tr>
<tr>
<td>Diana</td>
<td>39</td>
<td>C</td>
<td>L</td>
<td>3</td>
<td>14, twins-4 yrs old</td>
<td>Diana accompanied Christie</td>
<td>3</td>
</tr>
</tbody>
</table>

Race: C = Caucasian, NA = Native American, M = Mexican
Marital Status: S = single, M = married, L = living with someone
Reason for Termination: 1 = goals were met, 2 = counselor discontinued work at clinic
3 = on "sabbatical"

Descriptions of Participants and Individual Case Analyses

*Analysis of Participant #1 ("Kara")*

*Introduction*

Kara was a Caucasian single mother raising a son in a small southern town. At the time of the interviews, she was 42 years old, and her son was 8. Kara was currently in school; prior to that time she had held several different types of jobs in order to support herself and her son. Both she and her son, who had Attention Deficit Hyperactivity Disorder (ADHD), were experiencing difficulties getting along with his elementary school principal and teacher. The school counselor, in consultation with the principal, made the referral; Kara and her son attended 27 sessions. Her goals having been met, she and the counselor mutually agreed upon termination.
The following themes (with related sub-themes) emerged from the interviews:

Completely Comfortable (younger woman, good role model, good with son, collaborative, helpful); Parents (her non-traditional parents, a single parent); It Was Worth It (expectations, wanted help, enjoyed coming, remember); Apples and Oranges (screaming testosterone, there’s nothing wrong with being female); Bad Feelings (ADHD, labeling, different teacher/same environment, learning to deal with jerks); and Validation (self-doubts, role reinforcement, wisdom with age).

**Themes**

*Completely Comfortable.*

Kara was “completely comfortable” with her counselor, who was a younger woman. Although she said that a male counselor “might have been good for [son] because it’s not just old mom,” Kara did not think that she “would like a male counselor” and did not know if she “would have talked as much to a male.”

A lot of the niceties don’t bother men so they wouldn’t care at all about some things, other things they wouldn’t be aware of, and if it was something “serious,” it would be not necessarily physical but the threat of, “This guy is bigger than I am,” so I don’t think I would like a male counselor. . . . Even with [counselor] not being a mom, I think I respect her opinion more than a male.

Kara could relate to her counselor: “I think it’s just an extension of multiple tasks, and I think with [counselor] working and going to school and doing everything else she had to do, I think she could relate.”

The counselor always tried “to include” Kara’s son. She was “good working with him and also relating it to school.” He was initially “fidgety,” but when the counselor
"realized he needed something to do, everything was fine." The young counselor did not have any children of her own, "so some suggestions were funny, stuff you know could never happen... The things you learn from being a mom." Kara’s son "hated" counseling at first, but when termination was close, he did not "want to stop." Kara said, "I think that after a while [he] developed a relationship with her and trusted her, so it was really nice... He loves her." Kara was later able to use that relationship as a reminder and a "reference" point for her son: "Instead of having to say, ‘Now, what did I tell you?’ ‘How many times have I ___?’ I can just say, ‘Well, what would [counselor] say?’ It diffuses it... I think that helps."

Kara described her relationship with the counselor as "collaborative" and "equal - sort of learning and teaching going on from both sides... We just clicked." The relationship was "more interactive... more of a co-effort." Kara was "completely comfortable" with the counselor and considered her to be "a friend." At session the counselor was supportive: "She did everything she could; she couldn’t come to the house and say, ‘Eat your vegetables.’ So while we were here, she was very supportive."

The counselor considered Kara in scheduling:

She takes me into consideration: “Okay, you have to work and go to school.”

But again, males, even at work – “Why can’t you just change the appointment?” “Gee, I don’t know; don’t you think I would have done that if I could have?” And so [she] was more flexible... I couldn’t make it a couple of times for one reason or another, and we actually had one or maybe two sessions when I called on the phone and said, “We can’t come, but here’s what happened in school,” and we
talked for the hour on the phone, which was really nice because she could have
just said, "Okay, you can't make it; well, next week."
The counselor's flexibility extended beyond scheduling: "You could go in and talk about
anything, and it could also be specifically." Kara searched for the right word: "Well,
flexible and also more. I don't know if 'elasticity' was the word for it. It's not rigid.
'Flexible' is a good word, but also more of a moving, ongoing dynamic thing."

Parents.
Kara described her parents as "non-traditional." Her father was second generation
American from Hungary. Her mother's family was Irish, "so there was the drinking" and
"a lot of yelling." Kara described Hungarians as "stubborn and independent." She also
talked about her father wanting to move to the country: "I don't know if there's a fierce
desire for open space because the Hungarians were always being moved around or had to
fight for everything, or if it's just that these were fairly tall people."

Kara's father was a teacher in Virginia, a long way from their home in New York.
He was "gone a lot." According to Kara, her dad was:
One of the only guys that I could talk to that I would respect. . . . My dad's
probably a feminist. . . . My dad never would say, "Women don't do that. . . . If
you want to do it, do it." Which I think helped. That's why it's so foreign to me
when you hear something like, "Women aren't supposed to . . . "

Kara's mother had "wanted to go to college, but her mother wouldn't let her." So
she became a reporter: "She went off, interviewed people and wrote stories, which I
guess was like Lois Lane from Superman." Kara's mother "was driven; she had a lot of
energy, but then after a while, it kind of burned her out." Raising her six children was
“kind of unfulfilling... As much energy as you put into it, maybe she felt like she didn't get anything back... She was always driven to do everything.” Although Kara’s father never said, “Women don’t do that,” her mother did:

When I moved out at 18, “You’re not supposed to move out unless you’re married or going to school.” And I thought, “Says who? You’re furious with your mother for saying the exact same thing to you. Why are you doing it again?”

At the time of the interviews, Kara’s mother was 75 years old. She had just graduated from college.

Kara was a single parent: “I’m a single parent, and I have no reinforcements. If I was a lesbian and had a partner, at least there’s someone reinforcing what I say.” To her, there was a “stigma attached” to a single parent: “And then it’s immediately, ‘I’m going to have a problem with this one.’” She also wondered if others “think you aren’t as ‘mean’ as you should be because you feel bad because he doesn’t have another parent, so you’re going to go easy on him.” As a single parent she felt “responsible” for keeping on, even when she was feeling “lousy.” A single parent has “to be tough to get by and make sure things get done.” “You don’t want to be a crier, either. I don’t throw up my hands and mope when something doesn’t go well.”

It Was Worth It.

The 45 minute drive to counseling and the interruption during the day were “almost an intrusion” in Kara’s life: “Initially, I did kind of resent coming here because it was like, ‘When do we eat? ... Do I eat at the end of it? When can we do the homework?’” However, she said, “In the long run, it has helped, and it’s worth it.”
Not having been to counseling before, Kara did not know what it was “supposed to be like.” However, something her father once said “stuck in [her] head that psych majors were nuts.” Television had contributed to the image: “I used to watch the *Bob Newhart Show* when he was a psychologist, and there were a bunch of flaky people, but they would make improvements. It was done with humor, but still fairly close to the truth.” Kara thought at first that family counseling “was going to be one at a time or something. . . . I thought he would go into counseling, and I would wait outside.” She did not believe that her son would talk with her present: “I thought, ‘Well, how is that going to work? He’s not going to say anything bad about his mom with his mom in the room.’”

Kara admitted that she had “enjoyed coming” and liked the fact that the clinic did not charge for services: “I had gone to school here, and I knew that there was counseling here, and it was free, so that was good.” As a single parent, Kara found counseling to be “helpful”: “I wanted a . . . not-connected to the relationship person who could sort of agree with the things that I would think is [sic] the hard thing about being a single mom. There’s no one there who says, ‘Do what your mom says.’” Some of the counselor’s suggestions were things Kara had “never even thought of,” so a benefit to Kara was that counseling helped to “break a cycle.” Kara credited the following to her relationship with her counselor:

I guess maybe it’s okay to ask for help, and, again, I give credit to [counselor]. If it wasn’t her, I don’t know if I would have been receptive to it. . . . It was nice to have another strong, warm individual as a counselor that would, again, allow me to . . . be more, not compassionate, because I think I’m compassionate enough, but more, you know, warm and fuzzy kind of thing.
Apples and Oranges.

In Kara’s words, comparing men and women is like comparing “apples and oranges.” The “screaming testosterone” of “men in general” produces a “heavy-handed approach.” Kara and her son had lived with her brother for a while:

And if [son] didn’t do something, it was a slap or a pull on his ear... We finally moved out because he had grabbed my son’s ear and actually made it bleed...

He’s not a violent person by any means, but it’s just, you know, men in general. Things that concern women don’t “bother” men: “Like running inside – I don’t think that would bother a guy. They aren’t worried about ‘‘You’re going to fall; you’re going to poke your eye out.’” Insisting that men are “oblivious,” Kara said,

I don’t mean to be mean, but that’s why they do things like shovel the walk and take the trash out, because they don’t get the other stuff... The only guys I’ve found to be sensitive or anything are gay.” Even my brothers – we were all raised the same way – they’ll say or do something, and I’ll think, “Where did that come from?”

Kara thought that men might “gloss over” their feelings: “Kind of gloss it over and move on, you know... If my brother were to come in here, he’d probably just sit there... and not tell anything.”

When asked what it means to be a woman, Kara responded, “For me, it’s multiple roles.” Women “have to work harder” than men; they “have to prove [themselves] more.” Women are “tougher” and keep going: “I don’t know if it’s that we don’t have the option, you know, when you’re sick, to stay home, or if it’s just that we persevere, or it’s ingrained because you saw your mom... But I think women are tougher.” In short,
"I don't think there's anything wrong with being female, other than the fact that you
don't get paid the same and the whole issue of women in combat."

Kara reflected on the impact of television, where the cartoon "girls always have
the pointy eyelashes, and the boys don't. . . . My own son told me, 'Well, that's what TV
says.'" Kara added:

I'm kind of worried about this generation of kids that is growing up . . . except
that a lot of them are being raised by women, so maybe they'll be more
conscientious and more aware of people's feelings. You know, it might help, but,
on the other hand, you might get this whole generation of lost souls that doesn't
know how to be a man.

*Bad Feelings.*

Family counseling was "ordered from the school:"

Actually, the reason we came here was that the school wanted to do it, but I was
getting really bad feelings about the direction they were heading and wanted an
impartial person to do the counseling, someone who didn't know me or my son.

Kara's son had ADHD, and school personnel were demanding medication: "It was, 'He
needs to be on Ritalin so we can be about our business.'" Kara talked about dealing with
"fidgety" children in Catholic school, "When we were kids, the nuns could beat you, and
then you'd sit still for a while, but that's not the way to deal with this." Kara used other
measures: "I'd let him take something tiny, like a little eraser . . . just to keep his hands
busy." After a while the teacher had "a whole pile of stuff" in her desk. She was "not
getting it."
Kara worried about the "stigma" of diagnosis and labeling. She talked to a friend who worked in the school system: "She pretty much said, 'Yeah, that's what they do. They put it on paper, and then you're labeled.'" Then, school personnel would say, "Watch out for so and so." The principal made his own diagnosis: "He told me [son] had Oppositional Defiant Disorder, and I said, 'Well, I've never heard that before; it's never come up.'" The school began to formulate an Individualized Educational Plan (IEP). Kara went and talked to the IEP team: "Not one of them had a psychology degree. . . . They said they were selected by the school, and that probably means that they had a lighter load than other teachers, or maybe they volunteered."

Kara referred to the principal as a "creep" and "such an idiot:" "[Principal] said, 'You know, he's not too old to hit. Do you know anybody?"' According to Kara, this principal "rules with an iron hand; children should be seen and not heard." She decided that the school's "strategy is to kind of ignore it until you can't stand it anymore and then call the counselor." However, Kara "did not care for [the school's] counselor at all."

"She said, 'You know, it's too bad that you don't have a husband to play ball with him and keep him busy.' And I said, 'I play ball with him.'" When Kara made suggestions for improving her son's behavior in school, "they'd say, 'Oh, no, that won't work.'" Kara wanted better communication between home and school:

I had asked the school, "Please keep me up to date. I'm not asking that you do it every day, whenever it's possible, weekly." I can't address behavior if one month he's getting an award, and the next it's all unsatisfactories on the report card.
Validation.

When Kara was younger, she would ask herself, “I wonder if I’m good enough?” For “the longest time” she did not think she “was good enough to do this, or smart enough to do that.” Reflecting on her age, she said, “As you age or gain wisdom, you know what people are looking for, how to present yourself to get what you want or need. . . . And now, I think I’m good enough.”

Kara had also experienced self-doubts about her parenting: “I was going through a period when he first went to school where I was thinking, ‘He’s a terror; I’m no good.’ I didn’t want people to say, ‘You’re doing good.’ I wanted truth.” She also “had to make sure” that she was not “being overprotective” of her son.

Kara turned first to single women friends “to see if [she] was completely off base.” After beginning counseling, she checked things out with her counselor: “It became a, ‘Well, let’s go see what, you know, [she] thinks of this or that.’” Kara said that counseling “validated, reaffirmed, confirmed” her role as a mother:

I’m more secure in my role as a mom. I don’t second guess myself as much, although that seems kind of silly, too. One person says, “you’re doing the right thing”, and you go, “Oh, okay.” But an impartial, educated and highly intelligent person saying, ‘You’re doing okay’ is good for me, as well as a network of other women I talk to.

Kara added, “What helped me the most was [counselor] letting me know that it wasn’t us.”

I think it helps to hear that I’m doing okay and that [son] is doing okay, and not that we’re right, and they’re wrong, because we did also find out different ways of
not arguing... Life is not perfect, and we're sort of muddling through, so it was nice to have re-affirmation of "Yes, you're doing the right thing."

Ego Development Level

Kara scored at E7, the Individualistic Stage, as measured by the SCT. An individual at this level has a sense of individuality and personality and shows complex conceptions more often than those at lower stages. Responses tend to be unique, and stereotyped gender roles are frequently criticized and questioned. Physical, financial, and emotional dependence are differentiated; the individual may be particularly preoccupied with emotional dependence. An individual at this level cherishes interpersonal relationships, which are viewed as changing or continuing over time. Emotions are described in more depth than is found with lower levels, with often touching or humorous statements (Hy & Loevinger, 1996).

Since the Ogive (frequency distribution rule: see Table 3.1, p. 96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately assigned, not all of Kara's responses were scored at E7. Criteria require no more than 15 ratings at or below E6 (Hy & Loevinger, 1996). She had 12 ratings at E6 or lower; the remaining were at E7; her item sum was 108. The following stems and her responses illustrate the E7 level:

At times she worried about: "what would become of her when she could no longer work to support her family."

A woman feels good when: "her child tells her something or does something special, or when she is recognized for being special herself."

For a woman a career is: "who she is – a big part of her life. A job is different,
though; it pays bills and kills time. A career defines your inner beliefs.”

_A woman should always:_ “stand up for herself and for other women. Another thing that infuriated me at the time and bugs me to this day, is how women on the O.J. jury sided with color instead of gender and truth. But I digress…”

**Summary of Kara**

Kara’s family counselor was a younger woman. Although a male counselor might have been good for her son, Kara did not think that she would have liked a male. The counselor was good with Kara’s son and always tried to include him. He and the counselor developed a good relationship. Kara had a collaborative relationship with the counselor and felt “completely comfortable.” Kara appreciated the counselor’s flexibility, which went beyond scheduling to the inclusion of session topics.

In Kara’s words, comparing men and women is like comparing apples to oranges. She believed that men tend to be heavy-handed and are not bothered by the things that concern women. For Kara, being a woman meant performing multiple roles and working harder than men. Kara described her parents as “non-traditional.” Kara was a single parent; to her, there was a stigma attached. As a single parent she felt responsible for keeping on, even when she did not feel like it.

Kara thought at first that family counseling would involve being seen one at a time; she did not believe that her son would talk with her present. As a single parent, Kara found counseling to be helpful, especially in getting a different perspective. Kara had experienced self-doubts personally and also about her parenting. She turned first to single women friends to get a second opinion. After beginning counseling, she checked things out with her counselor. Counseling reinforced her role as a mom.
School personnel were demanding medication for Kara's son, but she worried about the stigma and labeling of a diagnosis by the school. Kara did not like the school counselor or the principal.

*Interpretation*

Kara drew her fierce independence from her father. Although the lessons were learned in different ways, from both her parents she learned determination and the possibility of fulfilling non-stereotypical gender roles. As an adult woman, Kara assumed a defensive posture against a male-dominated world. As a single parent, Kara alone carried all the responsibility for her family. Therefore, it was hard for her to let down her guard. Because of her observations about and experiences with men, she would have had a hard time feeling comfortable or trusting with a male counselor.

Kara had a strong sense of self and a forceful personality; she was extremely talkative during the interviews, giving lengthy descriptions of situations and ideas, peppered with examples. She was the kind of individual who could have easily dominated sessions with a younger, inexperienced female counselor. Yet, she described her relationship with her counselor as "supportive," "open," "collaborative," and "equal." Far from having a negative impact, the younger "happy, cheerful, loving" counselor enabled Kara to realize that it was "okay to ask for help," okay to be "warm and fuzzy." Because of the counselor's support and reassurance, Kara came to feel validated in her role as mother and, by extension, as a woman. It was the relationship with the counselor that was crucial in providing the atmosphere favorable for change. However, as important as that relationship was, it was just as important for the counselor to have a good connection with Kara's son and to be able to work well with him. With this goal
accomplished, Kara could relax and explore her own issues with the counselor.

Kara scored at E7, the Individualistic Stage, on the SCT. She exhibited a strong sense of individuality and personality; although she had experienced self-doubts at different points in her life, she had been able, through her relationships with other women, to overcome those doubts. Kara always turned to women friends to check things out, to see if her perception of a situation was “off-base.” She thought of her family counselor as a “friend,” even though they were no longer in contact. Kara had gone beyond criticizing and questioning stereotypical gender roles; she was breaking free of them and striding forward, standing tall. Because of her ability to see beyond surface attributes, she was able to appreciate the warm and caring qualities of her younger, childless counselor and develop a solid relationship with her. Because Kara cherished her interpersonal relationships and the connection they brought, it was her relationship with her counselor that provided the supportive medium for change in counseling. It is, however, in some ways unfortunate for Kara that she did not have the opportunity to experience a warm and trusting relationship with a male counselor. Such a relationship, although initially difficult for her, could have extended her perspective-taking and propelled her into new awareness of herself and the world.

Analysis of Participant #2 ("Vivian")

Introduction

Vivian was part Native American and part Mexican; she lived and worked in a midsize southern city included in the consortium served by the college family counseling clinic. At the time of the interviews, she was 52 years old and married to her second husband, a man who reportedly was both physically and verbally abusive, not only to
Vivian, but also to her 19 year old son. Her son had formerly lived with his father and stepmother in the Midwest, but he had recently come to live with her, following protracted difficulties in getting along with the stepmother.

The original referral was made when Vivian’s son was a senior in high school. He was experiencing significant behavioral and academic problems; she was afraid that he would not be able to graduate with his class the following spring. A school counselor referred the family to the clinic. Vivian and her son completed 30 sessions with their female counselor; the husband never attended. When the student counselor stopped practicing at the clinic in preparation for dissertation writing, Vivian decided to go back on the waiting list for another counselor.

The following themes (with related sub-themes) emerged from the interviews: Self-Worth (ethnic background, being a woman, starting to feel better, a good mother); A Professional Counselor (provides a safe place, listens, is a woman, facilitates); A Good Experience (only about him, involvement of family); and Husband’s Abuse (of her, of son).

Themes

Self-worth.

Vivian felt entirely “comfortable” with one part of her identity – her cultural heritage. “I’m proud of my Mexican and American Indian heritage. I’m proud of it. Maybe growing up, I’m trying to be honest, I was maybe a little ashamed, but that all went away.”

Vivian’s grandmother was 12 when she married; her husband was the undisputed head of the household. Vivian’s mother quit school in the third or fourth grade in order
to help out at home. Vivian and her mother were responsible for all things domestic:

I was the only daughter – four boys and myself; my mother and I did everything.

We did the cooking and cleaning, the ironing and the washing; that's what was
expected of the women. . . . I guess you didn't question the head of the household.

According to Vivian, this early upbringing is the reason she has let men "control"
her: “They say, ‘Do this,’ and ‘Do that,’ and I will, without question.” Vivian
remembered:

There was a time when I had nothing. I felt nothing. I was nothing. I told myself
that I was nobody, nothing, because he made these remarks that “Nobody likes
you; nobody cares about you. You’re ugly; you’re old. Nobody’s ever going to
want you.” All of those terrible things.

She spoke about the desire to be admired and respected: “I would like to be respected as
a woman, not just for how I look, how I present myself, but also my spoken words . . . the
all around person that . . . I am.”

The counselor always told Vivian that she was “somebody,” that she had “worth,”
that she had “value.” After her counseling experience Vivian’s feelings about herself
began to change: “It wasn’t until after the counseling that I started to see things. . . . And
it’s only recently that I have decided I had it, that I’m starting to feel better about myself,
starting to get a little bit more self-esteem.” Vivian’s awareness that “I know I am
somebody” has led to changes at home. “I’m starting to stand up to my husband now,
and maybe it’s not the right way to do it, but I’m tired of being abused.”

During the interviews Vivian talked about her son’s critical father and “bullying”
stepmother: “In his father and stepmother’s house he was always wrong. They never
believed anything he said; they were constantly picking on him." Vivian stated that she believes a dad to be more "critical" than a mom: "He probably would have berated my son for saying some of the things he said." In contrast, to Vivian a "good mother" is a "good listener." Her son could talk to her because she was "open minded," and she listened: "I didn’t yell at him; I didn’t berate him for anything; I didn’t tell him he was wrong. I guess he started to find out that he could trust me, and I wouldn’t do the things he had been previously exposed to."

*A Professional Counselor.*

According to Vivian, her family counselor "was always the professional." The fact that the counselor was also a woman was important: "I think women empathize with other women much more. . . . I don’t think I could trust a man because . . . I think most men don’t have a clue, and they don’t get it." Interactions with a former male practitioner had left Vivian feeling not understood and blamed: "I don’t want people to feel sorry for me, but I don’t think he could empathize with what I was going through, and it seemed like he was making me out to be the problem. . . . So I never went back."

Vivian had wanted counseling to be a place where her son could "talk openly without reservations," "voice some of the issues that he’s dealt with," and know that he would not be abused for what he shared. An important aspect of the counselor’s effectiveness was her ability to work with Vivian’s son: "She was able to get [him] to open up. . . . One of the reasons that my son was able to hit it off was that he trusted her, and I trusted her." Vivian thought that "the counselor cared about both of us: my son and myself."
Vivian believed that the counselor listened:

I knew [she] heard what we were saying – not the type of person who just sits there while you’re talking, and you don’t know, well, is this person taking this in or isn’t he or she, you know? And [family counselor] would always say, “Well, I hear you saying.” She would always do that: “I hear you saying.”

I just liked the way she spoke with us because she actually listened.

Vivian found the family counselor to be facilitative during sessions, and she appreciated this behavior: “She didn’t sit there and listen to us just talking and talking away. She’s also like a facilitator; she leads you... She asked good questions.”

*A Good Experience.*

For Vivian, family counseling was “a good experience:”

I mean, at times I was just a little tired because it becomes work after a workday, and I was just a little tired sometimes. But just about every time when the counseling session was over, I felt good.

Vivian repeatedly expressed concern for her son and the desire to help him “feel better about himself”: “How can we get this young man – who has a lot of growing up to do – how can we get him to have more self-esteem... and to let him know that some of his behavior was not acceptable in society?” Vivian did not enter family counseling hoping to solve her own problems: “I never intended to bring my own personal issues into it; it was just to try to help my son... And I was trying to help him all I could, but I couldn’t do it by myself.” As a result of counseling, Vivian said, “I got to know him better. I thought I understood him better when we were going to counseling.”

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Although Vivian did not enter counseling with the intention of raising her own personal issues, she came to see the benefit of involving the whole family: “Until now I never really thought about it, but it had to be some about me . . . . If families can sit down and discuss, I think that the family would get better quicker.”

Abuse.

Vivian talked about her own abuse as being “almost a daily ongoing thing with my husband.” In addition, she talked about her husband’s abusive treatment of her son: “There was a time they had a physical altercation, but mostly it’s verbal . . . . My husband abuses my son . . . . and my husband abuses my son through me . . . . It’s bad.” During the second interview she related that the week before she had been able, for the first time, to begin to stand her ground: “I fought back . . . . and I told him he is an abuser . . . . So now I’m starting to stand up for my rights, and I think he’s quite shocked.”

Ego Development Level

Vivian scored at the E6 level, the Conscientious Stage, as measured on the SCT. An individual scoring at this level is not only self aware, she is also able to reflect on self and others. Although somewhat self-critical, a person at this stage is able to see multiple possibilities leading to choice. Thinking goes beyond personal concerns, but there may also be an excessive sense of responsibility for others. Attention to appearance is interwoven with the overall personal or social context. Gender roles are important, and there is a preoccupation with pretense and hypocrisy. The most prominent feature of this stage is self-evaluated standards (Hy & Loevinger, 1996).

Since the Ogive (frequency distribution rule: see Table 3.1, p.96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately
assigned, not all of Vivian’s responses were scored at E6. Although her item sum was 101, she did not meet the criteria for E7: no more than 15 ratings at E6 or below. Vivian had 17 ratings at E6 or below and only 1 rating at E7. The following stems and her responses illustrate the E6 level:

* A good father: “should be a good listener and respect his wife and children.”

* Men are lucky because: “they can get away with actions that society says women can’t. There is a double standard – one for women and one for men.”

* For a woman a career is: “being happy and being independent and feeling good about her accomplishments.”

**Summary of Vivian**

By Vivian’s own admission, the way in which she was raised, with such strictly defined gender roles, was the reason she allowed herself to be treated badly by men. Vivian appreciated her counselor’s repeated statements validating her self-worth. After family counseling and at the time of the interviews, she was beginning to stand up for herself with her husband.

Mothering was a frequent interview topic. Having painted a picture of her son’s critical father and stepmother and abusive stepfather, Vivian went on to describe her own relationship with her son as one of open-mindedness. A good mother should be a good listener.

Having a female counselor was important because Vivian believed women to be more capable of empathy and understanding for other women. She and her son were able to trust their family counselor. She liked the fact that the counselor was willing to listen. She also liked the fact that her counselor facilitated the sessions. Although Vivian did
not enter counseling thinking that it would be about her, she realized the benefits of involving everyone in the family. Family Counseling turned out to be a good experience for her.

The final theme that ran through both interviews was abuse. Vivian talked about her husband's ongoing physical and verbal violence toward her and her son. She stated that she had just wanted counseling to be a place where her son could talk freely and not be abused for anything he said.

Interpretation

Growing up, Vivian learned both directly and indirectly that women are inferior to men. In her experience, men have always had the power; women have had none. Her life experience shaped her adult relationships with men. Continually robbed of any sense of self-respect, she took refuge in the pride of personal grooming and appearance. Interestingly, the other aspect of self in which Vivian could take pride was her cultural heritage; she was proud to be Native American and Mexican. However, her husband seemed determined to take even that bit of self-respect from her.

When Vivian first came to family counseling, the emotional and physical abuse she had endured and was continuing to endure at home had all but destroyed what sense of self-worth she possessed. This absence of feelings of value rendered her hopeless and almost invisible. Consequently, it is not surprising that she was not able to conceive of personal goals and gain from family counseling. However, something remarkable happened during the course of counseling: Vivian began to develop the awareness that she was "somebody."
What brought about this transformation? The counseling relationship appears to have been the catalyst for change, and specific elements contributed to the effectiveness of that relationship. Vivian felt heard. The family counselor listened to Vivian and her son; she demonstrated interest in and caring for both of them. Listening in turn conveyed respect and inspired trust. Having someone whom Vivian respected constantly re-affirm respect for her led slowly but surely to the beginnings of Vivian's ability to respect herself.

The fact that her family counselor was a woman was crucial. Because of Vivian's feelings about and experiences with men, it makes sense that she preferred a female counselor. She had previously had a bad experience with a male counselor who was apparently judgmental and blaming, making Vivian feel that she was the problem by remaining with her husband. As a result, Vivian was adamant about not being able to trust a male practitioner. In fact, it is my belief as a counselor/researcher that Vivian was so traumatized by abuse that she would not have been able to establish a therapeutic relationship with a male. Also, like so many other women, Vivian felt that only women understand other women. To her, men are clueless about the female experience.

Vivian scored at the Conscientious stage (E6) of ego development. She was clearly able to reflect on her family background and its influence on her present circumstances – her tolerance of an abusive husband and having always let men control her. She was able to reflect on her family’s rigid, stereotyped gender roles.

Vivian was a mother. Her overwhelming concern for her son was apparent throughout both interviews. The counseling experience could not have been useful or good for Vivian had it not been so for her son. Although concerned and even
preoccupied with his well being, who can say that her sense of responsibility was "excessive," as is sometimes true with those scoring at E6? Vivian did not feel an "excessive" sense of responsibility for her son; she felt a mother's sense of responsibility, a sense that is often not shared by fathers.

The hallmark of this level is the presence of self-evaluated standards. Vivian had come to realize that letting men control and abuse her was not right and, therefore, no longer tolerable. She was in the process of leaving behind her victim status and moving toward charting her own destiny. The caring and continual validation by her family counselor had helped her to recognize that she was not a "nobody," and she was worthy of respect. Without the support of the counseling relationship, Vivian would not have been able to engage in the type of reflection necessary to promote growth.

**Analysis of Participant #3: "Catherine"**

*Introduction*

At the time of the interviews Catherine was 34 years old, married, and the mother of three young children, aged 8, 6, and 2. She was currently a stay-at-home mom, having left the military where she worked as a civil engineer. An elementary school counselor recommended family counseling because Catherine's middle child (the only boy) was being aggressive and having tantrums at school. Catherine and her husband decided to pursue the recommendation, not only because of the problems at school, but because they were also having similar problems at home.

They were with their family counselor for about a year and attended 31 sessions. Most of the time the entire family was present; occasionally Catherine's husband was absent because of work commitments. A few times Catherine and her husband left the
children at home with a sitter. The parents and the counselor mutually agreed to terminate, the family counseling goals having been met.

The following themes (with related sub-themes) emerged from the interviews: Benefiting from Counseling ("We're going," helpful counseling work, improvements, focus, the room); Our Counselor, Our Friend (male, young student, relationship, behaviors, abilities); Being a Woman (a woman, heritage, a mother); Parenting (need for professional help, her family of origin); and Affirmation (as a woman, as parents).

Themes

Benefiting From Counseling.

Catherine had been involved in counseling peripherally ("family days") when her "alcoholic teenager" brother was "in rehab." Stating that "everyone can benefit from counseling," Catherine added, "It provides a place to discuss issues that you could easily avoid talking about, but that normally are helpful, once you talk about them." In talking about what was helpful to them, Catherine said that she appreciated that family counseling provided a forum for her husband to talk: "The things I would say here, I would say at home, but he wouldn't be as likely to discuss that type of thing or open up and say things." She felt that both she and her husband needed marital relationship work the most and found that work to be more helpful than a parenting focus: "If there was anything we needed, it was that [marital work] because I think [husband] is a good parent, and I am a good parent... My criticisms of him are not parenting."

Catherine felt "lucky" that her family could be in the program because she stayed at home, and they did not "have a lot of money." Because she worried that her son's problems would be ongoing, it was important to her to know that their family could...
return: “I think we’re probably going to have more things . . . and I really wanted to be able to call and come back if we needed to. That was really important to me.” She and her family “were comfortable” in family counseling at the clinic, and she stated, “We wouldn’t be here as long as we were if we didn’t like [counselor].”

Reflecting on improvements since counseling, Catherine reported, “We are doing better than we were before counseling. . . . [Husband] and I are getting along better.” Although her counselor spent a great deal of time meeting with various school personnel and advocating for the family, Catherine did not attribute her son’s school improvement to the counselor’s many efforts: “He’s doing much better, but I think it’s because of some school things that have happened.”

For Catherine, the overall family counseling experience was “positive.” However, the unhelpful aspect of counseling that she mentioned most often during both interviews was the lack of concentration on her son. Initially, she had expected the counselor to “focus” more on him individually and less on the family, and she was disappointed that this turned out not to be the case:

Probably the biggest thing was that I realized that this was not really the thing that was going to be the help for John that I felt like he might need, that this was more family counseling. I really felt like some of [son’s] issues, he really needed the one-on-one counseling. . . . When we came, that’s the help I felt like we really needed, so that’s what was unfulfilling.

Catherine said she would have liked to see “a little bit more talking” to her individual children; she felt that counseling was “boring” for them because of the counselor’s focus on the parents: “It’s like we’re the main people, and they’re [children]
trying to keep busy for an hour.” She also didn’t care for some of the parenting suggestions that the counselor offered: “Some of the stuff was kind of like, we already do that.” At the end of counseling Catherine did not think she got the answers about her son that she “wanted and needed” and stated that when something else happens, she will get him “some individual help.”

Catherine thought the treatment rooms were too small for families with children: “You know, three kids in this little room is not fun!” Dealing with and disciplining an out-of-control child was extremely difficult under these circumstances:

I wanted to put [son] in time-out outside, but I couldn’t. He was just so loud in this little room, and it was so frustrating because I couldn’t deal with him because I had to deal with him in front of the other kids. . . . [Son] was getting a lot of attention, the negative reinforcement that I wouldn’t have put up with. And he knew that he had us when we were here. It didn’t take him long to figure that out, and that was frustrating.

Catherine thought that their counselor could have gotten a better picture of their parenting and family interactions if he had been willing to come to their home: “We just kept saying to [counselor], ‘Well, why don’t you just come over to our house? And then you could really see what the deal is.’”

Our Counselor, Our Friend.

There are two factors over which counselors have no control: their sex and age. This family counselor was a male in his mid-20s. Catherine said she had “no preference” for a female counselor over a male and thought that for her husband, “Maybe that male thing is the best. . . . So maybe the fact that [counselor] is a guy might have made some
women not as open to talk about things, but he seemed to understand me – women things, not just guy things.” However, she recounted an instance in which the counselor’s female supervisor stepped in, following live supervision of a session:

One time, after a hard session with [son] when he was really yanking my chain, I was upset, and [female supervisor] said something like I was such a good mother, and however I handled [the situation], and that I was very patient, and I remember being very impressed by it. And coming from [female supervisor], I hate to say it meant more, but I think [female supervisor] know[s] more.

When asked about the things she liked least about her counselor, she talked about the fact that he was younger than she and her husband were, and he did not “have kids”:

“My perception of wait till you grow up a little bit . . . not that I don’t think they don’t study this stuff, but until you have kids 24-7, you don’t really know. Sometimes these textbook things sound really good until you try to do them.” Although Catherine cited “lack of experience” as a negative, she also “liked the idea of new college kids; you know, they try a little harder.” All in all, Catherine thought that their counselor “had a pretty good idea of what we were like.”

The therapeutic relationship as described was both “professional” and “friendly”:

“He was our counselor, but he was also like our friend, too. And the kids looked at him like he was a counselor, but he was a little bit fun to tell stories to.” Catherine remarked on the “one-sided” relationship: “I’m kind of nosy, and I like to know a little bit about the person I’m talking to, too. So that gets a little one-sided, but I guess that’s what they have to do.”
Catherine and her husband were pleased with the counselor’s willingness to go to the school, to talk to teachers, school counselors, the school psychologist and the principal. She thought that not many family counselors actually take the time to go into the school setting in order to help a family (“It doesn’t sound like there’s a million counselors going”), and she commented, “We had some school issues, and [counselor] was very willing to come and participate, and I think it made a big difference. . . . From the school’s perspective, they see this army, and they know we’re serious.”

It was important to Catherine that her counselor was always on time and prepared for them: “I’m not laid back about that kind of stuff.” He “always looked happy to see” her family, “he seemed genuinely concerned and interested,” and “he remembered things” they had talked about: “That’s always nice, when he knows your name and remembers stuff.” He did not ignore her or favor her husband: “He wasn’t all talking to [husband] and not to me.” He was “respectful.” One thing she would have found helpful, but did not get, was the sense that they had graduated from counseling:

We didn’t just want to stop; we wanted to graduate. He needed to agree; we didn’t just want to stop because it’s a pain to get here and bring the kids. I wanted to graduate. And he was telling us pretty much that we were ready to go, and we were coming in saying, “We want to graduate.”

*Being a Woman.*

Catherine was born in New York, but her family moved to New Jersey when she was four years old. She lived in the same house until she reached adulthood. Catherine’s paternal grandparents came to this country from Italy; Catherine’s mother was originally from New England. Although Catherine said that her cultural heritage does not have an
"everyday" influence on her, she readily admitted to being "more like the Italian,"

"boisterous" side of the family. She was the only daughter. Although not "close" to her
brother, Catherine "[got] along with guys," and she "enjoy[ed]" having girlfriends.

Talking about being in her mid-30s, she said,

I'm enjoying this time in my life... . . . You don't ever want to go back to that whole
insecure, making-decisions thing. I've already answered a lot of my forks in the
road: who [sic] I want to marry, do I want to have kids, how many kids. I've
made those hard decisions, and I feel like now I can focus more on just raising my
kids.

For Catherine, children provided life experience: "Actually, [a friend] just turned 40, and
I look at her, and she's young to me because she doesn't have any kids; she just doesn't
have the life experience."

This former naval civil engineer stated that she had earned her time at home, but
she also worried about returning to the professional world at some point:

I think the hardest part of that is I'm scared now. I wasn't scared before. I'm
scared to go back to work. What if nobody wants me? What if I can't get the
pay? What if that chunk of time that I stopped working, what if that was not the
right decision?

Catherine expressed personal comfort with not being a wage earner at this time: "I never
feel like it's not our money, or that I can't spend."

When asked what being a woman meant to her, Catherine responded by saying
that she "always wanted to be a mother" and told a story about her first pregnancy:
I was at work. I was so happy to be pregnant, and I read all the stuff, and I wasn’t sick. And I remember one time that my boss said, “Why didn’t you do__?” I just said, “Look – I’m making a baby, so your little stuff is just not that important.” It was that miracle, that you’re making a baby; I thought that was so cool.

Catherine illustrated a mother’s closeness to her child: “When you’re a mother, and a kid cries, there’s a shock that goes through your whole body. And I don’t think that happens to men, either.” She asserted that her husband’s response to the children’s behavior is quite different from hers: “If your kids misbehave, I don’t think he’s sitting there thinking, ‘I’m so embarrassed.’ I think he’s just like, ‘Oh, that’s just annoying and loud.’”

Catherine thought that although men are sometimes judged by others for “how much they make, and if they are good providers,” moms are generally judged by their children’s behavior: “I’m a full-time mom; that’s your grade, so it’s nice when someone says, ‘You handled that well,’ or ‘Your kids are well behaved.’”

Catherine repeatedly said that overall, she felt that she was a “good parent.” She said she liked being at home as a full-time mother. She wondered aloud,

Sometimes there’s the question, “Gosh, your kids are getting older. What are you going to do?” Well, you know, look at [two year old daughter]; nobody’s going to regret spending time with her. Do you know what I mean? She’s just the cutest thing, and I think, we live in a nice house – we have to watch the pennies and everything – but why would I trade this? If we’re able to do this, why in the world would I trade this?
Parenting.

Catherine and her husband originally considered family counseling because of uncertainty about how to deal with their son’s behavioral problems: “[Son] is a very different personality than me; where he was coming from was just very foreign. I was like, do I push him; do I not push him; do I step back; do I not step back?” She searched for answers: “I’d read like 15 books, and I just could not find anything that touched on his type of behavior.”

The two parents often had different ideas: “What I think is a big deal, he doesn’t always think is a big deal.” She and her husband discussed their son, acknowledging that “we didn’t have the answers, and maybe there was another way we were supposed to be handling things, that a professional would have something that could help us.”

Catherine also reflected on her own parents. Early in their marriage, they learned to compromise with each other, having come from very different cultural backgrounds: “My dad had to get a little restrained, and my mom had to get a little more boisterous.” She talked about how her parents even now want the best for her:

I think my parents think I’m good at so many things. It’s a curse in some ways because if I wasn’t a big wage earner, then if I stayed home, nobody would really care, but because I have so many options, they want me to have all the options, but they want me not to be stressed. They want me to be happy. So I think they struggle with where I should be.

Affirmation.

Catherine valued the counselor’s “affirmation” of their parenting ability:

He would say, “I really like the way you just did that with [son].” That was good.
And actually coming from someone who doesn’t have kids, sometimes is more because they’re the ones who are like, “My kid would never do that.”

It was important to Catherine to hear from a professional that her family was doing pretty well:

I think the biggest thing that [the counselor] pushed was that, basically, [husband] and I were the experts on [son], and that between the two of us we could solve that, handle him, and that we knew more than a counselor would about how to help him. I think it was kind of empowering, not that I didn’t think that we were good parents, but just that whatever I’m doing is probably the best thing that I can do for him.

She also got “affirmation” of her parenting ability from outside sources. Since counseling, people outside her family have said to her that she “handled something well or was a good mother, that kind of stuff.”

The idea of personal “affirmation” came up as Catherine talked about her former career:

I remember when I was working as a naval civil engineer, very male-oriented stuff, and I kind of liked being one of the few women in college and one of the few naval officers, civil engineers, that was a woman. I always felt like it made me not run-of-the-mill or something.

Catherine personally “got some affirmation” from the family counseling process. Saying that she felt “more positive” about herself since counseling, she acknowledged her ongoing need for personal validation: “We all need that affirmation all the time. You need that regular kind of thing; you can’t just get it last week, and that’s enough.”
Ego Development Level

Catherine scored at E5, the Self-Aware level, on the SCT. Although “the Self-Aware stage is still basically a version of Conformity” (Hy & Loevinger, 1996, p. 5), the individual at this level has begun self-examination and describes interpersonal relationships in terms of feelings as well as actions. Whereas the person at E4, the Conformist level, tends to see situations in terms of absolute rules, the Self-Aware individual sees the possibility of alternatives for those situations. Self-conception is of a responsible and fair person who is happy to be who she is (Hy & Loevinger).

Since the Ogive (frequency distribution rule: see Table 3.1, p.96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately assigned, not all of Catherine’s responses were scored at E5. Criteria (Hy & Loevinger, 1996) require no more than nine ratings at E4 or lower. Catherine’s item sum was 84; 8 of the 18 responses were scored at E4 or lower. The following stems and her responses illustrate the E5 level:

- The thing I like about myself is: “that I am responsible.”
- Rules are: “what keep society stable.”
- A woman feels good when: “she is appreciated.”

Summary of Catherine

Catherine valued family counseling because it was a place where her husband felt free to talk, and she found the marital focus to be more helpful than the parenting work. Since the family was living on one income, she was happy to receive services at no charge, and it was important to her to know that she and her family could return at any
time for further assistance. Counseling brought about improvements in her family and her marital relationship; she believed that school changes had helped her son.

Catherine was disappointed in the lack of “focus” on her son and his problems. She thought that the treatment room was too small for a family with children and would have liked the counselor to come into their home.

Catherine’s relationship with her counselor was both friendly and professional. His demonstration of caring and respect were important to her. She professed to have no preference for a same sex counselor. However, the intervention of a female counseling supervisor meant more to her than that coming from a male. The work that the counselor did with her son’s school was helpful.

Catherine liked being in her 30s and enjoyed staying at home, but she had also enjoyed her time as a civil engineer for the navy. She believed that mothers have a special bond with their children. However, she also believed that mothers are judged by their children’s behavior, whereas fathers are not.

The uncertainty about how to parent their son and the recognition of the need for professional help brought this family to counseling. The counselor-provided reassurance of their parenting ability was empowering. This reassurance was important to Catherine, as was the personal affirmation she received.

Interpretation

Catherine was an open, friendly, talkative “people person.” She was comfortable in counseling, partly because that was her nature, and partly because of familiarity with the counseling process, having been involved as a teen (“family days”) because of her brother’s substance abuse. Although she characterized the relationship with her
counselor as "professional," yet "friendly," she wanted an even friendlier relationship, a relationship with fewer boundaries, which is not really advocated therapeutically. She had a tendency to be overly familiar with this counselor because, to her, he was like a younger brother.

Quite a strong personality, she might have respected and benefited from an older female counselor more. Catherine had a hard time accepting the credibility of a younger male counselor who had no children. The fact that her newly married counselor did not have children enabled Catherine to discount some of his contributions during parenting discussions: "Wait till you grow up a bit. . . . Sometimes these textbook things sound really good until you try to do them." As the female supervisor who stepped in after a particularly difficult session early in the process, I was interested to hear that I had told Catherine she was a good mother. In fact, I did not say that; I commented on all the positive things I had seen her do with her children and talked very briefly about how, being a mother myself, I was aware of some of her struggles. What she heard was that she was a good mother. My validation of her was extremely important, and that is what she heard.

Catherine identified with the Italian, "boisterous" side of her family. She liked to talk, but she was able to appreciate the counselor's efforts at balance between her and her husband, who tended to be rather quiet. She was willing to compromise with her husband because of her innate sense of fairness and also because she had watched her own parents compromising and working things out.

Motherhood comprised a large part of Catherine's sense of identity. Although Catherine believed that she and her husband were very good parents, the most important
thing for her was her counselor's validation of her both as a person and as a parent. Catherine had begun to experience doubts as to her mothering and parenting abilities. She felt judged by her parenting ("That's your grade"); being a good parent meant that she was okay as a person. The counselor's validation of her, both as a person and as a mother, provided enormous relief and enabled her to leave counseling believing, not that she would have no further problems, but that she was equipped to deal with what might arise in the future.

Catherine could see different sides of an issue and was sometimes caught between them. She liked the marital counseling work, but she was disappointed in the lack of focus on her son. She believed that she and her husband were good parents; yet she needed and wanted affirmation and answers. She valued the counselor's professionalism but wanted to be friends. She said she preferred a woman counselor but also said she didn't care. She cited lack of experience as a negative about the counselor, but she also acknowledged that students try harder. Her ambivalence reflects her ego development level. She recognized the alternate possibilities inherent in a situation, but she had a hard time coming to terms with them.

Catherine scored at the Self-Aware level (E5) on the SCT. She was capable of self-examination: "I wonder, should I be this happy? Shouldn't I want to do more?" Her strong sense of self could have been overpowering for the younger counselor, but her sense of fairness helped to achieve a balance of sorts. That sense of fairness coupled with her ability to engage in self-examination and to see alternatives allowed her to make adjustments in her marital relationship. Although Catherine could interpret her counseling experience in terms of feelings (feeling comfortable and receiving validation)
as well as actions, she still tended to define the outcome mostly in terms of what had or had not been accomplished, especially with her son.

Analysis of Participant #4: "Sarah"

Introduction

Sarah was 43 at the time of the interviews. She and her husband were the parents of three children: two teenage sons (18, 15) and a pre-teen daughter (12). A school psychologist, in consultation with the parents, made the referral to the family counseling clinic as a result of the younger son’s truancy. The parents agreed; not only were they concerned about his being able to stay in school, they also “thought there might have been some drugs involved.” The family attended 24 counseling sessions; Sarah’s husband missed several sessions because of work commitments.

The following themes (with related sub-themes) emerged from the interviews: Reaching Out and Getting Counseling (need for professional help, expectations, spoke to whole family, different emotions, a good experience, wished for different things); A Helper (a woman, behaviors, a very good relationship); Being a Woman (as a woman, as a mother); and Reassurance (from her parents, as parents, as a mother).

Themes

Reaching Out and Getting Counseling.

When asked about her overall impression of counseling, Sarah replied, “The importance of realizing that you need counseling and that you reach out and you get it. The counseling experience overall was very good.” Sarah’s expectations of the process were influenced by a prior experience with this clinic.
We met with the counselor twice, and it was over probably a four or four and a half month span. . . . There would be sessions set up, and then all of a sudden we’d go, and she wouldn’t be available. I mean it wasn’t a very good experience. Although her husband was initially hesitant, Sarah encouraged him: “Time has passed. Let’s give them a chance.” Their experience this time was an improvement: “That has been corrected and fixed because we had nothing but good experiences for the last year with [counselor].”

Sarah expected a greater concentration on her son individually: “I thought we would go in as a family for a couple of sessions, and then maybe he would be interviewed more alone.” She and her husband differed in their expectations of the length of the process: “I feel like he expected to be satisfied right away . . . he wanted it cut and dried. . . . He’s like, ‘Be done with it; we’re through with this.’” Sarah did not expect “immediate results.” “I feel like sometimes you have to work through the situation; you have to give them a chance to talk and be their own person, which [husband] doesn’t agree with.”

Sarah found counseling to be a good experience. Although questioning the lack of individual focus on their son, she came to understand,

Now that it’s finished, that the whole family is a part of one’s behavior, and it takes the whole family; sometimes it takes the whole family to help correct it. . . .

With everyone being there . . . it brings out the real issues.

Along with that understanding came the realization, “You feel like you know your family, and a lot of times you really don’t.” Sarah said that their perspectives have
changed as a result of family counseling: "We [she and husband] do look at each other differently, and I do look at them [children] differently."

The counselor gave them "alternatives," and instead of problem-solving, "provided the tools" that would enable them to solve family problems as they arose:

We were provided the tools for when crisis occurs. . . . I think it is better because . . . when you’re on this roller coaster, you don’t know when it’s going to happen. You don’t know when a crisis is going to occur, and you need to know how to handle it right then. . . . And to me that’s a much better way of being able to deal with it.

Sarah and her family enjoyed "the games . . . to bring out communication skills."

"At the end of our counseling, [counselor] had us do a footprint of each of our feet, our shoeprint, and then we wrote on the shoe, each of us, what we felt like, anything we wanted to put about counseling on it."

A Helper.

Although Sarah thought that her son might have initially been able to "relate" better to a male counselor, she felt it was "easier to talk" to a female counselor, even one who is "younger and doesn’t have children." Sarah said,

I cannot speak for my children or my husband, but for me it was easier for me to speak with a woman than I think it would have been with a man. Now I really can’t say that that’s gospel because ministers and people like that have been men, but not on a professional basis. . . . I’m not sure that a man counselor would be as compassionate towards my feelings as a woman.
Sarah commented on the counselor’s listening skills:

She would want to listen. She would definitely, no matter what they were talking about, whether they were talking about a dirty sock or something that had happened in school that they were so excited about, she listened. And I thought that was wonderful.

Sarah spoke of the counselor’s flexibility during sessions: “She never once even said, ‘Well, we can’t talk about this right now because I’ve got a structure here, and this is what we have to do.’ She was always flexible.”

The counselor “always called ahead if she was ill; she was very responsible.” She was “always prepared.” Counselor self-disclosure was an important part of the process, and, when asked how the counselor conveyed understanding, Sarah responded,

Because of her personal experiences. She shared with us some family issues, not specific, with her brother, and so she was very compassionate when it came to being able to relate to what we were going through because of personal experiences. She saw what her mother went through.

Sarah described her family counselor as “personable” and “compassionate,” someone who was able “to relate to all” of them, including the children: “At first [son] put up a wall, a barrier . . . but she just knew how to respond to him and relate with each one of my children.” Sarah went on to say, “She was genuinely interested in what we had to say and what we believed, no matter if it was about ourselves or what was going on.” The counselor made them “feel completely comfortable with everything.”
**Being a Woman.**

When asked what being a woman means to her, Sarah laughed and said, “Just what the Lord wanted for me. That’s what He intended, so that’s what I am... I’m content with being married, and I love being married.” However, she admitted that because of her family problems,

I had come to the point finally that I couldn’t function anymore, and it was affecting my every state: my physical, my emotional, my spiritual, as well. It had just completely overcome me, and I was looking for peace... I was looking for guidance to find peace between us because... it was completely tearing up the family, completely.

Sarah’s parents moved to this southern state from Kentucky; she has lived here all her life. Although Sarah is part Native American, she doesn’t think about it much: “It’s never been something we talked about – worried about. I don’t want to say it had no importance, but we just didn’t talk about it.”

Sarah said that turning 30 had been difficult: “I was not who I wanted to be in my life. This was not the plan, and I was very unhappy and made life for myself and others around me very miserable.” However, her 40th birthday brought with it a change in attitude:

And when I turned 40, I decided that I am who I am, and age cannot make a difference, and look at what I destroyed emotionally when I was younger, when I was 30, when I acted the way I did. Look at what I destroyed and the relationships I hurt, the people I hurt by the way I acted... I don’t consider age
to be of importance anymore . . . you’re as young as you feel and act. . . . Life is now; it’s not in the past; it’s not in the future. It’s right now.

Talking further about what it means to be a woman, Sarah said, “A mother. That’s who I am. That’s exactly where I want to be. . . . I love having my children.”

However, the problems she was having with her family had brought her to a “low” point:

I was way down because of feeling that I was a failure, and I would say it all the time, even to myself, that I was a failure as a mother, that I just didn’t know what I was doing, and that it was obvious because of the choices that my children made. . . . We had gotten to the point where I was having to make a choice between my marriage and my son, and I never dreamed that I would have to make that decision because I love being married, but that’s my child; that’s my flesh . . . and I think it’s very difficult for fathers to understand that bond.

Reassurance.

Sarah spoke to her parents before the family began counseling: “They were completely in agreement, that it was something they felt would be very positive for us to go ahead and look into.” During the counseling process the counselor provided “reassurance” for Sarah and her husband in their roles as parents: “She would uplift [us].” The counselor also provided “reassurance” for Sarah as a mother: “She was able to reassure me that things happen, and that I’m not the cause, and it’s not the reflection of my ability as a mother that causes people to make the decisions they make – my children, and sometimes they have to be held accountable, no matter if we are the perfect parent or not.”
**Ego Development Level**

Sarah scored at E6, the Conscientious level, on the SCT. An individual scoring at this level is not only aware of self, she is also able to reflect on self and others. Although somewhat self-critical, a person at this stage is able to see multiple possibilities leading to choice. Thinking goes beyond personal concerns, but there may also be an excessive sense of responsibility for others. Attention to appearance is interwoven with the overall personal or social context. Gender roles are important, and there is a preoccupation with pretense and hypocrisy. The most prominent feature of this stage is self-evaluated standards (Hy & Loevinger, 1996).

Since the Ogive (frequency distribution rule: see Table 3.1, p.96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately assigned, not all of Sarah’s responses were scored at E6. The criteria for E6 require no more than 12 ratings at E5 or lower (Hy & Loevinger, 1996). Her item sum was 93; she had 11 ratings at or below E5. The following stems and her responses illustrate the E6 level:

*Raising a family:* “is the most difficult task, but the most rewarding.”

*What gets me into trouble is:* “my lack of organizational skills.”

*When people are helpless:* “I wish I could help them.”

*At times she worried about:* “what she was going to worry about!”

**Summary of Sarah**

The expectations of both parents were somewhat colored by a previous poor experience with this clinic; however, Sarah felt that enough time had passed for them to try again. Sarah had expected a greater concentration on her son and more individual
sessions for him with the counselor. Her husband expected that the problem would be remedied quickly; she did not.

Sarah came to understand the importance of a whole-family focus. She liked the activities engaged in during session and was pleased that the family had been provided alternatives for behaving with each other, as well as the tools necessary to work at solving future problems.

Sarah was impressed with the counselor’s “personable” and “compassionate” nature and her ability to “relate” to each family member. For Sarah, talking to a female counselor, even one without children of her own, was “easier” than talking to a male. Sarah especially liked the counselor’s listening skills and her flexibility in dealing with session topics. Counselor self-disclosure was important in conveying to Sarah that the counselor understood her as a woman.

Sarah loved being married and having children. However, because of the problems she was experiencing in her family, she was desperate for “peace” and felt like “a failure” as a mother. Her perspective on age had changed; she did not consider age to be important anymore. Sarah received “reassurance” from her own parents about the wisdom of engaging in family counseling, and during the process itself she received reassurance as a parent, and particularly as a mother, from the counselor.

Interpretation

When Sarah came into counseling with her family, she was suffering. Motherhood was a large part of her identity: “That’s who I am.” Her son’s behavior had affected her personally, and she felt like a failure. Her perceived failure as a mother had a tremendous impact on her personally, and she was struggling to find some sort of peace
within herself. Like so many other women, Sarah felt directly accountable for her children’s actions. Her children misbehaved; therefore, *she* was deficient. As a mother, Sarah had been judged and found wanting. Unfortunately, this misconception is nurtured by predominant social mores.

Having a female counselor was crucial to Sarah’s experience. Only another woman could understand how she felt about her children, how she loved them and felt judged by their behavior. It was “easier” for Sarah to talk to a woman, even one who was younger and did not have children of her own. Sarah did not think that a male counselor could have been as “compassionate” or as empathic as a woman. Her desperation for guidance and her belief in another woman’s ability to understand her overcame any hesitancy she felt because of the previous counseling experience (also with a female practitioner). Having a female counselor set the stage for the relationship that was to follow.

Sarah believed that she and the counselor enjoyed a true friendship. She felt supported because she believed the counselor would be available to her at any time the need arose, and she felt heard. The fact that the counselor could relate to each family member and worked well with the children was a necessary component in Sarah’s feelings of comfort and trust.

The counselor’s flexibility conveyed respect and the desire to hear Sarah’s concerns and point of view. The feeling of being respected contributed to a sense of comfort and promoted trust in the relationship; Sarah believed that she was important to the counselor. The counselor’s validation of Sarah’s identity as a mother provided much-
needed reassurance and encouragement. Sarah learned, "It’s not the reflection of my abilities as a mother that causes [children] to make the decisions they make."

The younger counselor’s age made no difference in her effectiveness with Sarah and the family. The relationship that the counselor was able to establish with Sarah created the climate for self-examination and receptivity to different perspectives.

Sarah scored at the Conscientious Stage on the SCT. At this stage, the ability to perceive alternatives leads to the realization that life offers us choices and decisions. Feelings of guilt are more likely to be over actions than the breaking of rules. Sarah felt judged by her children’s choices, but her work with the counselor helped her to reflect on those choices and her part in them; she gained a new perspective. A strong sense of responsibility, sometimes excessive, is present at this stage. Sarah admitted to being “overcome” by her family problems and her perceived failure as a mother. However, rather than illustrating an excessive concern for her family and children, this perceived failure is attributable to the “special bond” mothers have with their children.

Sarah was able to reflect on self and others, an ability which proved to be helpful in counseling. She could see the difference between her husband as father and herself as mother: "the difference in how we react and our emotions."

*Analysis of Participant #5: “Mary”*

*Introduction*

Mary was a 38-year-old Caucasian Scottish woman married to an African-American. Following her marriage, she came with her husband to the United States, and, at the time of the interviews, she had been here for about 15 years. The couple had five young children, aged ten (girl), eight (boy), six (girl), two(boy), and six months (boy).
The School Social Worker, in consultation with Mary, referred the family to the clinic because of the ten-year-old daughter’s seemingly excessive worrying. The family was also dealing with the autism of their eight-year-old son and the developmental disability of the partially deaf ten-year-old. Counseling was fairly short term – seven sessions, and both the counselor and the parents mutually agreed upon termination of counseling, goals having been met.

The following themes (with related sub-themes) emerged from the interviews: Being a Woman (Scotland, a woman, a mother, confidence); Discussing Problems as a Family (worries, a new experience, explanations, a good experience); At Ease with the Counselor (a woman, counselor’s interest in kids, easy to talk to); and Life in the US (life is easier, driving is hard).

Themes

Being a Woman.

Mary was born in Glasgow, Scotland, the only daughter out of four children. She and her mother were “very close.” When she was growing up in Scotland, women and men had defined roles: “My mother, I won’t say she wasn’t allowed to work, but men took care of business, the checkbook and stuff like that, and women were expected to raise the kids and take care of the house.” Mary said that she was “quite shy” and believed her shyness to be a result of cultural expectations of children: “You didn’t speak until you were spoken to as a child over there. . . . I think that also contributed to when I grew up; I also felt, I wouldn’t talk to anybody until I was spoken to first.”

When asked what it means to her to be a woman, Mary at first said, “I’m not quite sure,” but then she added,
Being a woman means hard work. . . . My husband works. He goes to work; he comes home, and that’s it. And my day’s never done; it constantly goes on. I think it’s definitely harder to be a woman. We’re supposed to be the weaker sex, but the men could definitely take on more. . . . I think we’re stronger.

Being a woman also means “taking care of kids” and “a lot of responsibility.” Mothers are “expected to do more, especially with the children and taking care of the house and all that.” Mary said that all the responsibility was the reason she didn’t go back to work: “I’m still expected to take care of the house, the grocery shopping, all the appointments, doctors, everything, and go to work. . . . I think that’s wrong.”

Mary came into family counseling looking for “peace of mind.” She was worried about her child and about the kind of job she was doing as mother: “I used to think that, not that I wasn’t a good mother, but I know I don’t have enough time for the kids.” Family Counseling gave her additional “confidence” as a mother:

I feel more capable of dealing with anything that comes up. I mean, you never know what is going to happen with kids, and I feel like I can cope with whatever it is. It’s given me a little bit more confidence. It made me feel as if I do know about my children, and it made me feel better. It gave me more confidence as a mother.

Discussion Problems as a Family.

The school social worker said that in family counseling, they “were all going to sit down and discuss [the daughter’s] problems . . . as a family, rather than individually.” Family counseling was a “new experience” for Mary: “I wondered what it was going to be like, what it would involve. . . . I wondered; would it help? I really had my doubts.”
She thought the process would last longer than it actually did: “I didn’t expect such a quick outcome. . . . I thought it might drag on for months, but it really was good.”

Mary liked the whole family involvement in family counseling:

I thought it was good that we all got involved, and we all got to listen to what they felt was wrong. . . . We all got to say what was on our minds. . . . [Counselor] involved my younger one, and she got to discuss what she felt. I had thought it would be only for my oldest one and her problems, but it ended up that the whole family got involved.

As a result of family counseling, Mary is now “able to communicate” with her daughter and understands her better. Her daughter, in turn, has become “more relaxed.”

Before, I used to see that there was something on her mind by the expression on her face, but she wouldn’t come to me, but now she comes to me and tells me what she’s worried about, or if something’s going on at school, she’ll come and talk to me. . . . Before she tended to keep things inside, but now she comes out and talks.

*At Ease With the Counselor.*

Mary found it “easier to talk to a woman”: “A woman understands my problems, which helps a lot.” Mary described her counselor as “understanding,” “very open,” and “easy to talk to.” The fact that the counselor was a “mother herself” with a young child proved to be helpful for Mary: “If I had to breast feed, she’d say, ‘Go ahead.’ But if that was a man, no, I couldn’t do it. She made me feel at ease. I felt I could tell her anything.”
Mary liked specific things that her counselor did: “She took an interest in the kids and their school projects. It wasn’t just focusing on one; she took an interest in all the kids, and that really helped me to feel comfortable.” The counselor always remembered things about the children: “Even the little details you told her. I don’t know if she wrote it down, or what, but she remembered.” The counselor modeled communication skills for Mary: “The way [counselor] asked my daughter questions, the way she got through to her, that taught me how to ask her questions and how to communicate with her a little bit better.” The counselor normalized her children’s behavior and put Mary “at ease” during sessions: “And when my two year old was climbing all over that classroom, she’d say, ‘That’s okay – typical two year old stuff.’”

Life in the United States.

Mary talked about the ways in which life is different here: “Life is easy over here, I think, freer. . . . Schools are a lot freer here. Over there you didn’t talk in class; it was a stricter environment. . . . Women have a better position over here than in Scotland.” Her main difficulty is driving: “Driving on the other side of the road is the main thing here. In parking lots I tend to go to the wrong side.”

Ego Development Level

Mary scored at the top end of E4, the Conformist level, on the SCT. An individual functioning at this level accepts rules because they are rules and identifies with the authority group. Inner states are described simply with words such as “sad,” “happy,” “angry,” and “love.” A Conformist usually subscribes to conventional gender roles.

Interpersonal relationships are described in terms of actions, not feelings (Hy & Loevinger, 1996).
Since the Ogive (frequency distribution rule: see Table 3.1, p.96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately assigned, not all of Mary’s responses were scored at E4. Her item sum was 79, and she did not meet the criteria for E5: no more than 9 ratings at E4 or lower. The following stems and her responses illustrate the E4 level:

*What gets me into trouble is:* “my big mouth.”

*A good father:* “helps take care of the kids.”

*Rules are:* “to be kept, to be followed.”

*Men are lucky because:* “they don’t have to have babies.”

**Summary of Mary**

In Scotland, where Mary was born and grew up, men customarily handled business affairs, and women managed the home. Mary admitted to being “quite shy” and indicated that her shyness had cultural origins, since children were not allowed “to speak until spoken to” in the Scotland of her childhood. Being a woman meant “hard work” to Mary; she believed that women are stronger than men, and men could definitely do more! Being a woman also carries great responsibility: for the children, the house, the shopping, and all appointments. If she were to work outside her home, she would still have all these responsibilities, in addition to her paid employment. Mary entered counseling looking for “peace of mind” and gained greater “confidence.”

Since family counseling was a new experience for Mary, she didn’t know what to expect and wondered what it would be like. She thought it “might drag on for months.” She liked the involvement of all family members and exited counseling understanding her daughter better and possessing better communication skills.
Mary “found it easier to talk to a woman.” The fact that the counselor was a mother of a young child herself and could normalize toddler behavior was helpful to Mary and put her “at ease.” The counselor took an interest in the children and made an effort to remember details.

Finally, Mary talked about the ways in which life in the United States is different from that in Scotland. She believed that life is “freer” and “easier” here and that “women have a better position over here than in Scotland.”

Interpretation

Mary grew up in Scotland, where women were expected to conform to stereotypical gender roles. This culture had a profound impact on her later life. As an adult, Mary was a stay-at-home mom and had responsibility for everything at home. To her, being a woman meant “hard work” and “taking care of kids.”

During the interviews, the focus of Mary’s words was almost completely on her child. She reflected very little on herself except to say simply that counseling had given her more “confidence” and the ability to “communicate” with and “understand” her child better. Mary seemed to have gained very little in the way of added perspective; most of the change that occurred was due to counselor modeling of behavior and specific actions, such as the counselor’s gift of a worry book to the oldest daughter.

Having a female counselor was absolutely critical for Mary. She did not believe that a man could have understood her problems, nor could she have talked easily to a man. Counseling became a safe place where trust could exist because the counselor was a woman and a mother.
Mary scored at the upper end of the Conformist Stage (E4) on the SCT. Conformity to group rules and stereotypical roles is the hallmark of this level. Mary belonged to the group called “women” and conformed to the stereotypical definition of that group. She was able to trust and respond to an authority figure for that group – a female counselor. Mary was just teetering on the threshold of beginning to question gender roles. However, she did not yet seem ready to achieve any self-awareness from this questioning.

Mary described her counselor in conceptually simple terms. She described her relationship with the counselor in terms of what the counselor did, rather than in terms of feelings: the counselor took an interest in the children, she showed her how to talk with her daughter, she remembered things. Because of Mary’s awareness of relationship in terms of action and the relative simplicity of feelings’ expression, the specific and concrete behavior work offered by the counselor was most effective.

Analysis of Participant #6: “Judith”

Introduction

Judith was a 32-year-old Caucasian single mother raising three children, a son aged 11, a daughter aged 9, and another son, aged 6. The children were bi-racial; their fathers were both African-American (same father for the nine and six-year-olds). The younger son’s school counselor made the referral for family counseling because of the frequency and severity of behavioral problems (tantrums) at school. Judith was having similar problems at home, as well. The family completed 18 sessions; during some of those the counselor saw the son individually for play therapy. Judith and the counselor
mutually agreed on termination; Judith planned to pursue individual counseling for her son in the future.

The following themes (with related sub-themes) emerged from the interviews: Strong Women (a spiritual person, caretaking, age, single mom, reinforcement); Family Counseling (bad behaviors, expectations, focus, a positive experience, progress); and Counselor was a Blessing (a woman, a connection, open relationship, helpful things).

Themes

Strong Women.

Judith said that she is “a caretaker by nature,” and that goes along with “being a woman.” “I know that not all women are like that, but for me that’s the important thing; that just makes me approachable to other people.” Her family background was Church of Jesus Christ of the Latter Day Saints (LDS); her ancestors were Mormon pioneers, and she described herself as “a spiritual person.” There was “a lot of family history with Utah and Nevada, California and Arizona.” This heritage was “special” to her and sustained her:

My great-great grandmother – like I said, they were very strong women – pulled a handcart pregnant, had her baby, and got up the next morning, pulled the handcart. . . . I’m like, here I am wimping out, thinking I can’t do this, and this lady – things like that. . . . And so I draw my strength there, and my spiritual strength, as well. . . . And when I think I’m just such a weak person, and I look and see that they were just so strong . . . I just try and look at them and say, “You know, I can be like that, too. I can handle this.” So it means a lot to me, having
that in common with these strong women that I have in my family. We don’t
have a lot of strong men; we have a lot of strong women.

Because her own children were bi-racial, she said she “switched things up a little bit in
my family, added a little more ethnicity.”

For Judith, turning 18 was a milestone: “I was scared to death to turn 18, just so
afraid of life after that, so when I hit 18, it just kept going after that.” At the time of the
interviews she was 32 and said that age no longer mattered to her, except that she was old
enough “to do things that you can’t do when you’re a kid.” She laughed and added, “Age
to me is just that my weight won’t come off as easily.”

Judith talked about motherhood and being a single mother:

I guess the big thing [about being a woman] is that I get to have kids. That, to me,
is one of the most precious gifts I have in my life. Dad can be there, but Dad
doesn’t experience that. . . . To me there’s no greater honor. . . . These aren’t my
children; they’re just on loan to me, and to me that is a lot of trust on the Lord’s
part to give me these kids.

To Judith, a mother, like a woman, is a “nurturer and a caretaker.” A mother has the
“responsibility” of taking care of her children: “That’s up to me; that’s my responsibility,
to make sure that he’s taken care of now and not later. . . . I have to help my son.”

Regarding a previous situation with her son, she worried, “I feel in some ways that I
failed. I know it wasn’t my fault, but yet, as a mom, it still affects me. I should have
been there to protect him, and I couldn’t.”

Judith became a mother at 18 and was married for one year. Ever since then she
has been parenting alone:
I am a single parent. . . . I am the only person in the house who can set those rules and enforce those rules and reward behaviors that are appropriate. I wish I had a backup. . . . I'm tired. . . . And I have felt several times that how can I do this? There's no man around. How am I going to raise three kids? My grandmother did it years and years ago with two boys in the house. So in my little moments like that, I feel that strength that Grandma did it; you can do it. That helps me a lot.

Judith said that she was looking forward to her children's growing up, to having grandchildren, and to being single again: "That's kind of exciting to me because I get some freedoms. I can travel and do all those things. It probably won't happen, but I can dream."

The family counselor provided "reinforcement" for Judith's perspective as a parent:

And so that feels good to know that I lay [sic] down at night and don't go, "Oh, you're such a bad parent today." Or you get out of bed and go and kiss your kids, and you tell them in their sleep, "Oh, I'm so sorry." I don't have as many of those days. That really feels good.

*Family Counseling.*

Judith had participated in individual counseling following the breakup of a marriage and was not sure what family counseling would be like:

I wasn't sure what all that entailed, other than all of us sitting down and talking and getting those things out in the open in a more constructive way than we would
probably do ourselves. . . So it was basically everything I thought. . . It was
someone trained to know what I needed to do next.

Judith believed that the main “focus” of her counseling experience was to help the family
interactions with her son, as well as “the everyday problems with the dishes, and ‘No, I’m
not going to do them. You need to do them.’” The counselor began to see her son
individually:

We started out initially with family counseling, and then because [son] was the
one having so much of a struggle and issues he was having to deal with, about
half way through [counselor] said, ‘Well, let me start seeing him’ because he’s the
one with issues he’s had that needed it.

Judith and her children saw the counselor at one of the clinic’s satellite locations;
she liked the convenience, the fact that they “didn’t have to go to the ends of the earth to
get here.” The time set up for sessions was also convenient for the family. It is clinic
policy to videotape all sessions; Judith did not mind: “I thought that was great. . . I think
that would probably be helpful to anyone because you might miss something right then,
but looking back later . . . you’d catch that. I understand and respect that.”

As a result of family counseling, Judith has gained self-knowledge: “I know more
of my weaknesses that I have to struggle with, that I need to change because, of course,
what I do in turn causes their reaction, as well. I know myself a little bit better. . . . I
react less.” Her son’s behavior improved, which influenced family interaction:

It felt good because I saw the changes in [him] because he’s a happier child, and
that helps me be a happier person because I’m not yelling and getting stressed out
all the time. It’s easier to be around him. It was very hard to sit and say, “Yeah, I
love my child when he’s over here acting like this” . . . I wasn’t embarrassed anymore by his behavior because now I had a better understanding. . . . Seeing those changes in him, those small ones, have been milestones for our family because it has changed the stress level in the house. Finally, I have some hope.

Counselor Was a Blessing.

According to Judith, the “big thing” about the counselor was her openness: “Just that openness, that ‘I’m here to help you.’ She was just very, very friendly and open. I felt completely comfortable with her. I felt completely comfortable leaving [son] with her alone. She was just a blessing. She really was.” There were some factors that Judith and the counselor had in common that made it “easier to sit down and talk with someone.” The counselor was German; Judith’s brother and sister-in-law lived in Germany. There was also a racial connection: “My children are bi-racial, and her boyfriend is Black, and that made it even more of a bond . . . that, ‘Okay, you understand my situation with my children a little bit more than someone else might.’” Judith believed that having a female counselor was better for her son: “I don’t know if he would have taken to a man as well. With her he could be funny and playful and tease her and be affectionate with her, whereas he hasn’t had a lot of exposure to a man being affectionate.”

The counselor was non-threatening: “I didn’t feel threatened at all by any of the suggestions because they were not made in any way to make it seem like, ‘You’re not doing your job right,’ or anything like that.” She worked well with Judith’s son: “I would be out in the hall, and I would hear him just laughing and carrying on, and I knew that she was reaching him in the way that he needed to be reached.” She “always had a
smile" and was "ready with suggestions." The counselor would occasionally make contact during the week to check on Judith's son: "And that meant a lot to me, too, because I knew he was on her mind, as well."

The counselor offered alternative reasons for her son's behavior, enabling Judith to view the behavior "from a different perspective." Discussions often involved specific suggestions, such as a chore chart or a behavior chart: "Things needed to be very, very specific because Mom only had that as reinforcement because Dad's not there." The counselor expected Judith to come prepared for each week's session: "So I would think during the week, 'Okay, I've got to write this down so we can talk about this in counseling.'" Even when the counselor met with Judith's son individually, she always made time for Judith: "She always did a conference with me for a few minutes afterward or before to talk about what had happened during the week or what had happened while they had met for a few minutes."

_Ego Development Level_

Judith scored at E8, the Autonomous Stage, on the SCT. Individuals at this level recognize others' needs for autonomy. They respect and acknowledge that others need to follow their own path and make their own mistakes, especially their own children. The search for achievement, prominent at lower levels, has become the search for self-fulfillment; there is a high tolerance for the ambiguities and paradoxes of life (Hy & Loevinger, 1996).

Since the Ogive (frequency distribution rule: see Table 3.1, p. 96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately assigned, not all of Judith's responses were scored at E8. Although her item sum was
125, she did not meet the criteria for E9: no more than 17 ratings at E8 or lower. Judith did not have a rating at E9. The following stems and her responses illustrate the E8 level:

**A woman feels good when:** “she can look at herself in the mirror, in the eye, and know that she is a work in progress and that perfection is only held in Heaven with the Lord.”

**A husband has a right to:** “ask for love and support from his wife, to have his children know that he’s not perfect and that he’s here to learn, too.”

**A good mother:** “loves her children unconditionally. She knows that even though she may train her children to do the best things, they have free agency and choice to follow their path.”

**A woman should always:** “remember that we can do whatever we set our minds to. We are valuable to mankind, and that we will never be everything to everyone, so we should follow our hearts and accept what happens when we do.”

**Summary of Judith**

For Judith, caretaking and nurturing went along with being a woman. Describing herself as a “spiritual person,” she said that she drew her strength from the strong women in her Mormon family background. For Judith, children were a gift from God. Along with this gift came the responsibility of caring for the children. Judith had been a single parent for most of her adult life and often wished for some assistance or “backup.” She looked forward to a time when her children would be grown, and she could reclaim some of her freedoms.

Family counseling reinforced Judith’s parenting efforts. The counselor not only worked with the family as a whole, she also worked with Judith’s son individually,
providing play therapy. As a result of counseling, her son’s behavior improved, Judith gained self-knowledge, and the stress level at home decreased. The most important of the counselor’s qualities was her openness, which helped to make Judith completely comfortable. She and the counselor had some cultural and racial factors in common; these made it “easier to sit down and talk.”

Judith liked the non-blaming stance of her counselor, and she especially appreciated that the counselor worked well with her son. The counselor’s suggestions often helped Judith to view her son’s behavior from a different perspective. Finally, on those occasions when the counselor saw Judith’s son individually, she always took the time to check in with Judith.

Interpretation

Judith was a spiritual person who got daily courage, strength, and a sense of direction from her faith in God and the example of strong women from whom she was descended. Her children were “on loan” from God, and she took the responsibility seriously. Judith’s faith in God came not from a Conformist perspective of religion, but from thoughtful reflection, the desire for self-fulfillment, and the realization that life is a journey encompassing failures as well as triumphs along the way. Although she relied heavily on her faith as she cared for her family, there was no physical reinforcement at home, and she was finding it difficult to be all things to all people. Judith came into counseling feeling like a bad parent and looking for reassurance.

Judith’s open, supportive, and non-blaming relationship with her counselor was key to all that followed, and the counselor’s ability to form a special and trusting
relationship with Judith’s son was paramount in importance. Counseling would not have been a positive experience for Judith the mother without that relationship in place.

Judith scored at the Autonomous Stage on the SCT. She recognized other’s needs for autonomy, especially those of her children. She realized and accepted that they would make mistakes as they lived their lives. Judith’s rich spiritual life provided the cradle for her search for self-fulfillment as a woman and mother. She accepted the ambiguities and paradoxes of life. Judith’s trusting relationship with a loving and kind professional, along with her ability to see different perspectives and adopt them, propelled her forward. When Judith left counseling, she felt reassured and stronger.

Analysis of Participant #7: “Kathy”

Introduction

Kathy was a 43-year-old Caucasian single mother. Her only child, a son, was six years old. The elementary school counselor, in consultation with Kathy and with her agreement, referred the family to the clinic. The son was experiencing academic and behavioral problems at school, as well as behavioral problems at home.

Kathy’s husband had become ill and subsequently died while she was pregnant with their son. Kathy and her son had recently moved to their current home in order to be closer to her younger sister. Although she had a demanding and well-paid career where they formerly lived, she was now unemployed and was devoting herself to being a mother. The family attended 11 sessions; she and the family counselor mutually agreed upon termination.

The following themes (with related sub-themes) emerged from the interviews: ADHD (an uncontrollable child, diagnosis, trying to get control, sister, making progress);
Having To Do It All (a woman, being a mom); A Close Family (sisters, growing up, her mom, immediate family); Talking to Somebody (expectations, help, consistent schedule, support groups); and Someone for Guidance (female, a friend, help, reinforcement).

Themes

ADHD.

Early in counseling the son’s pediatrician made the diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). Kathy’s son was having difficulties both at school and at home. At school “he was having a lot of trouble with his work, just getting things done... His reading level was a zero.” He was “off task” much of the time: “When it came down to percentage-wise, 72% of the time he was not doing what he was supposed to be doing.” There were also frequent problems with impulsivity: “He was at the point where two to three times a week I was hearing from the teacher or the principal that he had problems. They weren’t always bad things, but they were impulsive; they were totally acting without thinking.”

Impulsivity and distractibility occurred outside school, as well:

I sat and watched him at the soccer game... and the other kids were fairly well intent on what they were doing, and he was out in the field picking up leaves, and, oh my goodness, there was just no concentration on what he was supposed to be doing.

Kathy called her son her “little jumping bean because he’d just jump from one thing to another... When the distractions were there, it was just a mess.” There were also problems caused by his “temper”: “Just not listening, going off into rages, absolute fits.” He was “almost uncontrollable.” All of these manifestations of ADHD played havoc.
with their morning schedule when Kathy had to get to work: “I had to drop him off at
day care and be at work by 8:00. I could squeak in at my desk at 7:59. Forget it if we
forgot anything.”

Kathy’s pediatrician wanted “longer than a six-month period and different
environments” before making a formal diagnosis, so Kathy enlisted the help of school personnel:

I asked the school counselor, “Please observe him. Watch him, and tell me what
you’re seeing because, of course, I’m not seeing him during the school day.”

Fortunately, the counselor’s office and [son’s] class were right next door to each
other, so she was able to look in on him informally at times, and then she would
go in and actually observe.

The pediatrician prescribed medication; the effect “was a positive and immediate
night and day with his behavior.” Kathy used a timer to help her son complete tasks: “I
couldn’t get [him] dressed in the morning without having to have the timer on and have
him have to make the timer.” For a time during counseling, she tried using “tokens” to
reward positive behavior. Kathy realized that praise is important:

That’s one of the things that it’s hard to remember to say to them, “You did a
great job getting dressed.” It really is. . . . You realize how important that praise
is to them. . . . It’s hard to remember with them, and yet we appreciate it as adults.

You know, you appreciate it when your teacher or boss gives you thanks.

Although his “being diagnosed with ADHD and . . . put on medication helped to some
extent,” their participation in family counseling helped Kathy to “appreciate” her son
more:
Sometimes [he] is like a little tornado. He may touch down, and I have to accept that that’s there once in a while, and I have to try to appreciate that for what it is. . . . I’ve come to realize during the year that to expect my child to sit still and do his homework is almost an impossible request. . . . And that, I think, that was my behavior modification, my being able to accept the fact that he’s not going to sit still.

_Having to Do it All._

When she lived in the Northeast, Kathy was a well-paid career woman. People thought she “was absolutely crazy” for giving all that up, but she replied,

It was a big step to give up my job and the home that my husband and I had built for each other and move seven hours away by myself. . . . But I wasn’t happy, and my child wasn’t happy. . . . I dealt with stress a lot better in my life before my husband got sick and died. I don’t do stress well anymore. I just don’t do it well.

Kathy said that, as a result of family counseling, she felt “a little stronger.”

When asked what it means to her to be a woman, Kathy responded, “Having to do it all and not wanting to do it all, anymore.”

I think if . . . I were married, and I didn’t have the entire responsibility of everything in my household, I would feel differently. There are women who like to be in control of everything in their house, including their spouse, and right now I would like nothing better than to say, “You know what, honey, you want to do the bills, go ahead. You want to hand me $50 a week, and you go and do everything else, go ahead.” I would love to turn all the responsibility over to somebody else. I don’t have that luxury.
Relinquishing her career, selling her home, and moving to a new state were actions motivated by the desire "to make things better" for Kathy and her son: "I just can’t do a stressful job and a stressful home, too. . . . When I realized that, I was at the point in my life where ‘I can’t quit being a mom, so I guess I have to quit my job.’” Lifestyle changes brought financial changes, as well: “That’s something [he] and I discussed, and I said, ‘It’s going to mean changes. . . . You’ll get treats every once in a while. . . . But the things are going to be simple everyday things rather than big things.’”

Kathy was 43 years old at the time of the interviews; she discussed the difficulties and benefits of being an older parent:

It’s kind of an awkward position, 43 with a not-quite 7 year old, where most people at 43 – their kids are off at college. . . . Not that women aren’t having children older now, but some days I wish I had done it younger with him, but that didn’t happen. . . . It keeps me young, and, hopefully, I’ll be able to keep up with him a while longer.

Kathy believed that things are “more difficult for moms,” saying,

I don’t know the “why” of it, but I just think, in general, a man would either have a grasp of the discipline situation sooner, or wouldn’t admit he needed the help if he did need it because that’s a sign of weakness to them [sic].

A Close Family.

Kathy said that she been “in a close family” growing up and still “enjoyed” being with family. She had three sisters: “I’m close with all of them, but yet, my little sister and I, I would do anything for her.” She helped to “raise” this sister: “In some sense the tables have turned. In the last seven years she’s been the one that’s more been the
supporter for me.” Moving from the Northeast meant leaving her parents and other family members. However, she said, “I looked at not just the immediate, but the long term of, if anything happened to me, my sister was here and is who [sic] my son would be with.”

The relationship is special:

It’s a best friend, but it’s more than that. My sister and I, we think so much alike that it’s absolutely scary. . . . I think if you don’t have a sister, or if you don’t have a sister you’re close to, you can’t possibly understand.

Her sister’s son also had ADHD: “I can look to her and say, ‘Would you please figure this out, so that by the time I get to that age with [son], you’ll have it done?’ It’s kind of neat, being able to share our experience.”

Growing up, Kathy said that “there was always family together,” even though she mainly saw her father on the weekends: “My father worked nights, and he wasn’t around that much during our childhood.” Kathy’s mother was Italian, “a very strong woman” whose “influence came across very much in cooking and cleaning.” Kathy said that she enjoyed time spent with her family, even though she and her mother “have a hard time being under the same roof for 48 hours” because they are “so much alike.”

Talking to Somebody.

Kathy told her son that they “were going to go talk to somebody to try to help [them] work things out, to get along better.” She thought that the family counseling program, in cooperation with the schools, “was wonderful.” It was helpful that these services were provided free of charge: “With my budget being limited, it was wonderful to be able to do this and not have to pay.” She liked that family counseling did not focus
individually on her son: "I think counseling had to focus on my behavior and our
reactions to things." Getting a different perspective was "valuable . . . helping me
sometimes see some things a little differently, that was valuable."

She would have liked more "consistency" in the scheduling of sessions. Tied to a
college and staffed by students, the clinic is sometimes closed for scheduled holidays;
Kathy and her son saw the family counselor at the son’s school, so occasionally the
school itself was closed:

Just having it consistent would be good. Unfortunately, when you work with the
school system, you’re working around the school calendar year; you’re working
with school vacations and summer vacations. . . . There were time periods where
we were going through a difficult time, and it was like, “Okay, we’re not going to
see her for two weeks.” . . . I guess in a typical regular therapist office
environment, you’d have your appointments, weekly, biweekly, whatever you’d
have, and you’d have that consistent schedule.

Kathy had a suggestion for the program:

I don’t know how easy it would be for people, but one of the things that maybe
could be considered for other years would be some kind of support group
stemming from the counseling. . . . I just think that sometimes bouncing things off
other people helps.

Someone for Guidance.

Kathy said, “I was just thinking that we needed some help. We needed someone
for guidance.” The fact that the counselor was a woman proved to be important, even
though Kathy thought that perhaps her son might “have listened better to a male:”
I'm not positive on that because, just in general, if his uncle says something to him, [snaps her fingers] it's done. . . . My brother can say, "That's your dinner; eat it." And it's done; it's gone. Maybe it's because he hasn't had a day-to-day male influence in his life. . . . But, I don't know that a male counselor can understand the everyday nuances of a single mother trying to get through. I think that we still have enough stereotypes in our systems that for a male counselor to have a woman say, "Well, you know, it's really stressful to be getting up in the morning and dragging your kid out to go to work and then come home." I don't think they think about all the effort there is to that. People don't think about all the things that there are to do every day. . . . I don't know that a male counselor could have related to that as well as a female.

Kathy "always felt like there was a respect there." The counselor was never "critical," But, yet, if she disagreed, she'd make suggestions. She never came right out and said, "Well, you shouldn't do things this way" or anything like that, but if I was confused about something or just having difficulty with something, she would always come back and say, "Well, why don't you try it this way?" Or, "Let me see if I can find out something else for you."

The counselor did not judge her: "I felt like if I told her something, it wasn't going to be looked at like, 'What do you know?' She wasn't there to judge me." Instead, the counselor approached Kathy with, "I respect the fact that you're trying to do a good job controlling your child."

If the counselor did not have the answer to a question, she "was very quick" to research it: "She was very good about coming back the next week, with 'Here, I got this
for you. We were talking about this, and I got this for you." "One of the best things"
the counselor gave Kathy was a sheet with "100 Ways to Say I Love You."

The counselor provided "reinforcement" for Kathy's decisions:
She was always quick to say, numerous times she said, "I have a lot of respect for
what you did. I know it wasn't easy to leave your job and leave your home.
You're doing what's in your heart that's right for you and [son]." She always
reinforced that... And that definitely reinforced for me that, yes, what I did was
okay and not like my mother said - that I was just being mean in taking my child
away from her... that the changes that I made in our lives were okay... I'm not
the worst mom in the world for taking my child away from his grandparents... I
was doing what was right for us as a family.

Kathy got "some peace of mind and some reassurance" from the counselor:
"Although along the way we weren't doing everything right, I wasn't doing everything
wrong, either." The counselor also provided reassurance for Kathy's son: "And, I think
for [him], just to make him realize to some extent that, yeah, he was just being a kid."
Kathy would have liked more reinforcement for her position as mother: "This is what
we're going to focus on this week, but, don't forget, if your mom says whatever, you
have to respect that."

Ego Development Level

Kathy scored at E6, the Conscientious level, on the SCT. An individual scoring at
this level is not only aware of self, she is also able to reflect on self and others. Although
somewhat self-critical, a person at this stage is able to see multiple possibilities leading to
choice. Decisions are made for reasons. Thinking goes beyond personal concerns, but
there may also be an excessive sense of responsibility for others. Gender roles are important, and there is a preoccupation with pretense and hypocrisy. The most prominent feature of this stage is self-evaluated standards: the individual approves or disapproves of an action, not because of what someone else thinks, but because of what she personally feels. Motives and consequences are seen as more important than rules (Hy & Loevinger, 1996).

Since the Ogive (frequency distribution rules: see Table 3.1, p. 96) for scoring this measure allows for a certain number of ratings both lower than and above the level ultimately assigned, not all of Kathy’s responses were scored at E6. The criteria for E6 require no more than 12 ratings at E5 or lower. Kathy had 8 ratings at E5 or lower; she did not meet the criteria for E7: no more than 15 ratings at E6 or lower. Her item sum was 100. The following stems and her responses illustrate the E6 level:

_When people are helpless:_ “it can be frustrating, especially if it is someone you care about.”

_Rules are:_ “hard to enforce with an ADHD child, yet need to be consistent.”

_Men are lucky because:_ “they seem to be stronger emotionally.”

_A woman feels good when:_ “she is loved and appreciated.”

**Summary of Kathy**

Because of ADHD, Kathy’s son was having impulsivity and distractibility problems both at school and at home. Prescribed medication helped, as did Kathy’s use of a timer, token rewards, and doses of praise. Counseling helped Kathy to “appreciate” her “little tornado” more.
Kathy and her son had recently moved from another state, where she held employment in a highly paid career. Realizing that she couldn’t “do a stressful job and a stressful home, too,” Kathy quit her job, sold her house, and moved south to be near her younger sister, with whom she had a close relationship. When asked what it meant to her to be a woman, Kathy responded, “Having to do it all and not wanting to do it all anymore.” Kathy discussed the awkwardness of being an older parent of a young child, but she also said that having a young child kept her young.

Kathy valued family. She had three sisters; “close” to all of them, she had a special kind of relationship with her younger sister, who was “more than a best friend.” This sister, who had a son with ADHD, would be her nephew’s guardian if anything happened to Kathy.

Since Kathy was not working outside the home, she was happy that the family counseling services were free of charge. She also liked a family focus, rather than an individual one. Getting a different perspective was “valuable.” However, Kathy would have liked more consistency in the scheduling of sessions. She suggested the addition of support groups for those involved in family counseling.

Even though she thought that her son might possibly “have listened better to a male,” the fact that the counselor was a woman, although childless, was important to Kathy. When asked about the counselor-client relationship, Kathy said it involved “respect.” The counselor was never judgmental or critical. She was good about researching questions for which she had no answer and then getting back to Kathy. The counselor provided reinforcement for Kathy and her son.
Interpretation

When her husband fell ill and died during her pregnancy, Kathy found herself about to become a single parent. Although her parents and other family members lived nearby, five years later Kathy sold her house, left her career and moved, so that she could focus on her son with her younger sister’s support.

Out of love for her child and concern for his behavior (he was soon diagnosed with ADHD), she made a conscious choice, doing what she thought was right for both of them. It took a great deal of courage and strength for Kathy to buck the popular opinion that she should stay right where she was, but she did so. By the time Kathy entered counseling with her son, she was starting to second-guess her decisions. Not only in need of help with her son’s behavior, she also needed reassurance and encouragement for herself.

Having a female counselor was important to Kathy. She needed support and reassurance. She needed someone to listen and understand her struggles as a woman, a widow, and a single mother. Her family counselor was able to be extremely supportive. However, Kathy apparently needed even more support and validation than the counselor was able to provide. She lamented the interruption to counseling that school holidays caused and suggested adding support groups to the program. The disparity between her age and that of the younger counselor had no effect on their relationship. Class and culture apparently played no role in her counseling experience.

Kathy scored at the Conscientious Stage (E6) on the SCT. At this stage, the ability to perceive alternatives leads to the realization that life offers us choices and decisions. Feelings of guilt are more likely to be over actions than the breaking of rules.
(Hy & Loevinger, 1996). Kathy had recently made a life-changing decision and was questioning whether it had been the right one. She had made a decision she determined to be the best one for herself and her son, even though it was unpopular with others. She was being made to feel guilty by her mother, who no longer lived close to her daughter and grandson.

As an individual functioning at the Conscientious level, Kathy benefited from counseling because she was able to reflect on herself and others, she could be honest with herself, and she could see alternate possibilities in a situation. Thus, she was capable of envisioning different perspectives. In fact, she admitted to enjoying the different perspective she got from her counselor.

*Analysis of Participant #8: “Melissa”*

*Introduction*

Melissa was a 28-year-old Caucasian single mother of three young boys (aged 9, 7, and 2). At the time of the interviews she was separated from her African-American husband, but not yet divorced. The couple had two boys. Melissa had custody of the two bi-racial children and was living with a 33-year-old Caucasian man, who was the father of her third and youngest child. The oldest son’s school counselor referred the family to the clinic because of disrespectful behavior and academic problems at school. Over the course of a school year, the family attended 25 sessions. Counseling was terminated when the counselor graduated and discontinued work at the clinic. At that time he gave the family the option of continuing with another counselor; they decided to terminate.

The following themes (with related sub-themes) emerged from the interviews: Woman (women, a single mother, her feet are on the ground); A Good Counselor (male
student, like a family member, helpful); Family Counseling (needed help, at first, talked to mom, a good experience, it was tough, changes); Race (married to a black man, reactions, knowledge, school); Dads (her dad left, son misses his daddy, partner’s dad); Starting Over (problems, a male figure); and Child Study (intimidation, labeling, thank God for the counselor!).

*Themes*

*Woman.*

When asked what it means to her to be a woman, Melissa talked about women being “peaceful, caring, nurturing . . . very strong and very intelligent.” Women “have to be strong,” and they have to know themselves: “You have to know who you are as a person . . . And if you don’t know who you are, you’re going to be lost for a long time.” She talked about the variation in women’s roles:

There’s some women out there that don’t want kids, and they’re up in the top ladders of the corporate offices, and there’s women that all they want to do is spend time with their children and be homemakers, and then there’s women that have to do both. I think that we can do anything a man can do, probably better. . . . I think that we could run the world, and they just don’t want us in there, and there’s got to be a reason why they don’t want us in there.

Melissa stated that she was “very caring,” “sensitive,” and a “very strong person.” She had recently gotten a full-time job, which, she said, was helpful:

I’m not stuck. I felt like I was stuck in a hole, that everybody else’s life was going by, and I was stuck here in a hole. I don’t have to depend upon [partner] bringing home the money and then deciding what he’s going to do with it. I make

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my own money now, and I can do stuff. . . . I don’t have to worry about him leaving and me being stuck with nothing. . . . Now I have my feet back on the ground, doing what I need to do.

Through family counseling she had “improved” herself.

Melissa talked about being a young mother: “I got pregnant at 17, had my first son at 17. . . . I got married at 18. I really didn’t have a life. . . . I was a child raising a child.” Although Melissa was 28 at the time of the interviews, she said she felt much older: “I feel older than I am because I have three kids. I think the more kids you have, the older you feel. . . . Being 28, I just feel like I’m in my 40s now.” Although her kids “come first all the time,” she spoke of lost opportunities:

If I didn’t have the kids, I’d probably – I’m not saying I’m not happy – but I probably would have the career that I wanted. . . . And hopefully, once my kids are grown, I can do my own thing, and we can travel, and I can be a kid, be in my 20s where we can go out and enjoy life.

Although Melissa enjoyed her job at a grocery store because it gave her some time away from the kids (“I’m not with my children constantly”), she sometimes felt the stress of dealing with everyone: “I feel like I take care of eight children at [the grocery store] and then three, four here because sometimes [partner] gets on my nerves, too. Sometimes I just want them to leave me alone. I need a break sometimes.”

For a while Melissa was on her own: “I was by myself, so, of course, they were walking all over me. They were spoiled . . . they got pretty much everything they wanted.”
A Good Counselor.

At the end of the second interview, Melissa summed up her experience by saying, “We had a good counselor.” Melissa’s counselor was a man; she had wanted a male counselor:

I asked for a man. . . . I specifically wanted a male to talk to because . . . their dad wasn’t around. I didn’t want to talk to another female because mothers think alike. . . . I wanted a man’s perspective. I didn’t care if they had children or anything. I just wanted someone who was a boy, who knew how boys acted, who had the experience of if that was normal or not for a child because I don’t know what little boys go through, and I don’t know anything about little boys. I was never a little boy.

Melissa’s son had participated in individual counseling after she and her husband separated. It was not a satisfying experience for Melissa:

They went in and played games, and he’d come back out 45-50 minutes later, and I’d ask what they talked about, and he’d say, “Nothing, we played a game.” He went in there by himself; she never wanted to talk to me. She never came out and said, “Well, your son is having problems with this.” Nothing.

When asked about her relationship with the family counselor, who was actually younger than she was, Melissa described it by saying, “He was sort of part of the family...He was like my older mentor . . . a peer type . . . it felt like this is a person that was supporting me through these tough times. He was more than just the counselor.” She liked the fact that he was a student: “Since he was learning and doing his stuff, he was great!” Melissa “trusted [him] enough to talk to him.” He conveyed to her an
understanding of her situation: "I’m almost positive he knew exactly what I was going through. . . . I know he knew it was difficult for me with [son] because he was there with me.” He also developed a relationship with her children: “And, of course, my kids adore him.”

The counselor was “available”:

He was there if I needed him on the phone, and he was there at the counseling sessions every single time. . . . He was there for a meeting [at school] that they let me know on Friday. . . . He never was like, ‘Well I just can’t do that.’ He’d say, ‘Well, I’ll see what I can do; I’m going to try my best to get there.’

The counselor never criticized: “If I was doing something wrong, it didn’t come out that way, and [he] never said I was doing anything wrong.” Instead, he offered suggestions: “He’d come out and give us suggestions . . . where we knew what we were doing wasn’t wrong, it was just another way to handle things.” The counselor offered the adults a different perspective: “It was always, ‘Well, you have to think on his level. When you were 10 years old, would you think that way?’ Well, no, of course I didn’t.”

The counselor provided “reassurance” and “encouragement” to Melissa: “He always told me that I was doing a good job, that we were getting somewhere. I never heard anything negative.” The counselor did not tell her what to do: “He just talked to be about what was going on and helped me out.” The counselor took the time to attend several school meetings: “I don’t think any counselor would actually get off their job and come over to help you in a Child Study. I don’t think any of these professional ones that are out there would.”
Family Counseling.

Melissa had been in individual counseling on a previous occasion: "I went to counseling because I was depressed, and, basically, they told me, ‘Suck it up. Here’s some Paxil. Go do something with your life.’" She expected the family counselor to "fix" the problem: "I thought it was going to be a quick fix. They were going to tell me exactly what was wrong with my son and how to fix him, and it wasn’t like that. We all had to work at it."

Having someone to listen was important: "When you go to counseling, you kind of want somebody to listen to you." Being able to talk to someone was helpful:

With me sitting home watching my children all day long and didn’t have any grownup conversation, it helped that I could go to somebody and talk about what I was going through. Then I didn’t have to hold it in and bear it the whole time. Counseling provided opportunities for learning: "Every time we came out of there, we learned something new, either about the family or about ourselves." Counseling provided a “fresh start” each week:

Whatever was discussed in counseling would stay at counseling, and when we came home, it was like a brand new start... another fresh start. It was like confession or something. That’s the way it feels; it’s like you go, and you let out all these little demons that you have, everything that went wrong, everything that went right, and then you start out fresh again.

Her partner "got a lot out of" counseling: "He learned stuff that he’ll be able to do with his son when his son gets older, how to talk to him and not at him.” The fact that counseling services were free of charge was helpful. When Melissa’s son had been in
individual counseling, "it was $20 a week, so sometimes that was $120 a month that I couldn't afford being a single mom."

Participating in counseling was hard because it took up valuable time: "There for a while it was taking a toll because I was working, and I only had two days off, and one day I felt like I had no day off because we were going to counseling, and it was tough."
The family lived in another town; getting to the college-based clinic site was "a little bit of a drive," but it was the closest location. Students come and go in the program; Melissa was not sure about transitioning to another counselor: "I don't know if I'd be comfortable talking to anybody else."

Race.

Melissa was in a lengthy (five years) process of dissolving a bi-racial marriage: "I married a black man. . . . We had dated almost three years before we got married. We weren't together that much longer. We were together three more years after we were married. . . . We've been separated for five [years]." She did not attribute their breakup to racial causes: "He could have been a white guy, and we still could have not stayed together." Since the end of that failed relationship, both have only been with partners of the same race: "After me, he went to a black woman, and, after him, I went to a white man. He's with a black woman now, and I'm with a white man now."

Although her mother "supported [her] the whole time," being in a bi-racial relationship created problems within Melissa's extended family:

My uncle disowned me. . . . My grandparents disowned me. . . . They grew up in the time where that was nowhere to be discussed; it was not to happen. It was
okay to have Black friends, but it was not okay to be involved with a Black person. . . . They came around after [we] had been together for a while. However, her mother-in-law “didn’t have a problem” with Melissa being White.

The family’s main concern was how people would “react” to the children. Melissa had not considered this possibility: “I just assumed that my kids are just my kids, and nobody’s going to treat them differently, and they probably do, and they might not even realize it. . . . I don’t feel like [kids] are black or white.”

Melissa did not “know anything about being black.” Not knowing “much about the black culture,” Melissa had not talked to her children about it. She never considered that her children’s race might be “an issue” until the counselor brought up the subject:

I haven’t thought a whole lot about it because they’ve never come to me and asked me anything. They’ve never said that they’ve had a problem. I guess I’m waiting for them to come to me and ask me about why is this the way it is. If I don’t know the answer, I can maybe call one of his relatives or something, their grandmother, and ask her if she can talk to [child] about his heritage and stuff like that.

Dads.

Melissa’s parents “were divorced,” and she had not seen her father “since [she] was 10 years old.” Her father “walked out” on her: “It still hurts me, and I’ll be 29 this year. My father moved on, and I haven’t talked to him. . . . I don’t talk to any of his side of the family.” Melissa has had a hard time getting over the breakup of her own family: “It’s been almost five years, and I just cannot get over that because my dad left.”
When her oldest son was five years old, "his dad left." Melissa understood the hurt: "I know how it hurts my son. It's just that my son doesn't break down like I do. He holds it all in, and it builds up as anger in him, where I just break down, and I cry."

At the time of the interviews, Melissa's ex-husband had very little contact with his children:

I kind of wish that their dad had to put up with what I have to put up with because he doesn't, and then he'd have to understand what I go through, and he doesn't. He doesn't call or anything. . . . My son, I think, just misses his daddy.

Starting Over.

Melissa talked about the problems associated with trying to make a blended family work. Being a single mother is hard, but "it's even harder thinking you're going to have two kids, and then you meet this person, and another one pops up. It seems like you have to start all over." The competition for her attention was great: "It's hard when a new person comes in and takes away Mommy's attention. Add a baby into that, and I feel like [partner] wants my attention; my kids want my attention, and sometimes they fight with me just to get [it]."

The lack of a formal commitment from her partner was difficult:

There are times when [he and I] argue, and I don't know what's going to happen; we're not married. So he can walk out at any time. He doesn't have to take care of these other two kids that aren't his. It's scary.
Working out some time alone was important:

I understand now that I can't assume that [he] is going to come and fix dinner as soon as he gets home from work because I've had a rough day, too. We both need time, a half-hour, to ourselves. I let him get it, and we switch.

Also important was carving out adult time without the children:

We knew what we had to do . . . with going out and enjoying ourselves without the kids and asking a family member if they could come over and baby sit, so we could go out to dinner and be able to afford dinner. We needed time to ourselves.

On the other hand, the male presence and support were "nice:"

We've been together about 2 1/2 years. My kids have had a male figure for 2 1/2 years cause their father wasn't around. . . . It's nice to have the support and the backbone because I say something, and my kids just look at me like I'm crazy . . . they'll end up doing what he says. I guess it's the male authority voice or something.

Child Study.

Melissa's oldest son was the subject of the Child Study process at his school, undertaken to assess his need for special services and to coordinate the provision of those services. "The Child Study was a tough time" for Melissa:

I never got any of the paperwork in the mail. I never got anything, and they let us go in there blind, basically. . . . They had those big words that I can't understand. . . . They made me feel like I was the worst mother in the world, and my child was like the spawn of the devil. They kept telling me that my son needed to be on
medication: “He needs to be on medication so that we can control him in the classroom.”

After a while, Melissa spoke up:

I finally got pissed off, and I pointed my finger at [one o f the personnel], and I said, “Ma’am, no disrespect, but every time I talk, you make it seem like I’m the worst mother in the world. And I’m tired of it. Don’t shake your head at me. Stop rolling your eyes at me because I’m doing the best I can.”

Melissa was happy to have her counselor’s presence and support at these meetings: “I’m not going to go in there by myself. I have no clue what’s going to go on. . . . Thank God for [the counselor]!” Melissa attributed the outcome, in part, to the counselor’s involvement: “It was a whole lot better having him there. If he wasn’t there, this whole child study thing would have just blown off as nothing, and my son would have still been in the same position he was in since kindergarten.”

_Ego Development Level_

Melissa scored at E5, the Self-Aware stage, as measured by the SCT. Although “the Self-Aware stage is still basically a version of Conformity” (Hy & Loevinger, 1996, p. 5), the individual at this level has begun self-examination and describes interpersonal relationships in terms of feelings as well as actions. Whereas the person at E4, the Conformist level, tends to see situations in terms of absolute rules, the Self-Aware individual sees the possibility of alternatives for those situations. Self-conception is of a responsible and fair person who is happy to be who she is. A desire for independence is stated explicitly (Hy & Loevinger).
Since the Ogive (frequency distribution rule: see Table 3.1, p. 96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately assigned, not all of Melissa’s responses were scored at E5. The criteria for E5 require no more than 9 ratings at E4 or lower; Melissa had 7. Her item sum was 83. The following stems and her responses illustrate the E5 level:

*The thing I like about myself is:* “I’m taking back control of my life.”

*A woman feels good when:* “she is appreciated.”

*Sometimes she wished that:* “she could run away for an hour or two.”

*A woman should always:* “be herself.”

*Summary of Melissa*

When asked what it means to her to be a woman, Melissa talked about women being “peaceful, caring, nurturing . . . very strong and very intelligent.” Melissa stated that she is “very caring,” “sensitive,” and a “very strong person.” She had recently gotten a full-time job; having her own money was helpful because she no longer had to depend upon her partner. She felt that she had “improved” herself through family counseling.

Melissa talked about the difficulties of being “a child raising a child” and said she felt much older than her 28 years because she had three children. She had missed some opportunities, such as the chance for a career, because of having children at such a young age. She often felt the stress of dealing with everyone.

Melissa was happy to have a male family counselor because her two older children’s father was not around, and she wanted someone who had been a boy, someone who understood a “man’s perspective.” Melissa described her counselor as like an “older
mentor” even though the counselor was younger than she was. She “trusted” him and felt “understood.”

Melissa had expected family counseling to provide her with a “quick fix,” but the counselor did not problem-solve for them. Each week offered up a fresh start; in that respect, counseling was a lot like “confession.” The only negative comments she made about the experience were about the driving distance and the valuable time taken up, especially when the family had had a “rough week.”

Having been in a bi-racial relationship created problems within Melissa’s extended family. Her family’s main concern was how people would “react” to the children, something Melissa had not considered, just “assuming” that no one would treat them differently because of their skin color. Melissa had not talked to her children about their race and had never considered that it might be an issue until the counselor brought up the subject.

Melissa had a hard time getting over the breakup of her marriage because her own father left the family when she was 10 years old. She understood her sons’ hurt; their father had very little contact with them.

Melissa talked about the problems associated with meeting someone new and having another baby. The competition for her attention was great. The lack of a formal commitment from her partner was difficult and “scary.” Working out some time for each adult was important, as was the need to carve out adult time without the children. However, male presence and support were nice.

Having to participate in the Child Study process at her son’s school proved intimidating for Melissa, but after a while she spoke up with school personnel. She was
happy to have her counselor’s presence and support at these meetings and attributed the outcome, in part, to the counselor’s involvement.

**Interpretation**

At the start of counseling, Melissa was “stuck in a hole.” Being at home all day with three young boys, she had no money of her own and virtually no adult life apart from the children. Getting into counseling and also getting a job helped her considerably. Having a small income of her own brought her a measure of security and independence. Having adult contact away from home enlarged her world. She was beginning to get her “feet on the ground.”

At the age of 28, Melissa was still suffering from her father’s abandonment of her when she was 10. In addition, her husband had left her and their two children a few years previously. She agonized with her oldest son and found it difficult to separate her pain from his.

Melissa had wanted a male counselor. She said this was because he would know about being a boy and could better help her son. Although her counselor was younger than she, Melissa thought of him as a “part of the family” and “an older mentor.” That last description is telling. Her father had left her, and her husband had left her; male support and validation were probably extremely important for her sense of self. In fact, she particularly emphasized during the interviews that one of the things that had meant the most to her was that the counselor was always “there” for her, always “available.”

Melissa returned many times to glowing descriptions of her counselor. This relationship was crucial to her and pivotal in helping to heal some of her hurt at being abandoned. The transference was powerful and helped the counseling process. The
counselor supported her “through tough times.” He was “more than just the counselor.” Although Melissa said that she did not trust many people, she trusted her counselor “enough to talk to him.” She felt understood, and her children adored him. He, in turn, never criticized; he offered suggestions, reassurance, and encouragement. Melissa was comforted. She also felt heard. For Melissa, counseling was like confession: getting relief from a burden by putting it on someone else and then letting go.

Melissa and her son were involved in the Child Study process at his school. This process can be extremely intimidating and difficult for parents, who are often seen as outsiders by school personnel. The counselor’s supportive presence at Child Study meetings enabled Melissa to stand up to the perceived intimidation and rudeness.

The counselor was the first person to help Melissa explore racial issues. When she married an African-American, the adverse and extreme reactions of some of her family apparently did not lead to any self-examination about possible consequences for her children. It was only within the supportive counselor-client relationship that she was able to look past her assumptions and envision other scenarios.

Melissa scored at the lower end of the Self-Aware Stage (E5) on the SCT. This stage is still one of conformity, with only the beginnings of self-examination and self-awareness. Melissa was right on this cusp, but it was her relationship with the counselor that facilitated the beginnings of self-awareness. Although she described her relationships in terms of feelings as well as actions, those feelings tended to be simply put: the counselor was “there” for her; she “trusted” him.” As is indicative of this level, Melissa was explicit in stating her desire for independence. Talking about getting her
“feet back on the ground” and gaining “control” of her life illustrated movement toward being happy with herself.

**Analysis of Participant #9: “Christie”**

**Introduction**

Christie was a 30-year-old Caucasian/Cherokee divorced single mother with custody of her son (13) and daughter (9). Her partner, Diana (participant #10), lived with her and the children. Christie was employed full time outside the home. The son’s school counselor made the referral for family counseling, in consultation with Christie. The young boy was having some inattention problems at school; the daughter had serious, ongoing medical problems. Christie and her family had two different family counselors; the first they saw for eight sessions. The second they saw 20 times.

The following themes (with related sub-themes) emerged from the interviews: Coming to Family Counseling (helping to deal, expectations, who came, help, problems, same-sex relationship, kids in counseling, sabbatical); A Woman (multiple personalities, a woman is, heart on sleeve); All My Doctors Are Women (men problems, a close relationship, a professional relationship); and Individual Counseling (psychotherapy, CSB).

**Themes**

**Coming to Family Counseling.**

When Christie first began family counseling, only she and the children attended: “My mom was living with us at the time, and she would never come, but [partner] went. The first week she was here, she went with us.” Christie and her husband had not been living together “forever.” They were in the process of obtaining a divorce, and her soon-
to-be ex-husband refused to attend: "It was brought up that he wouldn’t go, so he ended up coming once, but when he walked out, he said, ‘Well, that’s the biggest waste of time I’ve ever had.’” Christie said, “I don’t think we’d be going to family counseling if I was a dad.”

Family counseling ended up being “a time when everybody would talk, having a mediator in a semi-formal setting . . . so the kids would talk.” There was “turmoil” at home, so having a place to talk was helpful: “It was the one time that I knew that whether [children] liked it or not, we would talk about what were their issues.” Christie believed that family counseling had given her a “greater understanding” of her children, especially her daughter.

The clinic required the student counselors to videotape all sessions for supervision purposes. In order to fulfill this requirement, Christie and Diana had to walk up a flight of stairs because there was no camera on the first floor. Diana had serious medical problems that made the use of stairs hard: “I know that [counselor] had to be supervised. I understood that, but the stairs were a real problem for us. . . . It was like we were being inconveniencing by saying that stairs were a real problem.” However, once upstairs, the family counselor provided a chair for the partner’s painful leg.

Being in a same-sex relationship was “just a difficult issue” that “didn’t get discussed” with the second family counselor:

I don’t think [she] really knew how to address it. There were times when comments were brought up, but [she] didn’t address it. I think in a way, [she] was uncomfortable, and both of us are always wanting not to push. It’s easier just to slide.
Christie was coping with Dissociative Identity Disorder (DID), informally known as Multiple Personality Disorder (MPD). Involved in long-term individual psychotherapy, she believed she had “12 alters . . . all different ages.” Her partner estimated the number to be “at least 25.” Christie’s son knew about the disorder and had a “favorite” among the alters. Her daughter, who was younger than her son, understood in her own way: “[Daughter] doesn’t know; she does, but she doesn’t know what it is.”

For Christie, being a woman meant, “I guess, being a nurturer. I don’t know . . . . Being a mom.” When asked what being 30 meant to her, Christie replied, “It’s real difficult for me because of the MPD. Sometimes I really forget that I am 30, or I forget how old I really am, and I ask [partner].” Christie also had no first-hand knowledge about her true cultural heritage, so a 16 year old female alter stepped in to talk about it: “I’m one-quarter Cherokee. I’m from Oklahoma. I’m an Okie . . . . I tend to be more of a naturalist and like the outside more and hate it when people like tread on things and trees and stuff, to build.” The alter said that although “not everybody knows about” her, the family counselor did.

Christie had “problems with men.” “All my doctors are women. Well, now I have one man doctor. I’ve had one appointment with him, and I cancelled the other one. And because I’m in a same-sex relationship, I wouldn’t have gone [to a male counselor].”

Christie enjoyed a “close” relationship with the first family counselor: “I liked the way it was with [her]. . . . It really hurt all of us to leave her . . . . I was close to [her]. In fact, I told her at one point that if I didn’t have her, I wouldn’t continue.” Christie said
that she got “moral support” as a single mother from this counselor. Christie’s relationship with the second counselor was different:

It was a professional-client type relationship. . . . We weren’t as buddy-buddy. . . . There was a distance. . . . I almost thought sometimes maybe there was a language gap, and I know that sounds weird. I don’t know how to explain it, like different countries . . . a sensitive gap. . . . She always tended to maintain the rule about transference. It wasn’t as informal. It tended to be more formal. . . . She never actually conveyed to me that she could understand.

Christie accepted her part in the relationship: “I think maybe I contributed to some of the distance between us and [second counselor]. It was really hard because I was close to [first counselor].”

Even with the differences in the counselor-client relationship, Christie got positive messages from the second counselor: “[Counselor] always treated me as a competent mom. She would always tell me that I was doing a good job. . . . I don’t question now whether I’m doing the right thing so much, especially when it comes to the kids.” Christie felt like she “was doing something right for the kids”: “At least once a week I knew that I was doing something right.”

*Individual Counseling.*

When Christie and her children began family counseling, she was “already in psychotherapy every week.” She brought up the idea of family counseling with the psychotherapist, who “thought it was a good idea.” When the first family counselor suggested that Christie’s daughter might have Reactive Attachment Disorder, Christie “mentioned” it to her psychotherapist, who “agreed.”
Because the same-sex relationship issues were not dealt with in family counseling, Christie's partner found a counselor through the local Community Services Board: "And we ended up being able to talk more in counseling there, when it was her counselor. . . . And then she would talk with me and [psychotherapist]."

_Ego Development Level_

Christie scored at E6, the Conscientious level, as measured by the SCT. An individual scoring at this level is not only self aware, she is also able to reflect on self and others. Although somewhat self-critical, a person at this stage is able to see multiple possibilities leading to choice. Decisions are made for reasons. Thinking goes beyond personal concerns, but there may also be an excessive sense of responsibility for others. Gender roles are important, and there is a preoccupation with pretense and hypocrisy. The most prominent feature of this stage is self-evaluated standards: the individual approves or disapproves of an action, not because of what someone else thinks, but because of what she personally feels. Motives and consequences are seen as more important than rules (Hy & Loevinger, 1996).

Since the Ogive (frequency distribution rules: see Table 3.1, p. 96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately assigned, not all of Christie's responses were scored at E6. The criteria for E6 require no more than 12 ratings at E5 or lower. Christie had 9 ratings at or below E5; she did not meet the criteria for E7. Her item sum was 98. The following stems and her responses illustrate the E6 level:

_Raising a family:_ "is a difficult undertaking, yet rewarding."

_A woman feels good when:_ "she is listened to and loved for who she is."
I feel sorry: “for past mistakes I can’t take back.”

A woman should always: “be respectful, even though she isn’t given respect.”

Summary of Christie

When Christie first began family counseling, only she and the children attended. Her mother, living with her at the time, did not attend; her husband only attended once and considered it “a waste of time.” After a few months, a new family counselor took over their case. When Christie’s partner moved in with her and the children, she immediately began to attend. Talking about the children’s issues was helpful. Having to walk up a flight of stairs to the counseling room proved difficult for Christie’s partner; the two women felt as if they “were being inconveniencing by saying that the stairs were a real problem.”

Christie was coping with Multiple Personality Disorder and believed that she had 12 alters, although her partner estimated the number to be “at least 25.” Because of the disorder, Christie sometimes forgot her age and had no knowledge of her cultural heritage. A 16 year old alter spoke up and offered the information that she was part Cherokee and “a naturalist.” Christie had a long-term relationship with an individual psychotherapist, whom she saw in addition to the family counselor.

Christie had “problems with men.” She preferred to deal with female practitioners. She enjoyed a “close” relationship with the first family counselor, from whom she received “moral support.” Her relationship with the second counselor was more “professional” and “distant.” Even with the differences in the counselor-client relationship, Christie got positive messages from the second counselor. Christie thought the second counselor was uncomfortable discussing the clients’ same-sex relationship.
Because these particular issues were not dealt with in family counseling, Christie’s partner found an individual counselor. The two women were then able to discuss their relationship with their two individual counselors.

*Interpretation*

People suffering from MPD have generally endured great trauma. Christie had “problems with men.” She was not able to maintain a relationship with male practitioners. Without a female counselor, no therapeutic interaction could have taken place. There could be no trust or comfort, no possibility of a safe relationship.

Class and culture had no bearing on her family counseling experience; Christie had no conscious knowledge of her cultural background. Age may have played a part in the experience since periodically, one of her alters would make an appearance at a session. The alters were “all different ages.”

Christie was involved in long-term psychotherapy and had been with two different family counselors. She was extremely close to her individual therapist and depended upon her for support, guidance, and reality checks. Christie and the first family counselor also had a close relationship, and Christie felt accepted and comfortable. The second counselor was different; she maintained a “distance” and was more “professional.” Christie felt blamed and kept at arm’s length by the second counselor. They never quite connected. Christie never really felt understood and believed that the counselor did not know how to address her same-sex relationship with Diana. According to Christie, the counselor was “uncomfortable,” and she communicated this discomfort to her clients. Nevertheless, Christie really needed the additional external support offered by family counseling.
Despite the lack of relationship, she was able to stay in counseling because her counselor was a woman; also, she saw the help her children were receiving. Christie did receive "moral support" from the counselor. She was grateful to her counselor, not only for the support, but also for the counselor’s validation of her parenting ability. As a result, she began to question herself less with respect to how she was mothering.

Christie scored at the Conscientious Stage (E6) on the SCT. She was able to engage in self-reflection, as well as reflection on interpersonal relationships. Her ability to do so regarding the differences in her two counselors gave her the necessary perspective to be able to work with the second counselor, despite the absence of a close, friendly relationship.

Having multiple personalities and being in a same-sex relationship were two factors that propelled Christie beyond traditional, stereotypical roles to carve out her own path in life. She weighed her options and did what she thought was best for her, taking into account the consequences, both to herself and to those whom she loved. Supportive relationships were critical to that process.

Analysis of Participant #10: "Diana"

Introduction

Diana was a 39-year-old Caucasian divorced mother who did not have custody of her 3 children (a boy, 14, and girl and boy twins, 4). At the time of the interviews, she was living with her same-sex partner (Participant #9, Christie). The partner and her two young children (son and daughter) had been in family counseling for some time before Diana moved in. As soon as Diana began living with the family, she participated in
counseling also, in order to “understand them better.” Diana had multiple, serious medical problems and was no longer able to work outside the home.

The following themes (with related sub-themes) emerged from the interviews: In Counseling (helpful for kids, good for family, expectations); Being a Woman (gay, a mother, abusive ex-husband, illness, French); and The Counselor (a woman, focus, feeling comfortable).

**Family Counseling.**

Diana thought that family counseling had “helped the kids.” Early on, the little girl was “out of control,” and the boy was “having nightmares.” The counselor had “an incredible concern for the kids,” and she “made sure she had artwork” for them at the sessions:

That seems to be the only way [the little girl] can get a lot of stuff out. . . . It helped. . . . We can get a lot out of what [she] draws pictures of . . . find out a little bit more of what she will not say. And you can see her becoming more of a positive person herself, and I think that’s been really good.

Although Diana said that she was “from the old school, and you don’t really go to a shrink,” she thought that family counseling was beneficial for the family: “I feel positive and that counseling was very good for us to do. And I think it has affected them in a negative way, that they haven’t gone in a period of time between counselors and stuff.” Going to counseling helped Diana to “feel more attached to the family” and to “understand what’s going on” with the children. She added, “And I think I’m more assertive now than I used to be before. . . . It’s made me admit I had a partner because before I would be completely in the closet.”

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When asked what it meant to her to be a woman, Diana responded, "That's a hard question." She went on to talk about being gay:

The media has done terribly bad stuff about gays, especially on television. . . . I'd never say anything to anybody because . . . people are so nasty sometimes to the gay community, and they really don't know anything about the gay community at all, just what they think it is.

Diana thought the same-sex relationship "helped the kids immensely." The son, in particular, was accepting: "[He] told me if it was a guy, he would have had a problem because he wouldn't want to have another dad. He's just so happy with me." Diana believed that relationships are not randomly formed:

I just really believe that if it was the wrong thing, God wouldn't make you fall in love with somebody. That's my personal opinion. Whether it's true or not, I have no idea, but it's just the way I think about it. I think that people are put together for a reason.

Diana had been married to a "homophobic" man; the couple had three children. She left: "I had to leave in the middle of the night because he was very abusive. I know that he would not do anything to the kids. If I'd thought that, I wouldn't have left." Not being able to see her children often was painful: "It kills me because they are my buds."

While she was married, her child rearing efforts went unnoticed: "I busted my butt taking care of twins and a ten-year-old, and I never got recognition for anything I did."

Now that they were divorced, her ex-husband acted as if she "screwed him," and his license plate sported the phrase, "Mr. Mom." At the time of the interviews, Diana was
enjoying having her partner’s children with her, “teaching them how to cook and do all
the stuff they should be doing.”

_The Counselor._

In regard to her preference for a male or female counselor, Diana said:

I don’t really care, as long as they address what they need to address, and if they
couldn’t, I’d have a problem with either one, female or male. I just know she’s
[partner] more comfortable with a woman, so I’d prefer a woman.

On the one hand, Diana liked the way the counselor “helped incorporate the kids into
everything.” On the other hand, there were times when the children were not present, and
Diana would have liked a different focus:

_In the summer I wished she had focused on [partner] and I [sic] at that point, but
she focused still on the kids, even though they weren’t there. There’s a few things
that I brought up to her that I thought she should talk about, about our
relationship, but we [sic] never did. . . . She always went back to the kids, and
that’s fine, but if I’m giving you a red flag, you probably should pay attention to it
. . . stuff about the two of us. . . . A comment or issue would be brought up, and
[she] would go back to the kids. There were things I really wish we could have
talked about._

There were things that Diana appreciated about the counselor:

_She kept remembering from time to time to time. . . . At times she was very
sensitive, and I really appreciated that. . . . What I liked is that we always felt
comfortable with everybody there. You could always say what you feel. That’s
important. You’re not worrying what this person is thinking of me._
Ego Development Level

Diana scored at E5, the Self-Aware level, as measured by the SCT. Although "the Self-Aware stage is still basically a version of Conformity" (Hy & Loevinger, 1996, p. 5), the individual at this level has begun self-examination and describes interpersonal relationships in terms of feelings as well as actions. Whereas the person at E4, the Conformist level, tends to see situations in terms of absolute rules, the Self-Aware individual sees the possibility of alternatives for those situations. Self-conception is of a responsible and fair person who does her best and is happy to be herself. A desire for independence is stated explicitly. The theme of opportunities is important, usually referring to opportunity for achievement. Morality is usually stated in general terms as helpfulness to others and altruism (Hy & Loevinger, 1996).

Since the Ogive (frequency distribution rule: see Table 3.1, p. 96) for scoring this measure allows for a certain number of ratings lower than and above the level ultimately assigned, not all of Diana’s responses were scored at E5. Although her item sum was 91, she did not meet the criteria for E6: no more than 12 ratings at E5 or lower. Diana had 15 such ratings. The following stems and her responses illustrate the E5 level:

When people are helpless: “I do everything I can to help them.”

Men are lucky because: “they get better jobs, more advances in career, and more money.”

A woman should always: “love and hopefully have or meet their soul mate.”

Summary of Diana

Diana thought that family counseling had “helped the kids” and was beneficial for the family. Going to counseling helped Diana to feel more a part of the family. She also
said that counseling had helped to come out of "the closet." Diana did not talk to others about her sexual orientation because of the fear of social stigma and misunderstandings.

Diana was divorced from a "homophobic" man; the couple had three children. While she was married, she "never got recognition" for raising the children. At the time of the interviews, Diana was enjoying having her partner's children with her.

Diana said she had no preference for the sex of a counselor, but her partner was not comfortable with a man; therefore, Diana preferred a woman. On the one hand, Diana liked the way their family counselor "helped incorporate the kids into everything." On the other hand, there were times when the children were not present, and Diana would have liked a different focus. Diana liked the way the counselor remembered things from time to time. The counselor was "sensitive," and the family "always felt comfortable with everybody there."

*Interpretation*

Diana appreciated the way the counselor always "incorporated the kids" into everything. However, the children occasionally visited their dad in another state and so were not present at some sessions. Diana was frustrated and dissatisfied with the counselor because at those times the counselor would never discuss anything having to do with the lesbian relationship. Time after time, Diana said, she brought things up, and time after time the counselor would change the topic back to the children. Diana had just left behind an abusive husband and her three children in order to live with Christie. The changes were drastic and life altering; Diana really needed to be able to talk with a professional about them. Plus, by ignoring Diana's numerous requests, the counselor was sending her the message that her concerns were not important. Finally giving up with the
family counselor, Diana sought other counseling where she and Christie could talk about their relationship with each other.

Diana's perception that family counseling had really benefited the children lent the experience credibility. Diana did not have physical custody of her own children and because of her poor physical health had only limited contact with them. Nevertheless, she was a mother and had found a new way to fulfill that role. She was now mothering Christie's children and Christie herself, in a sense, by mothering and befriending Christie's alters.

Diana scored at the Self-Aware Stage (E5) as measured by the SCT. She was able to discuss relationships in terms of feelings, as well as actions. She felt "comfortable" with the counselor; the counselor "didn't listen." She had mixed feelings about the counseling experience and talked about her experience as polarities: The counselor was "sensitive," but the counselor "didn't listen." She felt "comfortable," but "some of the things [counselor] said kind of bothered me at times." Diana was able to perceive alternatives in situations and behaviors. Rather than being bewildered by this, she accepted the multiple possibilities inherent in human behavior. Diana cared deeply for Christie and the children. Although she was personally dissatisfied with the counselor's response to what she believed were major issues facing the couple, she was able to be happy that family counseling had helped the children and was, overall, good for the family.

This chapter has presented and discussed the analysis of each participant. Included were all findings themes (with related sub-themes) conveyed in the participants' own words, individual ego development levels, and my own interpretation of the
individual analysis. Chapter Five will present a discussion of the next step in the data reduction process: cross-case analysis.
CHAPTER FIVE
CROSS-CASE ANALYSIS

Chapter Four presented the analysis of each participant, including findings themes (with related sub-themes), individual ego development level, and my own interpretation of the analysis. Chapter Five presents the next step in data reduction: cross-case analysis of themes and ego development level. I will refer to themes emerging from cross-case analysis as interpretive themes.

Overview of Analytical Procedure

In order to perform the cross-case analysis, I first examined all themes and sub-themes that emerged from within-case analysis of each of the ten participants. Cross-case analysis for this study includes themes found to occur across participants (cases). To qualify as an interpretive theme, the theme had to be present in at least three within-case analyses. In the previous chapter, findings themes and sub-themes were presented in the participants’ own language; in this chapter, interpretive theme and sub-theme titles are those of the researcher.

Reducing the data to interpretive themes required a certain amount of re-ordering at the level of findings sub-themes, as shown by the following Table (5.1). This table illustrates the reduction of findings themes and sub-themes to the six interpretive themes: A Helpful Counselor, The Family Counseling Process, Being a Woman and a Mother, Validation, Family Relationships and Influences, and Working With the School.

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Table 5.1
Reduction of Findings Themes To Six Interpretive Themes

<table>
<thead>
<tr>
<th>Participant</th>
<th>A Helpful Counselor</th>
<th>Family Counseling Process</th>
<th>Being a Woman and a Mother</th>
<th>Validation</th>
<th>Family Relationships &amp; Influences</th>
<th>Working with the School</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kara #1</td>
<td>Completely Comfortable</td>
<td>Worth It</td>
<td>Apples and Oranges, Single parent</td>
<td>Validation</td>
<td>Non-traditional parents</td>
<td>Bad Feelings</td>
</tr>
<tr>
<td>Vivian #2</td>
<td>Professional Counselor</td>
<td>A Good Experience</td>
<td>Being a woman, A good mother</td>
<td>Starting to feel better</td>
<td>Abuse, Ethnic background</td>
<td></td>
</tr>
<tr>
<td>Catherine #3</td>
<td>Counselor and Friend</td>
<td>Benefiting From Counseling, Need for professional help</td>
<td>A woman, A mother</td>
<td>Affirmation</td>
<td>Her parents, Heritage</td>
<td></td>
</tr>
<tr>
<td>Sarah #4</td>
<td>A Helper Getting Counseling</td>
<td>Being a Woman</td>
<td>Reassurance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary #5</td>
<td>At Ease With The Counselor</td>
<td>Discussing Problems as a Family</td>
<td>Woman, Mother</td>
<td>Confidence</td>
<td>Life in the US, Scotland</td>
<td></td>
</tr>
<tr>
<td>Judith #6</td>
<td>Counselor Was A Blessing</td>
<td>Family Counseling</td>
<td>Caretaking, Age, Single mom</td>
<td>Reinforcement</td>
<td>A spiritual person</td>
<td></td>
</tr>
<tr>
<td>Kathy #7</td>
<td>Female, Friend, Help</td>
<td>Talking to Somebody, Uncontrollable child, Trying to get control, Making progress</td>
<td>Having To Do It All</td>
<td>Reinforcement</td>
<td>A Close Family, Sister</td>
<td></td>
</tr>
<tr>
<td>Melissa #8</td>
<td>A Good Counselor</td>
<td>Family Counseling</td>
<td>Women, Single mother</td>
<td>Feet on the ground</td>
<td>Race, Dads, Starting Over, Talked to mom</td>
<td></td>
</tr>
<tr>
<td>Christie #9</td>
<td>All Women Doctors</td>
<td>Family Counseling</td>
<td>A Woman [A competent mom]</td>
<td></td>
<td>[Cherokee, Same-sex]</td>
<td></td>
</tr>
<tr>
<td>Diana #10</td>
<td>The Counselor</td>
<td>Family Counseling</td>
<td>Gay, A mother, Illness</td>
<td>Abusive ex, French</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Within-case sub-themes presented in italics;
Bracketed phrases represent statements only, not sub-themes;
One within-case theme not included: Individual Counseling (Participant #9: Christie)
For the sake of clarity in the table, findings themes are presented in regular type, and findings sub-themes are italicized. Bracketed, italicized phrases represent statements only. The one findings theme that did not meet the criterion for inclusion was Individual Counseling (participant #9, Christie) and, therefore, it is not discussed in this chapter.

Upon fresh examination of the data, I discontinued using the names of findings themes and sub-themes, assigning new names to interpretive themes and sorting the data collected under these themes into new sub-themes.

**Interpretive Themes**

*Theme: A Helpful Counselor*

All ten women talked about what they liked (and, in some cases, did *not* like) about their counselors. In reviewing their comments, it seemed that they were actually talking about what a *helpful* counselor would be like, in terms of gender, attributes and behaviors. This interpretive theme, A Helpful Counselor, is composed of the findings themes of nine participants. The sub-themes included from participant #7, Kathy (see Table 5.1, p. 215), were taken from the theme: Someone For Guidance.

*A Woman*

Eight of the ten participants had a female family counselor. All of the eight expressed a preference, in one way or another, for a woman. Several women talked about the inability of men to understand and empathize with women. Kathy thought that her son might have listened better to a male, but a man could not grasp the "nuances" of being a single mother. Kara stated that although her son might have been able to relate better to a male counselor, men, in general, are "clueless." She did not think she would have been able "to talk" to a male. Vivian could not "trust" a male. She, too, did not
think that men could empathize with women: “Most men don’t have a clue.” Sarah found it “easier to talk to” a woman, even one who was “younger.” Whether the counselor was a mother also entered the picture. Both Kara and Sarah were able to “relate” to a female counselor more than a male, even though in each instance the counselor was childless herself. For Mary, the fact that the counselor was a mother put her “at ease.” In contrast to these examples, Judith said that the sex of the counselor did not matter to her as long as there were “connection” and “commonalities.” Judith wanted a female counselor for her son because a woman represented “stability.”

Christie had “problems with men” and tried to deal only with female practitioners. Diana claimed to have no personal preference, but wanted a woman in order to honor Christie’s wishes.

Catherine and Melissa had the same male counselor; they were both older than he was. Catherine insisted that she had “no preference” for a male or female; she said that her male counselor seemed “to understand” her, even though he was “younger” and did not “have kids.” However, she found the intervention of a female supervisor meaningful: “I hate to say it meant more, but I think [supervisor] know[s] more.” Melissa liked having a male counselor. She wanted a “man’s perspective” because “women think alike.”

**Important Attributes**

The participants discussed important attributes of a family counselor. These are: a friend, respect and caring, understanding, and flexibility.
A friend.

Four of the women talked about their counselor as being a friend. Kara said, "I kind of consider her a friend even though we don't speak or anything now." Sarah and Kathy both described their counselor as a "friend." Melissa spoke of her male counselor as "more like a peer type."

Respect and caring.

Five of the women talked about the respect and caring they received from their counselors. Kara and Judith described their counselors as "loving." Vivian hoped that her next counselor would be as "compassionate" as the previous one. Vivian and Catherine both described their counselors as "respectful." Kathy stated that she felt "respected" by her counselor.

Understanding.

Five women talked about their counselors' "understanding," although in different ways. Catherine felt "understood" by her male counselor because of his "words." Sarah believed that her counselor understood her "because of [the counselor's] personal experiences": "She shared with us some family issues... She saw what her mother went through." Judith simply said that her counselor was "very understanding." Melissa said of her male counselor, "I'm almost positive he knew exactly what I was going through." In contrast to these women who thought their counselors were understanding, Christie had a different experience with her second family counselor: "She never actually conveyed to me that she could understand."
Flexibility.

Three of the women talked about flexibility. Kara liked the fact that her
counselor demonstrated “flexibility” in scheduling sessions: “She takes me into
consideration.” When talking about the counselor’s flexibility in choosing topics for
discussion, Kara searched for the right word: “Flexible is a good word, but also more of
a moving, ongoing dynamic thing that we’re going to talk about this or about that, which
was nice.” Sarah described her counselor as “always flexible,” and Melissa said that if
they had had a rough week and did not feel like coming to a session, the counselor would
say, “That’s fine. I’ll see you next week.”

Important Behaviors

Participants talked about several behaviors important for a family counselor.
These were: working and forming a relationship with the children, offering alternatives,
listening, not judging or blaming, remembering, working with the school, and being
prepared.

Working and forming a relationship with the children.

The behavior most important to the participants was the counselor’s ability to
work with their children and form a relationship with them. Nine women mentioned this
ability, in various ways. Kara’s counselor was “good” with her son; she “got him to talk”
and always “tried to include him. . . . He loved her.” Vivian’s son was “able to voice
issues,” and he “trusted her.” Sarah’s counselor had the ability “to relate” to her children:
“Now at first, Brad put up a wall, a barrier, but she just knew how to respond to him and
relate with each one of my children.” Mary’s counselor “took an interest in the kids,”
which helped Mary to feel “at ease.”
The counselor engaged Judith’s son in play therapy: “I would be out in the hall, and I would hear him just laughing and carrying on, and I knew that she was reaching him in the way that he needed to be reached, with a lot of fun, a lot of joking and teasing.” Kathy thought that her counselor “was in a difficult position because of the fact that she didn’t have children, but yet she grasped [son’s] moods and everything else very rapidly.” Melissa’s boys “adored” their counselor. Christie’s counselor “provided a dry erase board” for her children and “got them to talk without talking” through drawings. When speaking of this same counselor, Diana remarked that the counselor “had an incredible concern for the kids. . . . She’d make sure she had artwork for the kids.”

Offering alternatives.

Catherine, Kathy, and Melissa all talked about how the counselor did not tell them how to parent, but offered “suggestions.” Catherine said, “I didn’t get a big, glaring, ‘You should.’ Originally I was looking for that.” Kathy’s counselor suggested alternatives: “She would always come back and say, ‘Well, why don’t you try it this way?’ Or, ‘Let me see if I can find out something else for you.’” Melissa said about her counselor: “He didn’t really tell me what to do . . . but he’d come out and give us suggestions and stuff around the situation.”

Listening.

Having a counselor who actually listened was important. Vivian believed that her counselor truly listened to her: “She would always say, ‘Well, I hear you saying.’ . . . I just liked the way she spoke with us because she actually listened.” Sarah said that her counselor “would want to listen”: “No matter what they were talking about . . . she listened. And I thought that was wonderful.” Comparing her family counselor to a
previous individual counselor who did not listen, Melissa said, "When you go to counseling, you kind of want somebody to listen to you." In contrast to these participants, Diana had a different experience with the counselor: "She just did not listen. Counselors need to listen."

_Not judging or blaming._

It was important to participants that counselors not judge or blame them. Kara thought that her counselor was "non-judgmental." Judith did not feel blamed by the suggestions her counselor made: "I didn't feel threatened at all by any of the suggestions because they were not made in any way to make it seem like, 'You're not doing your job right,' or anything like that." Kathy said, "I felt like if I told her something, it wasn't going to be looked at like, 'What do you know?' She wasn't there to judge me." Talking about the way in which her counselor offered parenting suggestions, Melissa said, "We knew what we were doing wasn't wrong; it was just another way to handle things."

A number of Christie and Diana's counseling sessions took place on the second floor. There was no elevator, and stairs presented a problem to Diana, who was having trouble walking. Christie felt blamed: "It was like we were being inconveniencing by saying that stairs were a real problem."

_Remembering._

Four of the participants talked about how their counselor "remembered" things. Catherine liked that her counselor remembered: "He remembered things that we had talked about. That's always nice, when he knows your name and remembers stuff."

Mary said, "She always remembered, even the little details you told her." Kathy liked the fact that her counselor remembered and followed up: "She was very good about coming
back the next week, and 'Here, I got this for you. We were talking about this, and I got this for you.'” Diana’s counselor “kept remembering from time to time to time.”

*Working with the school.*

All the families were referred by school systems, and all the women talked about the reason for referral. However, three of the participants talked about how the counselor actively worked with the child’s school. Kara said, “She was really good because the school had called complaining, and she followed up on it.” Catherine found her counselor’s intervention in the school to be helpful: “[He] was very willing to come and participate, and I think it made a big difference.” Melissa was impressed that her counselor took the time to attend several school meetings: “I don’t think any counselor would actually get off their job and come over to help you in a Child Study. I don’t think any of these professional ones that are out there would.”

*Being prepared.*

Three of the women thought that it was important for the counselor to be prepared for sessions. Catherine said, “He was always here on time and ready for us. I’m not laid back about that kind of stuff.” Sarah stated that her counselor was “always prepared.” Judith’s counselor “thought about” the family during the week: “She was always ready with suggestions because she had thought during the week about what we had talked about the week before.”

*Summary Interpretation*

The person of the counselor is extremely important to clients, and, thus, to the effectiveness of counseling. Eight out of the ten participants expressed the preference for a female counselor. It was important to the women that their counselor, in order to be
helpful, possess certain attributes, such as being willing to establish a friendship, if only for the duration of counseling. The women also wanted respect, caring, understanding, and flexibility from their counselor. Of all the behaviors these women found helpful, the most important was the counselor's ability to relate to and work well with the woman's child(ren).

Theme: The Family Counseling Process

All the participants spoke, in some way, about the family counseling process. The titles of the findings themes and sub-themes listed in Table 5.1 (p. 215) reflect the different ways in which they talked about the subject. This interpretive theme is composed of findings themes of nine participants. In addition, the following findings sub-themes were included: need for professional help (theme: Parenting, participant #3, Catherine) and uncontrollable child, trying to get control, making progress (theme: ADHD, participant #7, Kathy). After reviewing the data, I divided the content of this interpretive theme, Family Counseling, into six sub-themes: the need for professional help, expectations, participation, a good experience, negative aspects, and outcomes. I have included four of these areas for discussion.

Expectations

Participants talked about their prior expectations of what family counseling would be like. Those who explicitly stated their expectations said that they had envisioned an individual focus or a quick fix.

Individual focus.

Five of the participants expected a focus on the individual child. Kara initially thought that her son "would go into counseling," and she "would wait outside." She
believed that her son would not talk openly with her in the room: “I thought, ‘Well, how is that going to work? He’s not going to say anything bad about his mom with his mom in the room.’” Vivian was “just trying to help [her] son deal with his issues.” She said, “I just thought it was going to be about him. I didn’t really think of it as family counseling.” Catherine had expected the counselor to “focus” more on her son individually and less on the family together. Sarah expected a greater concentration on her son individually: “I thought we would go in as a family for a couple of sessions, and then maybe he would be interviewed more alone.” Mary “had thought that it would be only for [her] oldest one and her problems.”

*The quick fix.*

Two of the participants talked about expecting the counselor to “fix” the problem. Sarah and her husband disagreed: “I feel like [husband] expected to be satisfied right away. I guess the way I saw him is that he wanted it cut and dried: ‘This is what he’s going to do, and we’re finished; we’re done.’” In contrast, Sarah did not “expect immediate results.” Melissa said,

I thought that’s how counseling was going to be in the beginning, that they were just going to tell me what’s wrong with my son and what’s wrong with me, and then we’re going to have to do this and this and this, and then it’s all going to be fixed. I thought we’d go in and they’d say, “Okay, this is how you fix your son.” And that wasn’t it. . . . I thought it was going to be a quick fix.

Two of the participants, Mary and Kathy, were not sure what family counseling was going to be like. Kara, Judith, and Christie said the experience turned out to be
“what [they] expected.” Diana said that she came into family counseling with no expectations at all.

**Participation**

A concept common to four of the participants was the partner or husband’s participation (or lack thereof) in counseling. Vivian’s husband did not see the value of family counseling: “He would say, ‘What are you going to counseling for? There’s no reason for you guys to go to counseling.’ The whole time we went, he would say, ‘I don’t know why you have to go; it’s not doing him any good anyway.’” Sarah talked about the many sessions her husband missed because of work:

> It’s unfortunate because I think it would have really helped him to see where I was and see the difference in how we react and in our emotions, how I reacted as opposed to the way he reacted and felt about himself, which is what I was dealing with – how I was feeling about myself.

Melissa’s husband, from whom she was separated, “refused” to come to family counseling; however, her current partner did attend: “[He] had never been in counseling, and he just thinks it’s the coolest thing!” Referring to her husband, from whom she was separated at the time, Christie said, “[He] would never go. He ended up coming because it was brought up that he wouldn’t go, so he ended up coming once. But when he walked out, he said, ‘Well, that was the biggest waste of time I’ve ever had.’”

**A Good Experience**

Participants’ descriptions of what made their counseling experience positive included family involvement, lack of cost, and getting a different perspective.
Family involvement.

Eight of the women said they believed that involvement of the entire family was beneficial. In Vivian’s case, her husband would not attend; however, she said, “Really, the entire family needs to get involved, to include the husband or the other adult member of the household.” Although Catherine had wanted more of an individual focus on her son, she stated the belief that “[son’s] stuff affected all of [them], and “the marital stuff always affects the family.” Like Catherine, Sarah had initially expected more of an individual focus on her son. However, she said, “But now I understand, now that it’s finished, that the whole family is a part of one’s behavior, and it takes the whole family to help correct it.”

Mary thought that family counseling was “good” because “it ended up that the whole family got involved”: “We all got to say what was on our minds.” Judith liked the focus on “family interaction and everyday problems” and acknowledged that she “needed to change the way [she] was acting so that the kids could change as well.” Kathy realized that “counseling had to focus on [her] behavior, too.” Melissa believed that the major focus in family counseling had been on “mother-son things,” and they “all had to work at it.” Christie liked that family counseling was a time “when everybody could talk”: “It was the one time that I knew that whether [the kids] liked it or not, we would talk about what were their issues.”

No cost.

Five women mentioned how helpful it was that they did not have to pay for services. Kara said, “I knew there was counseling here and that it was free, and that was good.” Catherine was a stay-at-home mom: “I felt lucky that we could come, and like I
said, I stay home, and we don’t have a lot of money.” Sarah’s health insurance did not cover counseling. Although she appreciated the free service, she felt bad: “I was always feeling so guilty about not being able to pay for this, so I wanted to constantly bring her things. And she told us in the beginning that we weren’t allowed to do that.” Kathy had quit her job and was no longer working: “With my budget being limited, it was wonderful to be able to do this and not have to pay.” Melissa’s son had previously been in individual counseling: “It was $20 a week, and so sometimes that was $120 a month that I couldn’t afford, being a single mom.”

*Different perspective.*

Kara and Kathy both talked about the benefits of hearing and reflecting on someone else’s interpretation and perception of events. Kara got a “different perspective” from being in family counseling: “It was an insight into how ‘normal’ people act in families. But if that’s how you live, you don’t see it as dysfunctional. So it’s nice to come to counseling and bounce things off.” Kathy said, “Just bouncing things off other people . . . helps me sometimes see things a little bit differently; that’s valuable.”

*Negative Aspects*

Participants’ comments about logistics, focus, and intrusion defined the negative aspects of their family counseling experience.

*Logistics.*

Some practical drawbacks affected the women’s counseling experiences. Parking on the college campus was difficult for Catherine: “Just coming in here and trying to park – I’m sure that everybody complains about that.” She also mentioned the size of the
Parenting was “difficult” in the small room:

I wanted to put [son] in time-out outside, but I couldn’t. He was just so loud in this little room, and it was so frustrating because I couldn’t deal with him . . . and [son] knew that he had us when we were here. It didn’t take him long to figure that out, and it was frustrating.

In the beginning, lack of adequate transportation was a problem for Mary’s family. With five children, not everyone fit into their small car, but “then [they] got a van, and everybody could come.”

Following the school schedule, with breaks for holidays, proved difficult for Kathy: “Just having it consistent would be good. Unfortunately, when you work with the school system, you’re working around the school calendar year; you’re working with school vacations.” For Melissa, the driving distance was a problem: “It was a little bit of a drive up there.” Christie said that Diana had a hard time navigating the stairs up to a room on the second floor.

Focus.

Catherine was “disappointed” in the lack of focus on her son: “When we came, that’s the help I felt like we really needed, so that’s what was unfulfilling.” Even though Sarah eventually understood the rationale for having the whole family present, she still believed that her children would have benefited from some “one-on-one.” Christie and Diana expressed disappointment that they were not able to discuss their relationship with each other during family counseling. Christie said, “It wasn’t that those issues never got brought up; they just never got discussed; family counseling always seemed to be about
the kids.” Diana stated, “In the summer I wished she had focused on [Christie] and I [sic] at that point, but she focused still on the kids, even though they weren’t there.”

*Intrusion.*

For Kara, coming to counseling was just one more thing to cram into a busy day: Initially, I did kind of resent coming here because it was kind of like, “When do we eat? . . . Do I eat at the end of it? When can we do the homework? We’ve got things to do.” And it was almost an intrusion in my life.

Melissa put it this way, “There for a while it was taking a toll because I was working, and I only had two days off. And one day I felt like I had no day off because we were going to counseling, and it was tough.”

*Summary Interpretation*

Preconceived expectations of an experience often influence the actual experience itself. It was interesting that five out of the ten women talked about having expected an individual, rather than a family, focus, even though they presumably were aware that this was going to be an experience involving the entire family together. Six women talked spontaneously about the refusal or agreement of partners or the children’s dads, when the men were asked to participate. Although five women had expected a child focus, eight came to believe that involving the entire family is helpful in solving problems; only one woman remained disappointed that family counseling did not concentrate more on her son. Despite the factors contributing to the good experience of family counseling, attending counseling was sometimes just one more thing to squeeze into an already overly full schedule.
Theme: Being a Woman and a Mother

All ten women talked about the experience of being a woman and a mother, both generally and personally. As might be expected, the single mothers talked specifically about the experience of going it alone. This interpretive theme is composed of the findings themes of four participants. In addition, the following findings sub-themes were included: single parent (theme: Parents, participant #1, Kara); being a woman, a good mother (theme: Self-Worth, participant #2, Vivian); a woman, a mother (theme: Being a Woman, participant #3, Catherine); woman, mother (theme: Being a Woman, participant #5, Mary); caretaking, age, single mom (theme: Strong Women, participant #6, Judith); women, single mother (theme: Woman, participant #8, Melissa); and gay, a mother, illness (theme: Being a Woman, participant #10, Diana).

I divided the content of this theme into two sub-themes: being a woman and motherhood. Both areas will be discussed.

Being A Woman

Participants’ comments on being a woman seemed to be about women (generally and personally), men, and age.

Women.

The participants spoke in different ways about the attributes of women. Kara, Mary, and Melissa talked about strength. According to Kara, women are “tougher” than men. Mary said that women are “stronger than men,” and Melissa said that women are “strong.”

When asked what it meant to her to be a woman, Judith said that a woman is a “caretaker.” Asked the same question, Christie said that a woman is a “nurturer.”
Melissa elaborated a bit by saying, "I just think we're very emotional about everybody else's feelings, at least that's the way I am. I don't like to see anybody hurt, and I'm very caring... We're peaceful, caring, nurturing women."

Two of the participants talked about women's ability to fill multiple roles. Kara talked about women being able to perform "multiple tasks," these tasks being mother, working woman, and student. Melissa said,

There's [sic] some women out there that don't want kids, and they're up in the top ladders of the corporate offices. And there's [sic] women that all they want to do is spend time with their children and be homemakers, and there's [sic] women that have to do both.

Two of the women talked about equality. Catherine said that she did not "feel inferior to men," and Melissa stated that women "are more than equal to men."

Three of the participants talked about discrimination against women. Kara insisted that women "have to work harder," have to "prove themselves more," and are "paid less" than men for the same jobs. When asked what it meant to her to be a woman, Mary said, "Hard work": "My day's never done; it constantly goes on. I think it's definitely harder to be a woman." Diana was "gay": "But I'd never say anything to anybody about it because people are so nasty sometimes to the gay community."

Six participants expressed their views about jobs and work. Kara talked about feeling "responsible" and her refusal to "degrade [herself] for money." Catherine formerly worked as a civil engineer for the US Navy but had given up her job in order to be a "stay-at-home" mom. She had "enjoyed doing male-oriented stuff" but was now worried about returning to the workforce:
I think the hardest part is that I'm scared now; I wasn't scared before. I'm scared to go back to work. What if nobody wants me? What if I can't get the pay? Do you know what I mean? What if that chunk of time that I stopped working, what if that was not the right decision?

Although Mary was currently at home full time, she talked about how difficult it had been to work outside the home: "I was still expected to take care of the house, the grocery shopping, all the appointments, doctors, everything, and go to work. I think that's wrong."

Although people thought Kathy "was absolutely crazy," she gave up her career to take care of her son: "I realized that I was at the point in my life where 'I can't quit being a mom, so I guess I have to quit my job.'" For Melissa, getting a job "helped": "Because I'm not stuck. I felt like I was stuck in a hole, that everybody else's life was going by, and I was stuck here in a hole." For Christie, because she had "problems with men," her job entailed working for a group that "takes care of kids," and "there are no men."

Men.

Six women gave their views about men. In addition to Christie's "problems with men," Melissa expressed the belief that "men are selfish," and they "don't want [women] in charge." Mary contrasted her own never-ending work with her husband's: "He goes to work; he comes home, and that's it." Kara believed that men are "heavy-handed" with children, and they "don't share women's concerns for kids." She believed that men "gloss over" their feelings, and she decried the stereotype: "boys don't cry." As a counterpoint to these expressions, Sarah thought, "Men are judged, too, for different
reasons.” Catherine explained that men are sometimes judged by others for “how much they make, and if they are good providers.”

*Age.*

Seven of the participants talked about what their age meant to them. Judith and Melissa spoke of becoming mothers when very young. Judith was a “mom at 18.” Melissa was a “mom at 17 . . . married at 18”: “And I feel older than I am because I have three kids. I think the more kids you have, the older you feel.” Two women believed that age is of no great importance. Stating that she did not feel “any different” than she had in her 40s, 52-year old Vivian said, “I don’t think age has anything to do with being old.” Sarah said that although she was “unhappy” at 30 and that 40 was “hard,” age was of “no importance” to her now at 43: “You’re as young as you feel.” Two women expressed happiness with their ages. Catherine said, “I’m 34. I really have been happy with that. You don’t ever want to go back to that whole insecure making-decisions thing. I’ve already answered a lot of my forks in the road.” Judith believed that her age gave her “more options.” In contrast, Diana said that being 39 scared her: “Actually, 39 scares me to death because most of my family tend to die young.” Because of her experience with MPD, Christie said that she often “forgets” her age and has to ask her partner, Diana.

*Motherhood*

Participants talked about mothers, single mothers, and dads.

*Mother.*

Six women talked in various ways about the requirements for the job of mothering. Five of these spoke of the need to take responsibility for the well being of
their children. Vivian was trying to help her son “deal with his issues.” Mary talked about the never-ending “responsibility” that goes along with being a mother. Believing that her children are “on loan,” Judith took that responsibility seriously and said, “That’s up to me; that’s my responsibility, to make sure that he’s taken care of.” Kathy was absorbed with “trying to make things better” for herself and her son, trying to do “what’s right.” For Melissa, the “kids come first.”

Caretaking was another requirement articulated by the participants. When asked what it meant to her to be a mother, Mary responded, “Taking care of kids.” Melissa said she faced childcare everywhere: “I feel like I take care of eight children at [job] and then three, four here because sometimes [partner] gets on my nerves, too.” Finally, Vivian talked about the necessity of children being able to “trust” their mothers. A “good mother” should be a “good listener” and should not be “critical.”

Five of the women talked about enjoying the job. Vivian and Catherine both “like[d] being a mom,” and Catherine enjoyed “her time at home” with the children:

Well, you know, look at [daughter]; nobody’s going to regret spending time with her. Do you know what I mean? She’s just the cutest thing. And we live in a nice house – we have to watch the pennies and everything – but why would I trade this? If we’re able to do this, why in the world would I trade this?

Sarah said she loved “having kids.” For Judith, “there’s no greater honor” than being a mother; having children was “one of the most precious gifts” she had in her life. Although not often able to see her own children, Diana enjoyed spending time with her partner’s children, “teaching them how to cook and do all the stuff they should be doing.”
Three women talked about the special bond that exists between mother and child. Catherine said, “When you’re a mother, and your kid cries, there’s a shock that goes through your whole body, and I don’t think that happens to men, either.” In discussing her reasons for entering family counseling, Sarah said,

We had gotten to the point where I was having to make a choice between my marriage and my son, and I never dreamed that I would have to make that decision because I love being married. But that’s my child; that’s my flesh. It’s very hard, and I think it’s very difficult for fathers to understand that. It’s very difficult for him to understand that bond.

In the context of childbirth, Judith said, “Dad can be there, but Dad doesn’t experience that and the love you can feel that instant.”

Single mothers.

Five of the ten women participants were single mothers: Kara, Judith, Kathy, Christie, and Diana. Melissa, although living with a partner, was almost divorced from her husband and referred to herself as a “single mom.” Three women talked about being on their own. Kara said, “Well, I’m a single parent, and I have no reinforcements.” Noting that she was “tired,” Judith said, “I am a single parent. . . . I am the only person in the house who can set those rules and enforce those rules and reward behaviors that are appropriate. I wish I had a backup.” For Kathy, being a single mother meant, “having to do it all and not wanting to do it all, anymore.” She added, “I would love to turn all the responsibility over to somebody else. I don’t have that luxury.”

Two of the participants talked about finances. For Kathy, giving up her career entailed a “major financial impact.” She discussed the situation with her son, telling him,
“It’s going to mean changes. . . . It’s going to mean that every time you go to the store, you can’t be, ‘Mom, can I buy this?’ because I’m not going to be giving you the money for it.” Getting a job gave Melissa some security and independence. She said, “I have my own money. I don’t have to depend upon [partner] bringing home the money and then deciding what he’s going to do with it. I make my own money now, and I can do stuff.”

Two women were looking forward to the time when their children would be grown and out of the house. Melissa said, “Hopefully, once my kids are grown, I can do my own thing, and we can travel, and I can be a kid, be in my 20s, where we can go out and enjoy life.” Judith believed that she was “getting closer to freedom,” getting “closer to not being single mom”: “I just get to be single again, which I’ve never had.”

Dads.

Four women expressed the opinion that, when it comes to family counseling, dads may behave differently than do moms. Talking about parenting as “the main job that I do,” Catherine said, “I wouldn’t have made the appointment; I would have just shown up. It would have been easier if I were the dad.” Vivian said that “because of some of the things [they] talked about” in counseling, a dad “would probably have gotten up and walked out.” Kathy went even further: “I think if I were a dad, I probably wouldn’t have gone for counseling. . . . Either a dad wouldn’t admit to needing it or would have just snapped things in place sooner.” Christie said much the same thing: “I don’t think we’d be going to family counseling if I was a dad.”
Two of the single mothers talked about their sons as responding better to a male than to a woman. Stating the belief that dads just generally "get a grip quicker" than moms do, Kathy said,

I can put food in front of him, and [he says], "I'm not eating this; I don't like this." My brother can say, "That's your dinner; eat it." And it's done; it's gone.

... When [son] has a male influence around, he does what needs to be done.

Melissa echoed the same sentiment: "I say something, and my kids just look at me like I'm crazy... They'll end up doing what [partner] says. And I guess it's the male authority voice or something."

**Summary Interpretation**

According to the participants, the attributes of women are: strength, caretaking, the ability to perform multiple tasks, and equality with men, although women have to work harder and are paid less than their male counterparts. For most of these women, the boundary between self as a woman and self as a mother seemed to be blurred. They were all mothers, and motherhood comprised much of their identity. Caretaking and responsibility were two major requirements of the job of mothering. Although the single mothers stressed the lonely nature of this job, nevertheless, almost everyone talked about enjoying the occupation.

**Theme: Validation**

During the interviews, nine of the participants talked about affirmation, reassurance, and reinforcement. They spoke of starting to feel better, of gaining confidence, of feeling like a competent mom. As I studied their comments, I realized they were talking about validation, of themselves as women and as mothers. This
interpretive theme is composed of the entire findings themes of three participants. In addition, the following findings sub-themes were included: starting to feel better (theme: Self-Worth, participant #2, Vivian); confidence (theme: Being a Woman, participant #5, Mary); reinforcement (theme: Strong Women, participant #6, Judith); reinforcement (theme: Someone for Guidance, participant #7, Kathy); and feet on the ground (theme: Woman, participant #8, Melissa). Also included in this theme is the statement represented by “a competent mom” (theme: All Women Doctors, participant #9, Christie).

The content of this theme, Validation, is divided into three sub-themes: the need for validation, the source of validation, and the effect of validation. All areas will be discussed.

The Need for Validation

In one way or another, nine of the participants talked about validation. Of those nine, eight discussed the need for validation, either as a woman, as a mother, or both.

As a woman.

Three of the participants had, in various ways, questioned their personal worth or value. When Kara was younger, she asked herself, “I wonder if I’m good enough?” For “the longest time” she did not think she “was good enough to do this or smart enough to do that.” Vivian’s early upbringing with rigid gender roles and years of spousal abuse had made her feel like a “nobody”: “I was nothing. I told myself that I was nobody, nothing.” Catherine said that the need for personal validation is ongoing: “We all need that affirmation all the time. You need that regular kind of thing; you can’t just get it last week, and that’s enough.”
As a mother.

Seven women questioned their ability to mother. As a single mother, Kara wanted to make sure that she was not “being overprotective” of her son. She also questioned her parenting because of interactions with her son’s school: “Obviously it wasn’t such a stable or secure feeling to begin with if total strangers at the school could have me thinking, ‘My God, my son’s a terror.’” Stating that moms are generally “judged” by their children’s behavior, Catherine said, “Not that [husband] is not vested in his family, but if your kids misbehave, I don’t think [he’s] sitting there, thinking, ‘I’m so embarrassed.’ I think he’s just like, ‘Oh, that’s just annoying and loud.’” She went on to say, “I want to be, ‘Wow, she does that really well.’ I’m a full-time mom; that’s your grade.” Sarah believed that she had failed as a mother because of the “choices” her children had made: “I would say it all the time, even to myself, that I was a failure as a mother, that I just didn’t know what I was doing.”

Mary used to wonder about her parenting: “I used to think that, not that I wasn’t a good mother, but I know I don’t have enough time for the kids.” Judith worried about being a “bad parent”: “You get out of bed and go and kiss your kids, and you tell them in their sleep, ‘Oh, I’m so sorry.’” People had told Kathy she was “crazy” for giving up her job; her own mother told her she was “mean” and “the worst mother in the world” for taking her grandchild away. Consequently, Kathy wondered if she “was doing what was right” for herself and her son. Because of her struggles with Multiple Personality Disorder, Christie said that “sometimes” she just “needed to know if [she] was doing anything right” as a mother.
The Source of Validation

Participants discussed receiving validation from different sources. These sources are divided into two general headings: the family counselor, and other sources.

The family counselor.

Eight women received validation from statements made by their counselors. Although Mary talked about needing validation and having received it from counseling, she was not specific that the affirmation had come from her counselor. Vivian only received personal validation from her counselor; her counselor “always” told her that she was “somebody,” that she had “worth” and “value.” Catherine “got [personal] affirmation” as well as parenting affirmation from her counselor. She valued the male counselor’s “affirmation” of her parenting ability: “He would say, ‘I really like the way you just did that with [son].’ That was good.”

The remaining women only talked about validation in terms of their roles as mothers. Kara received “reinforcement” of her “role” as mother: “What helped me the most was [counselor] letting me know that it wasn’t us. . . . An impartial, educated and highly intelligent person saying, ‘You’re doing okay’ is good for me.” “Every week for a while,” Sarah’s counselor provided “reassurance” for this mother: “She would uplift [us].”

When Judith felt like a “failure,” her counselor was “understanding” and was able to provide “reinforcement” for her: “And so that feels good to know that I lay down at night and don’t go, ‘Oh, you’re such a bad parent today.’” When Kathy was second-guessing her decision to quit her job and move, her counselor provided reassurance:
She was always quick to say, numerous times she said, “I have a lot of respect for what you did. I know it wasn’t easy to leave your job and leave your home. You’re doing what’s in your heart that’s right for you and [son].” She always reinforced that.

Melissa’s male counselor provided reassurance and encouragement: “He always told me that I was doing a good job. . . . I never heard anything negative.” Christie made a similar statement about her counselor: “She always treated me as a competent mom. She would always tell me that I was doing a good job.”

*Other sources.*

Three women talked about receiving validation from other sources: friends, parents, and the workplace. Kara not only “checked out” her perceptions with the counselor, she routinely did so with “a network of other women.” Catherine received validation from her parents: “[They] think I’m good at so many things.” She got validation of her parenting ability from other sources; people outside her family have told her that she “handled something well or was a good mother.” When she was considering family counseling, Sarah talked to her parents, who confirmed her decision: “They were completely in agreement, that it was something they felt would be very positive for us to go ahead and look into.” Finally, Catherine’s former occupation increased her feelings of self-worth: “I kind of liked being one of the few. . . . naval officers, civil engineers, that was a woman. I always felt like it made me not run-of-the-mill.”

*The Effect of Validation*

Validation gained from counseling had an effect on all nine of these women. Their comments about this subject fell into two categories: the effect on self, and the
effect on self as mother. For Kara, the passage of time and growing older had also bestowed feelings of self-worth: “Now I think I’m good enough.”

The effect on self.

After counseling, Vivian’s feelings about herself began to change: “It wasn’t until after the counseling that I started to see things. . . . And it’s only recently that I have decided I had it, that I’m starting to feel better about myself, starting to get a little bit more self-esteem.” Vivian’s awareness that she is “somebody” led to changes at home, as well: “I’m starting to stand up to my husband now . . . I’m tired of being abused.” Melissa believed that counseling had made her “stronger;” through counseling she had “improved” herself.

The effect on self as mother.

Discussing the effect of counseling, Kara said, “Well, I’m more secure in my role as a mom. I don’t second-guess myself as much. . . . [Counseling] validated, reaffirmed, confirmed my role.” Catherine found the validation she received from her counselor to be “empowering,” saying, “Not that I didn’t think that we were good parents, but just that whatever I’m doing is probably the best thing that I can do for [son].” Sarah learned that she did not have to judge herself by the standard of her children’s behavior: “She was able to reassure me that things happen, and that I’m not the cause, and it’s not the reflection of my ability as a mother that causes [my children] to make the decisions they make.” Mary gained additional “confidence as a mother”: “It made me feel as if, yeah, I do know about my children, and it made me feel better.” Judith had struggled with feeling like a “bad parent.” After counseling, she said, “I don’t have as many of those days. That feels really good.”
The reassurance she received from her counselor produced "some peace of mind" for Kathy: "I did get some peace of mind and reassurance that, although along the way we weren't doing everything right, I wasn't doing everything wrong, either." Kathy said she was "feeling a little stronger," as if her "decisions were okay." For Christie, who worried about "doing things right with the kids," family counseling helped: "At least once a week I knew I was doing something right."

Summary Interpretation

A total of nine out of the ten women talked about the need for, the source of, and the effect of validation. They discussed their need as women, citing causes such as the lack of confidence when young, the restriction of stereotypical gender roles, and abuse by males. They discussed their need as mothers, acknowledging that mothers are often judged by their children's behavior, whereas fathers are not. These women received validation as women and as mothers from their family counselors, in a stunning example of the importance of the counselor-client relationship.

Theme: Family Relationships and Influences

Nine participants talked about family relationships, former and current. They talked about their racial and cultural heritages. As they talked, it became clear that family and heritage both exerted an influence on the women as adults. This interpretive theme is composed of findings themes of two participants. In addition, the following findings sub-themes were included: non-traditional parents (theme: Parents, participant #1, Kara); ethnic background (theme: Self-Worth, participant #2, Vivian); her parents (theme: Parenting, participant #3, Catherine); heritage (theme: Being a Woman, participant #3, Catherine); Scotland (theme: Being a Woman, participant #5, Mary); a
spiritual person (theme: Strong Women, participant #6, Judith); talked to mom (theme: Family Counseling, participant #8, Melissa); and abusive ex, French (theme: Being a Woman, participant #10, Diana). Also included are statements referencing a Cherokee heritage and same-sex relationship (theme: A Woman, participant #9, Christie).

The content of the theme, Family Relationships and Influences, is divided into three sub-themes: race and ethnicity, growing up, and adult relationships. All three sections will be discussed.

Race and Ethnicity

Six women talked about their racial or ethnic backgrounds. Kara’s heritage was Hungarian on her father’s side and Irish on her mother’s. She described Hungarians as “stubborn” (“You can’t kill a Hungarian by dropping him on his head”), independent,” and “tall.” The “independence” trait “weighed on [Kara] heavily” as an influence.

Vivian was “proud” of her “Mexican and American Indian heritage” and said that to her knowledge she “was never discriminated against” as a child. Catherine’s background was Italian on her father’s side and “New England” on her mother’s. Although she denied an “everyday” influence of this heritage, she admitted to being “more like the Italian,” “boisterous” side of the family. Mary was born and raised in Scotland, coming to this country only as an adult. Her family remained in Great Britain, moving to Wales.

Judith’s heritage was Church of Jesus Christ of the Latter Day Saints. Her ancestors were Mormon pioneers. Her family had “a lot of history with Utah and Nevada, California and Arizona,” and she described herself as “a spiritual person.” This heritage was “special to Judith,” in part because of the strong women who had come before her:
I draw my strength there, and my spiritual strength, as well. . . . And when I think
I’m just such a weak person, . . . I just try and look at them and say, “You know, I
can be like that, too. I can handle this.

Christie was struggling with Multiple Personality Disorder and had several
distinct personalities, or “alters.” Although Christie herself had no conscious memory or
knowledge of her true cultural heritage, one of her alters knew the family background.
This alter said to the researcher, “I’m one-quarter Cherokee. I’m from Oklahoma. I’m
an Okie. . . . I tend to be more of a naturalist and like the outside more.”

Growing Up

Six of the women talked about the influence of family or culture as they were
growing up. Their comments fall into two groups: growing up with gender roles and
growing up with family.

Growing up with gender roles.

Kara’s father worked in another state and was “gone a lot.” She did not
remember “ever being alone” with her father. Stating that he was “one of the only guys
. . . that [she] could respect, Kara said,

My dad never would say, “Women don’t do that. . . . If you want to do it, do it.”

Which I think helped. That’s why it’s so foreign to me when you hear something
like, “Women aren’t supposed to…”

Kara’s mother had “wanted to go to college, but her mother wouldn’t let her.” At the
time of the interviews, Kara’s mother was 75 years old; she had just graduated from
college. Although Kara’s father never said, “Women don’t do that,” her mother had a
different view:
When I moved out at 18, "You’re not supposed to move out unless you’re married or going to school.” And I thought, “Says who? You’re furious with your mother for saying the exact same thing to you. Why are you doing it again?"

Vivian’s grandmother was 12 when she married; her husband was the “undisputed” head of the household. Vivian’s mother “quit school in the third or fourth grade” in order to help out at home. As a child, Vivian and her mother were responsible for all things domestic:

I was the only daughter – four boys and myself; my mother and I did everything. We did the cooking and cleaning, the ironing and the washing; that’s what was expected of the women... I guess you didn’t question the head of the household.

According to Vivian, her early upbringing was the reason she let men “control” her; “They say, ‘Do this,’ and ‘Do that,’ and I will, without question.”

When Mary was growing up in Glasgow, women and men had defined roles: “My mother I won’t say she wasn’t allowed to work, but men took care of business, and the checkbook and stuff like that, and women were expected to raise the kids and take care of the house.” Mary said that she was “quite shy” and believed her shyness to the result of childhood cultural expectations: “You didn’t speak until you were spoken to as a child over there... I think that also contributed to when I grew up. I also felt, I wouldn’t talk to anybody until I was spoken to first.”

Growing up with family.

Catherine grew up in a family of three children; she was the “middle child” in between two brothers: “I’ve been around men more than women.” Reflecting on being a middle child, she said, “I think that the middle child thing, of all the things, comes up,
that whole fairness thing, with the kids and how I parent them.” Catherine also reflected on her own parents. Early in their marriage, they learned to compromise with each other, having come from different cultural backgrounds: “My dad had to get a little restrained, and my mom had to get a little more boisterous.”

Growing up, Kathy said that “there was always family together,” even though she mainly saw her father on the weekends: “My father worked nights, and he wasn’t around that much during our childhood.” She stated that she still “enjoys being with family,” even though she and her mother had “a hard time being under the same roof for 48 hours” because they were “so much alike.”

Melissa’s parents “were divorced,” and she had not seen her father “since [she] was ten years old.” Her father “walked out” on her: “It still hurts me, and I’ll be 29 this year. My father moved on, and I haven’t talked to him. . . . I don’t talk to any of his side of the family.”

Adult Relationships

Six of the women talked about their interpersonal relationships in adulthood in terms of either partnerships or sisters.

Partnerships.

Vivian talked about her own “physical” abuse as being “almost a daily ongoing thing” with her husband. Vivian’s husband also abused her son: “There was a time they had a physical altercation, but mostly it’s verbal.” During the second interview she related that the week before, she had been able, for the first time, to begin to stand her ground: “I fought back . . . and I told him he is an abuser. . . . So now I’m starting to stand up for my rights, and I think he’s quite shocked.”
Melissa had been in the process of divorce for five years: “I married a Black man. . . . We were together three more years after we were married. . . . We’ve been separated for five [years].” Although her mother “supported [her] the whole time,” being in a bi-racial relationship and having bi-racial children created problems within Melissa’s extended family:

My uncle disowned me. . . . My grandparents disowned me. . . . They grew up in the time where that was nowhere to be discussed; it was not to happen. It was okay to have black friends, but it was not okay to be involved with a Black person. . . . They came around after [we] had been together for a while.

Melissa was unprepared for the reaction: “I just assumed that my kids are just my kids, and nobody’s going to treat them differently.” When her oldest son was five years old, “his dad left.” At the time of the interviews, this father had very little contact with his children: “He doesn’t call or anything.”

Melissa was living with a new partner and trying to make things work. Working out some time for herself was important: “We both need time, a half-hour, to ourselves.” Carving out adult time was also important: “We needed time to ourselves [as adults].” The lack of a formal commitment from her partner was difficult:

There are times when [he and I] argue, and I don’t know what’s going to happen; we’re not married. So he can walk out at any time. He doesn’t have to take care of these other two kids that aren’t his. It’s scary.

On the other hand, male presence and support were “nice”: “My kids have had a male figure for 2½ years because their father wasn’t around.”

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Melissa was not the only one who “married a Black man.” Because Judith’s children were bi-racial, she said she “switched things up a little bit in [her] family, added a little more ethnicity.”

Christie and Diana were partners in a same-sex relationship. Diana had left her “homophobic,” “abusive ex[husband]” to move in with Christie and her children.

Sisters.

Kathy had three sisters: “I’m close with all of them, but yet, my little sister and I, I would do anything for her.” Kathy helped to “raise” her younger sister and said, “In some sense the tables have turned. In the last seven years she’s been the one that’s more been the supporter for me.” Moving from the Northeast meant leaving her parents and other family members. However, she said, “I looked at not just the immediate, but the long term of, if anything happened to me, my sister was here and is who [sic] my son would be with.” Kathy’s relationship with her sister was “special;” they were “like twins.” Because her sister’s son also had ADHD, Kathy could ask her to help “figure [things] out.” She said, “It’s kind of neat, being able to share our experience.”

Summary Interpretation

Racial and cultural heritage, as well as family relationships, past and contemporary, exerted a powerful influence on the daily lives of nine out of the ten participants. Three women discussed the impact of growing up with either stereotypical or non-traditional gender roles. Three women talked about their families-of-origin. Five women spoke about current partnerships, and one woman told of a close relationship with her younger sister.
Theme: Working With the School

Although all the families of these women were referred to family counseling from their children’s schools, only three participants spoke at any length about working with the school. They described their working relationships with the schools (adversarial or helpful), their feelings about the possible repercussions of labels, and the role played by their family counselors.

This final interpretive theme is composed of findings themes of two participants. The following finding sub-theme from participant #7, Kathy, was included: diagnosis (theme: ADHD). I divided the content of this theme, Working With the School, into three sub-themes: working relationship, labels, and role of the family counselor. All three sections will be discussed.

Working Relationship

Only one woman perceived the working relationship with her child’s school to be helpful. Before her son was diagnosed with ADHD, Kathy was being contacted “two or three times a week” by “the teacher or the principal” to let her know that they were having “problems.” Kathy went in to the school and said, “What can we do? I need something done here.”

Because a formal diagnosis of ADHD requires symptoms in “different environments,” Kathy asked the school counselor for assistance. This counselor’s office and Kathy’s son’s classroom “were right next door to each other, so she was able to look in on him informally at times, and then she would go in and actually observe.”

The other two working relationships were adversarial. Kara’s son had ADHD; she attended meetings convened to develop an Individualized Educational Plan (IEP) for...
him. Kara “did not care for the [school] counselor at all,” and she thought the principal was “an idiot” and “a creep.” This male administrator once said to her, “You know, [son] is not too old to hit. Do you know anybody?” School personnel were demanding medication for Kara’s son: “It was, ‘He needs to be on Ritalin so we can be about our business.’” When Kara made suggestions for improving her son’s behavior in school, “they’d say, ‘Oh, no, *that* won’t work.’” Kara began to help her son to “learn to deal with jerks.”

For Melissa, the Child Study Process at her son’s school was “a tough time.” Melissa “never got any of the paperwork in the mail” and went into the meetings “blind.” She had difficulty understanding the “big words” used by school personnel, who made her feel as if she were “the worst mother in the world,” and her son, “the spawn of the devil.” This school advocated medication, also: “They kept telling me . . . ‘He needs to be on medication so that we can control him in the classroom.’”

*Labels*

Kara and Melissa both talked about labeling, although in different ways. Kara was concerned about being labeled by the school as a single parent: “Whenever they find out you’re a single parent, it’s like, ‘Well, *that’s* why.’ And then it’s immediately, ‘I’m going to have a problem with this one.’” Kara was afraid that diagnosis by the school would result in a “stigma.” She worried, “They put it on paper, and then you’re labeled.” Without a formal diagnosis from a practitioner, the “creepy” school principal told Kara that her son had Oppositional Defiant Disorder (ODD). According to Melissa, school personnel told her, “Once your son’s labeled, it’s hard to get the label off him.” Melissa
responded, "I don’t care what kind of label he has on him... What y’all label him is up to y’all, as long as he gets the help he needs."

**Role of the Family Counselor**

Unlike Kara and Melissa, Kathy did not talk about the role her family counselor may have played in advocating for the family at school. Kara’s counselor was “good at” relating in-session work “to school.” Also, “she was really good because the school had called up complaining, and she would follow up on it, and they wouldn’t call back again. . . . She would send, not progress reports, but some little form [to the school].”

Melissa’s counselor was “always available” and took the time to attend several school meetings. She was grateful for her counselor’s presence and support at these meetings: “I’m not going to go in there by myself. I have no clue what’s going to go on. . . . Thank God for [the counselor]!” Giving her counselor credit for the positive outcome, she said, “It was a whole lot better having him there. If he wasn’t there, this whole child study thing would have just blown off as nothing, and my son would have still been in the same position he was in since kindergarten.”

**Summary Interpretation**

Working with a child’s school can prove intimidating for parents, who are often treated as outsiders by the school system. Three women discussed working with their son’s school. For two of them, the working relationship was adversarial and intimidating. One woman feared being labeled; one woman welcomed a label if it would help her son. Two out of the three talked about the role played by their family counselor; for these women, the counselor proved to be an indispensable ally and means of support.
This section has covered the discussion of the six interpretive themes that resulted from data reduction; it has described the women’s perceptions of a helpful counselor, of the family counseling process, of being a woman and a mother, of validation, of family relationships and influences, and of working with a child’s school. Although I chose to include data from only three participants as representative of the Interpretive Theme, Working Well With the School, one could also elect to use five participants as the criterion for interpretive theme inclusion. Had I so chosen, the five major themes would still hold up. The next section will focus on the relationship between the women’s ego development levels and the way in which they perceived family counseling.

Ego Development Analysis

This section is an attempt to describe the way in which these women, at various ego development levels, made sense of their family counseling experience. Obviously, there are limitations; range of functioning and full experience cannot be captured in two interviews and a written assessment.

Ego development levels of participants ranged from E4, the Conformist stage, to E8, the Autonomous stage (as measured by the SCT). The modal level was E6, the Conscientious stage, in contrast to the modal level of E5, the Self-Aware stage, found in the general population (Hy & Loevinger, 1996). To facilitate the profiling process, participants were arranged into three groups: E4/5 (Conformist/Self-Aware), E6 (Conscientious), and E7/8 (Individualistic/Autonomous). E4 and E5 were combined because they are both essentially Conformist levels (Hy & Loevinger). E6 stands alone because it was the modal rating. E7 and E8 were combined because they were the only
two ratings beyond the modal level. The listing of participants by stage and corresponding stage groupings follows:

<table>
<thead>
<tr>
<th>Participant Stage</th>
<th>Stage Groupings</th>
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<tbody>
<tr>
<td>E4 – Mary</td>
<td>E4/5 – Mary, Catherine, Melissa, Diana</td>
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<tr>
<td>E5 – Catherine, Melissa, Diana</td>
<td>E6 – Vivian, Sarah, Kathy, Christie</td>
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<td>E6 – Vivian, Sarah, Kathy, Christie</td>
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<td>E7 – Kara</td>
<td>E7/8 – Kara, Judith</td>
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_Description of Group Characteristics_

_E4/E5: Conformist/Self-Aware_

An individual functioning at the E4 level accepts rules because they are rules and identifies with the perceived authority group. Inner states are described simply. A Conformist usually subscribes to conventional gender roles. Interpersonal relationships are generally described in terms of actions, not feelings. Although “the Self-Aware stage is still basically a version of Conformity” (Hy & Loevinger, 1996, p. 5), the individual at this level has begun self-examination and describes interpersonal relationships in terms of feelings as well as actions. Whereas the person at E4 tends to see situations in terms of absolute rules, the person at E5 sees the possibility of alternatives for those situations. Self-conception is of a responsible and fair person who is happy to be who she is (Hy & Loevinger).

_E6: Conscientious_

An individual scoring at this level is not only self aware, she is also able to reflect on self and others. Although somewhat self-critical, a person at this stage is able to see
multiple possibilities leading to choice. Thinking goes beyond personal concerns, but there may also be an excessive sense of responsibility for others. Attention to appearance is interwoven with the overall personal or social context. Gender roles are important, and there is a preoccupation with pretense and hypocrisy. The most prominent feature of this stage is self-evaluated standards (Hy & Loevinger, 1996).

**E7/E8: Individualistic/Autonomous**

An individual functioning at the E7 level has a sense of individuality and personality and shows complex conceptions more often than those at lower stages. Responses tend to be unique, and stereotyped gender roles are frequently criticized and questioned. Physical, financial, and emotional dependence are differentiated; the individual may be particularly preoccupied with emotional dependence. An individual at this level cherishes interpersonal relationships, which are viewed as changing or continuing over time. Emotions are described in more depth than is found with lower levels, frequently with touching or humorous statements (Hy & Loevinger, 1996).

An individual functioning at the E8 level recognizes others' needs for autonomy. She respects and acknowledges that others need to follow their own path and make their own mistakes, especially her own children. The search for achievement, prominent at lower levels, has become the search for self-fulfillment; there is a high tolerance for the ambiguities and paradoxes of life (Hy & Loevinger, 1996).

**E4/5: The Conformist/Self-Aware Group**

* A Helpful Counselor

Participants in all three groups expressed the preference for a female counselor. What, then, differentiates the groups? Writing of the E4 individual, Hy and Loevinger

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(1996) stated, "Belonging makes one feel secure" (p. 12). Mary was able to be comfortable and feel at ease with her female counselor because of shared characteristics: womanhood and motherhood. At E5, Melissa was able to see an alternative appropriate to her perception of family need. She wanted a male counselor, but also because of the shared characteristics of women: "Women think alike."

At E4, Mary described her relationship with the counselor in terms of what the counselor did, rather than in terms of her feelings about the counselor. Thus, it was helpful to her that the counselor provided concrete, specific behavioral interventions for alleviation of family problems. At E5, an individual begins to incorporate feelings words into relationship descriptions. In addition to talking about what the counselor did that she liked, Catherine described her relationship as respectful. Melissa's children "adored" their counselor.

In talking about her counselor, Melissa did not use the word "flexibility." She hinted at the concept in her assertion that if they were too tired to come to a counseling session, the counselor said, "That’s fine. I’ll see you next week." However, there is an overtone of relationship to an authority figure here; the counselor was granting approval of a request, as much as he was being flexible.

Counseling at these levels is not a collaborative effort, although Catherine did talk about the mutual respect present in her counselor-client relationship. Melissa also approached the idea of non-judgment, which makes an appearance in the next level. She did not use the same language, but said that her counselor was never critical. In describing her counselor, Melissa said he was like "a peer," foreshadowing the descriptions of "friend" in the next level.
The Family Counseling Process

The expectation of an individual focus on the child occurs across levels and groups. The differentiation among groups reflects growing conceptual complexity. At E4, Mary viewed the situation simply; she expected counseling to be about her oldest daughter and her problems. At E5, Catherine had also expected a focus on her son, but she was also able to recognize that her son’s behavior affected the family. However, even with this realization, she still did not get what she had “wanted and needed.” This aspect of family counseling was “unfulfilling” to her. Melissa had expected that the counseling authority would fix both her and her son quickly.

All three groups found involvement of the entire family to be helpful. At E4, Mary liked it because “everybody got to say what was on their [sic] minds.” One wonders if this was a new experience for Mary, being given the encouragement to share her concerns. At this level, having such an opportunity will probably not result in an appreciation for different perspectives.

Logistical drawbacks seemed to present the greatest problem for women in this group. Parking, room size, room location, driving distance, and a car that was too small for everyone in the family were problems mentioned by the E4/5 women. At E5, Diana expressed dissatisfaction that the counselor had not listened to her repeated requests to discuss same-sex relationship issues (when the children were not present). Intrusion as a negative aspect was present both at E5 and at E7, although not as elaborate at E5. Out of her two days off each week, Melissa felt like she “only had one day off” because of having to attend counseling.
Being a Woman and a Mother

The Conformist usually subscribes to conventional gender roles; however, nontraditional roles do appear as early as this level (Hy & Loevinger, 1996). Mary was well aware that men and women play different roles in the world and in the family. She was just beginning to question stereotypical role assignment. When describing how her life differed from that of her husband, she did so in terms of actions: her work never ended, but her husband went out to work, came home, and "that's it."

Melissa talked about the different roles that women can play and acknowledged that it is possible to perform more than one role at once. Her awareness was fairly simple: there are some women who stay at home, raising the kids; there are some women who occupy the top rungs of corporate ladders; there are some women who do both. Mary's discussion of the subject of employed women reflected her burgeoning sense of unfairness about the relative positions of men and women. Speaking still in terms of actions, she talked about having to retain full responsibility for all things domestic even when employed outside the home.

As definitions of motherhood, caretaking and responsibility appear in all three groups. At E4/5 the concepts are presented simply, as "hard work," "a lot of responsibility," and "the kids come first." Greater differentiation occurs at higher levels. At E5, Catherine gave a physical description of the mother-child relationship that at the next level (E6) would become feelings based. She talked about the "shock that runs through" a woman's body when a child cries. As her counterpart at E6 stated also, men are excluded from this special relationship.
Validation

Discussions of the need for validation occurred across levels. Mary, at E4, did not question whether she was a good mother ("not that I didn’t think I was a good mother"), but worried that she did not “have enough time for her children.” She was probably caught up in the dichotomies of all good/all bad, either/or and considered herself a good mother by her accepted standards. True to form, her reasoning took a concrete form; she did not think she had enough time for her children. At E5, Catherine acknowledged that mothers are judged by their children’s behavior, and her reasoning reflected acceptance of society’s standards: “That’s your grade.”

No one at E4/5 talked about looking for validation from outside sources, although Catherine discussed receiving validation from her parents and friends. However, women in this group (E4/5), as in all three of the groups, were comforted by the validation they received from counseling. Catherine’s reasoning was simple, kind of like an on/off switch, revealing thinking that was still somewhat dichotomous. Before counseling, she had wanted a good “grade” at mothering. After counseling, she was happy in the knowledge that “whatever [she] was doing was right.”

Family Relationships and Influences

All three groups were able in various degrees to connect present circumstance to past influences. However, the women’s explanations at E6 and E7/8 were more elaborate and entailed more understanding and self-reflection. At E4/5 only partial connection and a basic awareness were present. Although Mary was aware that gender roles tended to be defined stereotypically in the Scotland of her childhood, she did not seem fully to connect that social reality with how she was currently living her life as an adult. She was able,
however, to connect her adult shyness to the cultural treatment of children in Scotland ("You didn’t speak until you were spoken to as a child over there").

Working With the School

Out of all the participants, only three women discussed working with the school in any depth. However, each of these three is in a different ego development grouping (E4/5, E6, & E7/8). At E5, Melissa’s interactions with her son’s school reflected feelings and understanding ruled by her perception of the school as the authority group. She did not initiate dialog or a relationship with the school; school personnel summoned *her*. Melissa was cowed by what she saw as their intimidation of her. It was only with the counselor’s support (another authority figure) that she was able to stand up for herself.

E6: The Conscientious Group

A Helpful Counselor

All four women in this group expressed the preference for a female counselor. However, their reasoning differed from the E4/5 group. Although the idea of shared characteristics, reflected in the conviction that “women think alike,” is still present, this group exhibited self-reflection and a growing conceptual complexity. Recognition of emotional nuances occurs at this stage, along with differentiated terms for feelings. Thus, for the women at E6, the belief that “women think alike” carried a name: empathy.

Flexibility as a helpful counselor characteristic appears at this stage. As used by the women at E6, the word infers a more collaborative relationship than is possible with the first group. Although the word “collaboration” was not used, these women were beginning to share in the structuring of their counseling experience. Sarah expressed the...
confidence that her counselor would be “flexible” and would change the course of a 
session if Sarah presented the need.

Judging and blaming make an appearance at this level. Three of the four women 
spoke in various ways about the importance of a counselor remaining judgment-free. 
Vivian had felt blamed by a former male counselor, who acted as if she were the reason 
for her own abuse. Christie felt blamed by her family counselor. In contrast, Kathy felt 
secure with her family counselor, who was “not there to judge her.”

Women in this group referred to their counselor as “a friend,” but in the past 
tense. When counseling ended, so did the friendship, apparently; gaining independence, 
the women moved away from the relationship with their counselor. Although 
participants from all three groups thought their counselors understood them, trust was 
first mentioned at E6 as a vital component of a helpful relationship.

The Family Counseling Process

Like the women at E4/5, Sarah had also expected counseling to focus more on her 
children. However, as befitting a growing complexity, she came to understand that 
family members’ behaviors impact each other reciprocally. She still thought that her 
children might benefit from some additional individual work, though. In contrast to 
Melissa at E5, Sarah did not expect immediate results from counseling; she thought it 
might take some time to work things out.

Sarah’s appreciation for whole family involvement showed more complex 
reasoning than that present in the first group. Whereas Mary thought it was good because 
everybody got the opportunity to talk, Sarah realized that the whole family is a part of the 
problem, and the whole family must work to correct the problem. With the recognition
that life brings multiple possibilities leading to choice, getting a different perspective is often important to someone at E6. Kathy found that bouncing things off someone else helped her to "see things a little bit differently; that's valuable."

*Being a Woman and a Mother*

At this stage, there is the recognition that women can, and do, perform multiple roles simultaneously. Kathy lamented the fact that she had to fill the role of both mother and father and was the only provider for her family. She did not want to "do it all anymore."

Descriptions of mothers in terms of caretaking and responsibility continued at this stage, but in more elaborate language. The women at E6 described loving their children and "trying to do things right" for them. In contrast to Melissa's (E5) simple statement that her kids came first, Kathy said that she had come to the realization that she could not quit being a mother, so the only thing left was to quit her job. She proceeded to do so, out of love for her son and the sense of responsibility for his welfare. Sarah's description of the "special bond" only shared by mother and child had moved beyond the physical description of that bond given by Catherine at E5.

*Validation*

The hallmark of E6 is self-evaluated standards (Hy & Loevinger, 1996). This means that an individual approves or disapproves of something, not because of what the group says, but because of what she believes. Interestingly, three out of the four women at E6 questioned themselves as women or mothers because of the actions or beliefs of others. Because of prior and current relationships, Vivian felt like a "nobody." Sarah felt like a failure as a mother because of choices her children made. Kathy wondered if she
was doing the right thing for herself and her son, in part because people had told her she was "crazy," and her mother had told her she was "the worst mother in the world."

At E6 there was the first mention of actually seeking out someone for validation. Sarah talked about going to her parents before counseling, in order to see if they thought it would be a good idea. Women made sense of the effect of validation in a more complex fashion than did those at E5. In contrast to Catherine's either/or conception, Kathy exhibited a tolerance of ambiguity. She was able to find "peace of mind" while still acknowledging room for improvement. She said, "Although we weren't doing everything right, I wasn't doing everything wrong, either."

**Family Relationships and Influences**

In contrast to the partial awareness of past influences on the present exhibited by the women at E4/5, the women at E6 demonstrated greater understanding and self-reflection. Vivian clearly made the connection; as a child, she and her mother carried on the family tradition of total responsibility for the home. She learned that women did not have the right to "question" the male head of the household. This upbringing was the reason she let men "control" her and the reason why she tolerated an abusive husband.

**Working With the School**

In contrast to Melissa at E5, who was not able to initiate a relationship with her son's school, Kathy was able to go to her son's school and establish a working relationship with personnel. Less adherence to the absolutes imposed by an authority group allowed her to approach school personnel with requests and suggestions for helping her son. The fact that she was able to form a positive working relationship with
the school was perhaps also due to the willingness of school personnel to work with her, since both Kara at E7 and Melissa at E5 had an adversarial relationship with the school.

_E7/8: The Individualistic/Autonomous Group_

_A Helpful Counselor_

At E7, the woman may still prefer a female counselor. However, the reasoning has undergone a subtle shift. In addition to talking about the belief that men do not empathize with women, Kara personalized the statement, made her reasoning more personal, less general, and less absolute: “I just think I relate to women better.” At E8 there was another shift, away from preference for counselor gender at all, to an emphasis on relationship factors as being of primary importance. Individuals functioning at this level “aspire to be objective and unprejudiced” (Hy & Loevinger, 1996, p. 22). Judith had no preference for the gender of her counselor, except as might benefit her son. For her as a woman, gender did not matter as long as commonalities existed, things in common that would help establish a “connection” in the relationship.

The counselor quality of flexibility was full-blown at E7/8 and represented collaboration between counselor and client. Kara described her relationship with the counselor as “collaborative,” “equal,” and “open.” She elaborated on the flexibility of her counselor, searching for a more descriptive word, as she talked about how the counselor took her (Kara’s) busy schedule into consideration. Sessions were “more of a co-effort.”

The theme of non-judgment blossomed in this group, with the concept of tolerance appearing at E7. Kara specifically stated that one of the things she liked best about her female counselor was that she was “nonjudgmental.” At E8, Judith was able to
elaborate on her counselor’s nonjudgmental approach; Judith did not feel threatened in any way by any of her counselor’s remarks or suggestions and, as a result, was able to use what she heard. Judith and Kara both used adjectives such as "loving," "cheerful," and "kind" to describe their counselors.

The theme of friendship between counselor and client continued at E7, with an additional component. An individual at this level views relationships as changing and continuing over time. Kara said that she still thought of her counselor as a friend, even though they did not see each other anymore.

*The Family Counseling Process*

Reflecting true conceptual complexity, Kara was aware, not only of her son’s different perspective and perceptions, but also of his need to be able to express those opinions and perceptions openly. She had expected an individual focus and worried initially that her presence in the counseling room would put a damper on his participation, for fear of reprisals from her. In contrast to the above groups, there was no discussion of an expected time frame.

Like those in the other groups, Judith, at E8, found the involvement of the whole family to be helpful. Her reasoning was slightly different from Sarah’s at E6. Judith not only accepted the reciprocal nature of family interaction, she realized that she needed to change the way she “was acting so that the kids could change, as well.”

As at E6, there was in this group the perception that getting a different perspective is valuable. Kara recognized that family interaction is familiar; it is hard to be objective about one’s own family: “If it’s how you live, you don’t see it as dysfunctional.”
Being a Woman and a Mother

The women in this group elaborated upon the concepts of mother as caretaker and as responsible for her children. There was a continuation at E7 of the E6 striving to “do what’s right,” and a subtle change, as well. Whereas the women at E6 wanted desperately to do the right thing for their children, they did not seem to question their ability to be expressive emotionally with the children. In contrast, Kara, at E7, had learned from her counselor that it was “okay to be warm and fuzzy,” in addition to being responsible. For Judith, at E8, this responsibility became a spiritual calling; there was no greater honor than being given the opportunity to care for a child. Here, the description of the bond between mother and child involved an explanation of the love a mother feels for her child at the moment of childbirth.

The awareness of a woman’s ability to perform multiple roles continued in this group, with little change. Kara referred to the concept as multi-tasking, as she talked about being a woman, a wage earner, a single mother, and a student. The only difference between Kathy at E6 and Kara at E7 was that Kara did not express wanting her situation to be any other way.

Validation

These two women continued to question themselves as mothers. The articulation of this inner struggle and questioning seen at prior levels became stronger and more complex in this final group; there seemed to be additional self-reflection, as well. Kara, at E7, questioned her parenting, partly as the result of negative interactions with her son’s school, and partly as a result of her own “nontraditional” upbringing: “I wanted to avoid the errors my parents made with me.” Although Judith did not discuss the reason for her
need for validation, she talked about feeling like a "bad parent" in moving, descriptive language.

In contrast to the lack of, or limited attempts at, obtaining validation from others, Kara, at E7, had an entire network of women whom she consulted, to "bounce things off" and "check out" her perceptions. Kara was alone in stating that age and increasing maturity had brought her greater self-esteem.

The effect of validation from counseling at E7/8 was much the same as at E6. Both Kara and Judith expressed happiness in improvement, not in perfection. Kara no longer questioned herself "as much," and Judith did not have "as many days" during which she felt like a bad parent. That felt "good."

Family Relationships and Influences

With the women at E4/5 there was little true awareness of the connection between the past and the present. Those at E6 exhibited understanding and self-reflection that could lead to the breaking of patterns. These at E7/8 looked to previous experience, not only for possible explanation of present interpersonal relationships, but for guidance and strength. Judith, at E8, drew her own strength and courage from the strength and courage of family women who had come before. She was able to make sense of those relationships in a way that assisted her search for self-fulfillment.

Working With the School

At E7, Kara's sense of individuality and complex conceptual ability allowed her to keep trying with school personnel, in the face of rather significant odds. After a while, however, even her strong sense of personality began to wilt under the onslaught of the "creepy" principal.
Summary

Cross-case analysis of findings themes yielded six interpretive themes: A Helpful Counselor, The Family Counseling Process, Being a Woman and a Mother, Validation, Family Relationships and Influences, and Working with the School. Only one findings theme (Individual Counseling, participant #9, Christie) was not integrated into the interpretive themes. Table 5.1 (p. 215) displays the reduction of findings themes.

Theme: A Helpful Counselor

Eight of the ten participants had a female family counselor. All of the eight expressed a preference for a woman. Of the two women who had a male counselor, one insisted that she had no preference for counselor gender, but she found the intervention of a female supervisor meaningful. The other specifically wanted a male counselor for his perspective.

The participants articulated the following attributes important to a family counselor: a friend, respect and caring, understanding, and flexibility. Participants listed the following behaviors important for a counselor: working and forming a relationship with the children, offering alternatives, listening, not judging or blaming, remembering, working with the school, and being prepared.

Theme: The Family Counseling Process

Participants talked about the need for professional help, their prior expectations, participation of family members, the positive and negative elements of the counseling experience, and outcomes. Participants’ prior expectations were: an individual focus and a quick fix. A concept common to four of the women was the partner or husband’s participation (or lack thereof) in counseling. Participants described their positive
counseling experience in terms of family involvement, lack of cost, and the value of seeing a different perspective. The women articulated three areas of negative aspects: logistics, focus, and intrusion.

Theme: Being a Woman and a Mother

Participants talked about being a woman and motherhood. Their comments about being a woman were on the subjects of women, men, and age. According to the participants, the attributes of women are: strength, caretaking, the ability to perform multiple tasks, and equality with men. Women have to work harder, are paid less, and when they are employed outside the home, still have the entire responsibility of all things domestic. Men are "selfish," "heavy-handed," and do not work as hard as women.

Participants commented on mothers, single mothers, and dads. Six women articulated the requirements for the job of mothering: having to take responsibility for the well being of their children, caretaking, being a good listener, and not being critical. Five women talked about enjoying the job of mother. Three talked about the special bond between mother and child. Three single mothers talked about being on their own with no reinforcement.

Theme: Validation

Eight women discussed their need for validation, either as a woman, as a mother, or both. Three had questioned their personal worth or value at one time or another. Seven women questioned their ability to mother and had wondered if they were bad parents. Participants talked about getting validation from the family counselor, from counseling, from parents, from friends, and from the workplace. The validation they got from family counseling affected them positively as women and as mothers.
**Theme: Family Relationship and Influences**

Theme content was divided into race and ethnicity, growing up, and adult relationships. Six women talked about their ethnic backgrounds. Six women talked about growing up, in terms of gender roles or with family.

Six women talked about their interpersonal relationships in adulthood. Five discussed partnerships: spousal abuse, bi-racial relationships, divorce, a blended family, and a same-sex relationship. One discussed her close relationship with her sister.

**Theme: Working With the School**

Three women talked about working with their child's school, in terms of the working relationship, labels, and the role of the family counselor. Only one woman perceived the working relationship with her child's school to be helpful. The other two working relationships were adversarial. Two out of the three women discussed the effect of labeling by the school, and two out of the three found the intervention of the family counselor to be helpful.

This chapter has presented the cross-case analysis of themes and ego development levels. Chapter Six will present discussion of the Grand Tour Question and the four Research Sub-questions, followed by implications for future research, counselor education and training, and family counseling practice.
CHAPTER SIX
CONCLUSIONS AND IMPLICATIONS

Chapter Four presented the analysis of each participant, including findings themes (with related sub-themes), individual ego development level, and researcher interpretation. Chapter Five presented the next step in data reduction: cross-case analysis of themes and ego development level. Chapter Six will present answers to the research questions (including a phenomenological profile), discussion of additional findings, implications for research, counselor education, and family counseling practice, and a personal statement of growth.

Research Questions

The grand tour question for this study was: What is the experience of women as clients in family counseling? Sub-questions were:

1) From the perspectives of the women in this study, what is the nature of the client-counselor relationship?

2) What are the roles of age, gender, class, race and ethnicity in their counseling experience?

3) Using Loevinger’s (1976) framework for assessing ego development level, how did these women make meaning of their counseling experience?

4) Is there a correspondence between the level of complexity in their constructions of the counseling experience and their assessed level of ego development, using the Washington University Sentence Completion Test (SCT)?
Grand Tour Question

A phenomenological approach to this research project provided the means for profiling, for distilling the elements that made up these women's counseling experience into the attributes or characteristics representative of that experience, thereby giving the reader a greater understanding of the experience itself. The description that follows is in no way intended to represent the experience of all women in family counseling.

Phenomenological Profile

The majority of these women were single mothers. Fewer than half were married and living with male spouses. The participants defined themselves as caretakers and nurturers; they believed in the strength of women. Their strength and identity came from examples set by family: parents and ancestors. They also believed that it is hard to be a woman: a woman has to work harder than men, she is paid less, and her work is never done.

The women in this study preferred a female counselor to a male because women understand other women much better than do men. It was important to them that their counselor understand them and their day-to-day struggles; the single mothers, in particular, found their situation to be somewhat unique and believed that a male counselor would not understand it. The only reason to have a male counselor would be to get a male perspective for a partner or son, although two of the single mothers thought that their sons listened to men better than they did to their mothers.

The women looked for a counselor who could be a friend and who would demonstrate respect and caring, not only for them, but also for all other family members. It was important to feel respected. The women wanted flexibility in a family counselor,
someone who would consider and respect their viewpoints and perceptions. They appreciated being a part of decision-making and sharing ownership of sessions and the counseling process itself. It was important that the counselor be supportive and available.

The most critical counselor behavior was the willingness and ability to form a relationship and work well with the children. Working well with the children meant relating to each one individually, including them into the work being done in session, and providing opportunities for therapeutic play, such as artwork. This behavior was crucial to the counseling process; without the demonstration of this ability firmly in place, these women could not have continued with or benefited from family counseling. They certainly would not have been able to trust the counselor. Motherhood was such an integral part of their identities that failure to work with their children would have meant failure to work with the women. In fact, during the interview process the women were initially unable to separate their own counseling experience from that of their children. Upon reflection, I began to see what I termed an “identity fusion,” of sorts. It seemed to me that although men may be able to compartmentalize the facets of their identity (for example, a lawyer, a father, a golfer), for these women, at least, once they became mothers, their motherhood pervaded all other areas of their identity.

It was also important to these women that their counselor not tell them what to do nor solve their problems for them, but, rather, offer them suggestions and alternatives, using a respectful approach. These women wanted to be heard; they wanted their counselors to listen carefully to them, as well as to the other family members. The women did not want to be judged or blamed by their counselors; there was enough of that out in the world at large. They also liked it when the counselor remembered small things,
the details from one session to the next; this behavior let them know that they were important and worth remembering.

All the families were referred by school systems, and all counselors at this clinic are encouraged to act as liaison with school personnel and become involved in some capacity, in order to help the family. The majority of the participants did not discuss their counselor’s involvement. The majority of those who did bring up the subject had experienced an adversarial working relationship with their sons’ school, to say the least. From the women’s perspectives, school personnel were intimidating and demeaning; they demanded the boys be put on medication and were inconsiderate of the women’s circumstances and points of view. For these women, the counselor’s school involvement was extremely helpful and contributed to the overall success of their family counseling experience.

As women/mothers, these women believed that being a caretaker was a great part of who they were. They felt a strong sense of responsibility for the welfare of their families, especially their children, and they enjoyed being mothers. They believed that mothers have a special bond with their children and that fathers do not have the same kind of relationship with their offspring. These women were working outside their homes as well as caring for their families. They were the ones who were responsible for bringing their families to family counseling, and they came when they recognized the need for professional help for their children. In the search for such help, they did not consider that family counseling might help them to deal with their own problems; the process was going to be for and about the kids. It came as somewhat of a surprise to them to learn that family counseling process focuses on how all family members interact.
systemically, and not just on the behavior of individual children. Even though they may have felt the need for their children to get some individual counseling in addition to the family work, the women came to appreciate the rationale for and experience of whole family participation.

These women believed that mothers and fathers have totally different ideas about the value of counseling, and men do not share women's concerns about children. They believed that if they had been dads, they never would have come to counseling in the first place. Even if they had come, they probably would have gotten up and walked out because of the kinds of things discussed in session. Their husbands' and male partners' participation turned out to be problematic. Although the women set aside all other obligations in order to be present, their male partners either refused to come at all, or they missed sessions because of conflicts at work. Adult male family members appeared to be less committed to family counseling.

As stated above, the women appreciated the involvement of the entire family. Sessions were a time when there were no distractions, and, like it or not, family members discussed their problems and exchanged viewpoints. For some families, such sessions may be the only time that they can sit down together without being distracted by friends, phones, television, or the internet. The women also were grateful that the clinic provided services free of charge. Most were on a limited budget; paying for counseling would have been a hardship.

Family counseling proved to be a positive and helpful experience for these women; however, the experience did have negative elements. Trying to fit counseling into schedules that were already overloaded was hard. The women experienced
frustration with logistical problems, such as the difficulty in finding parking, driving long
distances, or trying to handle a tantrum in a small treatment room with everybody else
around. Between the child's school schedule and the counselor's school calendar, there
were numerous occasions when sessions were cancelled. Those breaks were particularly
inconvenient if they occurred at a time when the women needed some extra support and
help.

These women needed help with their children's behavior, but they also needed
someone to reassure them that, as women and mothers, they were okay. Growing up with
stereotypical gender roles that relegated women to inferior status had done nothing to
foster feelings of self-worth. Mothers all, they felt the weight of the blame and judgment
placed on mothers by our society. They worried about how well they were mothering.
The single mothers, in particular, needed support and reinforcement because they carried
alone the full responsibility of their families; they wished for a backup. Even if the
women were able to get validation from parents, a sister, female friends, or their
workplace, they still came into family counseling needing more.

Fortunately, these women received a tremendous amount of support and
reassurance from their family counselors. This type of support went beyond reinforcing a
mother's parenting in session; it reinforced for these women that they were doing a good
job as mothers and that they were worthy human beings. The counselors' statements
were the vehicle for validation. The women felt reassured, not because of things that the
counselors did, but because of things the counselors said. The counselors' words were
powerful and extremely important to the women's self-concept. Through these words
they came to believe that they were valuable women and competent mothers. Although
the women themselves did not attribute feelings of validation to counselor behaviors, as a counselor/researcher, I believe that behaviors were involved. The counselors' friendly demeanor, demonstrations of courtesy and respect, preparedness for session, and willingness to listen and to be available all contributed to conveying the impression to the women that they were important and worthy of respect.

In addition to personal validation and reassurance, the women received help with a variety of other issues. All of them got parenting help, such as limit setting and consistency, the value of displaying affection, communication skills, and practical methods for dealing with ADHD. Two of the heterosexual couples enjoyed working with their counselors on couples’ issues; however, the same-sex couple expressed dissatisfaction that their counselor did not provide a forum for them to explore issues pertaining to their relationship as a couple. A single mother and her male partner worked with their counselor to define and cope with some of the problems they faced as a blended family. That same single mother had two bi-racial children; until the counselor initiated a discussion with her of salient multicultural issues, she had never considered that her children might be experiencing trouble outside the home.

The women found this assistance to be extremely helpful. In the words of one woman, "[Counselor] made us realize that we don’t have to deal with things the same way. . . . I guess because we have been given these tools and know what the steps are to fix problems. . . . At the end was joy and peace and fulfillment."

Comparison to Literature

The participants’ awareness that life is harder for women and mothers than it is for men is consistent with feminist thought and is echoed in that literature. During the
last few years, much has been written about the experience of women in families. Goodrich (1991) stated,

It is exactly in the family that women’s oppression and men’s power are enacted most plainly and personally. The reproduction of patriarchy occurs through family structure and family process, from who serves the coffee to who drives the car, from who pursues conversationally to who has the last word, from minor acts of deference to major decision-making. The lessons are lost on no one (p. 11).

Women who work outside the home are paid less than men for the same job; these same women still carry a disproportionate share of family responsibility inside the home (Walsh, 1993, McGoldrick, 1999a). Traditionally, women have had the responsibility for all family caretaking and nurturing, jobs that are de-valued by society (McGoldrick).

In agreement with the literature (Boss & Thorne, 1989), the women in this study were responsible for taking the initiative and bringing their families to counseling; they also attended more sessions than did their husbands or male partners. Eight of the participants expressed the preference for a female counselor because women empathize with other women more than do men. Of the remaining two participants, one insisted she had no preference (although admitting that intervention by a female supervisor meant more than that coming from a male), and one wanted a male counselor in order to get a man’s perspective. In a qualitative research project designed to investigate women’s counseling experiences (no description of treatment modality), Cannon (1988) found that although most of the 30 participants described feelings of rapport with a female therapist, a few mentioned wanting the approval of a male therapist. However, in an ethnographic study conducted by Gehart and Lyle (2001), four of the seven female participants

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reported feeling a greater sense of connection with a female therapist, while three appeared to prefer a different-sex therapist. These researchers drew participants from couples, family, and individual counseling and did not specify the treatment modality of the female participants.

Counselor qualities such as friendliness, empathy, respectfulness, flexibility, and supportiveness were important to the women in this study. Other research has shown therapist acceptance, respect, empathy, caring, support, and friendliness to be important to clients and to the formation of the counselor-client relationship (Howe, 1996; Kuehl, Newfield, & Joanning, 1990). Flexibility as a therapist quality important to clients was not mentioned by these researchers. Lack of respect for women has been additionally demonstrated by the higher frequency of therapist interruptions of women than of men (Werner-Wilson, Price, Zimmerman, & Murphy, 1997).

The counselor's willingness and ability to work with their children proved to be extremely important to the women in this study, and, thus, to the course of family therapy. Much literature exists on the value of including children in family therapy, as well as guidelines for how to incorporate children into the process; however, it is a fact that children are often excluded (Lund, Zimmerman, & Haddock, 2002; Miller & McLeod, 2001). Research on clients' feelings about and responses to such inclusion is lacking, especially from the perspective of mothers. This particular finding may speak to a mother's role as caretaker so ingrained within her identity, and it may also reflect a feminist and systemic perspective that each part of the system is important and that context is crucial for interpretation.
The family counselor's involvement with a child's school proved to be an important factor for some of the women. Again, such a response is not inconsistent with the feminist insistence upon the importance of context. School-aged children are members of a social system that includes both family and school, and it is important to bring both together (Davis, 2001; Rotter & Boveja, 1999). The literature, however, reflects the importance of school/family therapist collaboration from the viewpoint of school and therapy professionals (Adelman & Taylor, 2000; Doerries & Foster, 2001; Evans & Carter, 1997; Millard, 1990; Nicoll, 1992; Ponec, Poggi, & Dickel, 1998; Uphold & Graham, 1993), but not from the perspectives of the families themselves, particularly mothers.

The women in this study appreciated that free counseling services were provided by the clinic. Financial cost has been shown to be a negative aspect of therapy (Cannon, 1988).

According to McGoldrick and Carter (1999), "Our culture lacks any established patterns or rituals to help us handle the complex relationships of acquired family members" (p. 417). A divorced single mother living with a male partner liked the assistance she received regarding problems of blending families. Major clinical journals have neglected clinical issues with single-parent families, and few articles have dealt with the problems of remarriage and/or stepfamilies; single-parent families headed by an unmarried parent have been virtually ignored, as has been cohabitation (Leslie & Morton, 2001). That same single mother discussed with her therapist, for the first time, the issues
surrounding her marriage and divorce to a Black man and their two bi-racial children. The family counselor was the one to introduce and pursue the topic; not all counselors do (Crohn, 1998).

Single mothers may view counseling as “just one more time-consuming burden” (Anderson, 1999, p. 402). In a departure from those negative aspects found in the professional research literature (Cannon, 1988; Chambless & Wenk, 1982; Jones & Zoppel, 1982; Kuehl, Newfield, & Joanning, 1990), logistical problems, holiday breaks, and the “intrusion” of counseling into an overly full schedule were listed by these participants as negative elements of their counseling experience. The two participants in this study who were partners in a same-sex relationship expressed dissatisfaction that their counselor would never address relationship issues that they brought up (with the children absent from session), but instead continually refocused on the children. In a study conducted by Kuehl, Newfield, and Joanning (1990), dissatisfied clients tended to think that the therapist had tunnel vision and did not respond appropriately to their presenting problems and needs.

Participants in this study appreciated a nonjudgmental counselor; they did not want to be blamed or judged by the helping professional, as they believed they were by others. “Mothers are particularly vulnerable to blame and guilt because of societal expectations that they bear primary responsibility for the care and well-being of homes, their husbands, their children, and their aging parents” (McGoldrick, 1999a, p. 115).

Mother blaming by therapists has received a great deal of attention in the literature, with mixed results. Caplan and Hall-McCorquodale (1985) found mother blaming to be prevalent in the contemporary professional literature. Jones and Zoppel
(1982) found results suggesting that female clients were more likely than male clients to experience deprecation and blame from their therapists. Stabb, Cox, and Harber (1997) suggested that female clients were blamed by therapists for negative relationship outcomes. Haddock, MacPhee, and Zimmerman (2001) found that about half of the therapists studied held the female client primarily responsible for family/couple problems. These researchers found many instances of "behaviors that were pathologizing and overtly disrespectful of female clients" (p. 495). Cannon (1988) found that female clients indicated acceptance by their therapist to be a beneficial aspect of therapy. Therapists conveyed their acceptance of clients by not being judgmental or rejecting, but supportive and nurturing. In contrast, McCollum and Russell's (1992) study designed to investigate if therapists' evaluation of families were indicative of mother blaming yielded no significant results.

The women in this study expressed the need for validation, as women and as mothers. Ellis and Murphy (1994) stated,

Our society, then, is organized around the subordination and de-valuation of women . . . For women of color, women with disabilities, women of lower socio-economic status, old women, and women who are perceived as nonheterosexual, the discrimination, oppression, and violence are multiplied (pp. 49-50).

According to these writers, the damaging effects of this subordination invade all major areas of a woman's life, including her identity, self-concept, and interpersonal relationships. The problems are compounded for single mothers, who are viewed negatively by society and who lack backup and reinforcement at home (Hicks & Anderson, 1989). Richards and Schmiege (1993) found that being the only adult at home
and having to juggle work and family responsibilities was difficult for single parents. Social support systems composed of family and friends seem to be helpful to single mothers (Goldberg, Greenberger, Hamill, & O'Neil, 1992; McLanahan, Wedemeyer, & Adelberg, 1981).

Participants in this study treasured the validation given them by their counselors. This validation came from direct counselor statements and respectful behaviors, echoing Cannon's (1988) findings. Cannon found that clients' feelings of validation appeared to be the result of therapists' affirming behaviors and statements.

**Summary**

The participants' awareness that life is harder for women and mothers than it is for men is consistent with feminist thought and is echoed in that literature. In agreement with the professional literature (Boss & Thorne, 1989), the women in this study were responsible for taking the initiative and bringing their families to counseling; they also attended more sessions than did their husbands or male partners.

The women in this study preferred a female counselor to a male because women understand other women much better than do men. Cannon (1988) found that although most of the 30 participants described feelings of rapport with a female therapist, a few mentioned wanting the approval of a male therapist. However, in an ethnographic study conducted by Gehart and Lyle (2001), four of the seven female participants reported feeling a greater sense of connection with a female therapist, while three appeared to prefer a different-sex therapist.

Counselor qualities such as friendliness, empathy, respectfulness, flexibility, and supportiveness were important to the women in this study. Other research has shown
therapist acceptance, respect, empathy, caring, support, and friendliness to be important to clients and to the formation of the counselor-client relationship (Kuehl, Newfield, & Joanning, 1990).

The most critical counselor behavior was the willingness and ability to form a relationship and work well with the children. Research on clients’ feelings about and responses to such inclusion is lacking, especially from the perspective of mothers. The family counselor’s involvement with a child’s school proved to be an important factor for some of the women. Again, such a response is not inconsistent with the feminist insistence upon the importance of context. The literature, however, reflects the importance of school/family therapist collaboration only from the viewpoint of school and therapy professionals.

Participants in this study appreciated a nonjudgmental counselor; they did not want to be blamed or judged by the helping professional, as they believed they were by others. Mother blaming by therapists has received a great deal of attention in the literature, with mixed results. The women also were grateful that the clinic provided services free of charge. Trying to fit counseling into schedules that were already overloaded was hard, and the women experienced frustration with logistical problems.

The women expressed the need for validation, as women and as mothers. They treasured the validation given them by their counselors. This validation came from direct counselor statements and respectful behaviors, echoing Cannon’s (1988) findings.
Sub-question One

From the perspectives of the women in this study, what is the nature of the client-counselor relationship?

Discussion

For the women in this study, the counselor-client relationship was respectful, caring, and collaborative. Shared characteristics built the foundation for the relationship, whether those characteristics were based on gender or racial/ethnic commonalities.

Respect was important to the women; it was also a powerful vehicle used by the counselors for indirectly conveying validation. The women described not only the counselor’s respect for them as women and mothers, they also described the counselor’s respect for all family members, especially the children. Thus, the respectful and caring nature of the counselor-client relationship was not reserved simply for the women themselves, it was extended to everyone. As discussed above, the inclusion of every family member was vital to these mothers; however, the women enjoyed a special relationship of their own with their counselors. Respect was reciprocal and mutual between the women and their counselors; they were friends.

The relationship was one of caring and compassion by the counselor for all family members. These women felt understood by their counselors. They experienced the counselor-client relationship as supportive and reassuring. The relationship was nonjudgmental; the women did not feel blamed in any way or held accountable for their family problems. For the same-sex couple, however, the experience was a little different. Although one of the partners had had a close relationship with a former family counselor, the relationship with the current counselor was distant and not as friendly. Unlike the
other eight women who had caring and respectful relationship with their counselors, these women were dissatisfied with this particular part of the counseling experience. In this instance, the counselor’s caring and concern for the children kept the family coming, despite the absence of a warm client-counselor relationship.

The client-counselor relationship was collaborative, flexible, and open. The women knew that their complex lives and busy schedules were being considered and respected. They also knew, even though the counselor might have a plan for the upcoming session, that they could change the course and focus of the session, based on their need and/or desire to do so. The relationship was non-directive, in the sense that the counselors did not tell the women what to do or attempt to “fix” the problem. Instead, counselors offered respectful suggestions for alternative behaviors and solutions, framing these suggestions as ideas possibly not thought of by the clients. For these women, the client-counselor relationship was the single most important element of their experience; it was the stage upon which therapy took place.

Comparison to Literature

The quality of the counselor-client relationship has been shown to be “a significant determinant of beneficial outcome across diverse therapy approaches” (Bachelor & Horvath, 1999, p. 133). Indeed, the relationship itself is capable of producing change (Bachelor & Horvath) and is critical to therapy (Asay & Lambert, 1999). “If there could be said to be a ‘gold standard’ finding in the MFT research literature, it would be that the quality of the client-therapist relationship is the sine qua non of successful therapy” (Sprenkle, Blow, & Dickey, 1999, p. 334). To paraphrase Cannon’s (1988) statement that “therapy was a relationship” (p. 60), therapy for the
women in this study was defined and made possible by their relationship with their counselors.

In this study, participants’ descriptions of their client-counselor relationship were consistent with the type of relationship advocated by feminist writers: one marked by empathy, mutuality, and collaboration (Marecek, 2001; Raynes, 2001). In feminist family therapy, “therapists validate women's experiences, skills, and strengths, and collaborate to generate goals for the client” (Bryan, 2001, p. 107). The collaborative element is a crucial ingredient, and the client's willingness to collaborate with the counselor is essential (Bachelor & Horvath, 1999). Although it is not possible for the counselor-client relationship to be truly equal, “a collaborative stance gives clients more power to determine the direction and pace of therapy. It is respectful of clients’ competence and knowledge about themselves” (Marecek, 2001, p. 314).

In the field of marriage and family therapy, research on the therapeutic relationship has been neglected (Werner-Wilson, 1997). Women engaged in various treatment modalities continue to feel blamed by therapists (Cannon, 1988; Chambless & Wenk, 1982; Jones and Zoppel, 1982; Leslie & Clossick, 1992; Walsh & Scheinkman, 1989). However, research has shown that therapist acceptance, respect, empathy, caring, support, and friendliness are important to clients and to the formation of the counselor-client relationship (Bischoff & McBride, 1996; Howe, 1996; Kuehl, Newfield, & Joanning, 1990). These qualities are “absolutely fundamental” to the establishment of an effective therapeutic relationship (Asay & Lambert, 1999). They are also related to positive outcomes (Lambert & Bergin, 1994; as cited in Asay & Lambert). When clients have described a poor counselor-client relationship, they have usually done so in the
context of a counselor who acted contrary to the client’s perceived desires and needs and who was critical or insensitive (Bachelor & Horvath, 1999).

Summary

“If there could be said to be a ‘gold standard’ finding in the MFT research literature, it would be that the quality of the client-therapist relationship is the *sine qua non* of successful therapy” (Sprenkle, Blow, & Dickey, 1999, p. 334). In this study, participants’ descriptions of their counselor-client relationship were consistent with the type of relationship advocated by feminist writers: one marked by empathy, mutuality, and collaboration (Marecek, 2001; Raynes, 2001). For these women, the client-counselor relationship was respectful, caring, and collaborative. Respect was important; it was also a powerful vehicle for indirectly conveying validation. Respect was reciprocal and mutual between the women and their counselors; they were *friends*. The relationship was one of caring and compassion by the counselor for all family members. These women felt understood by their counselors. They experienced the relationship as supportive, reassuring, and nonjudgmental; the women did not feel blamed in any way or held accountable for their family problems.

In the field of marriage and family therapy, research on the therapeutic relationship has been neglected (Werner-Wilson, 1997). Women engaged in various treatment modalities continue to feel blamed by therapists. However, research has shown that therapist acceptance, respect, empathy, caring, support, and friendliness are important to clients and to the formation of the counselor-client relationship (Kuehl, Newfield, & Joanning, 1990). When clients have described a poor counselor-client relationship, they have usually done so in the context of a counselor who acted contrary
to the client’s perceived desires and needs and was critical or insensitive (Bachelor & Horvath, 1999).

**Sub-question Two**

What are the roles of age, gender, class, race, and ethnicity in their counseling experience?

**Discussion**

**Age.**

The participants’ ages did not seem to play a significant role in their counseling experience, except in comparison to their counselors’ ages. The youngest woman, Melissa, was in her late 20s; five women, Catherine, Mary, Judith, Christie, and Diana, were in their 30s; Kara, Sarah, and Kathy were in their early 40s; Vivian was in her early 50s. Only two women, Christie and Diana, had a counselor older than they; all the rest of the women had counselors who were younger.

Catherine, older than her male counselor, commented negatively on his youth and relative inexperience as a counselor. It was ironic, however, that she had a younger brother to whom she was close, and it was easy for her to be overly friendly with the counselor, whose age and inexperience initially prevented him from maintaining a therapeutic distance from the family. Although Catherine, Kathy, and Melissa talked about the fact that their counselors were younger and did not have children, only Catherine stated the belief that a non-parent counselor hindered the course of therapy. She insisted that she knew more about parenting than he did, and she rejected his attempts to explore alternative ways of parenting. While she did not find his inexperience with parenting to be helpful, she nevertheless said that she liked the idea of
a young student counselor because he “tried harder.” Most participants did not talk about
the age of their counselors. It is my belief that the closeness of the counselor-client
relationship enabled them to see beyond their counselors’ age and inexperience,
relegating those factors to a lesser importance.

Gender.

Many of the important aspects of the role played by gender have been discussed
previously (discussion of the Grand Tour question). Obviously, the gender of the
counselor mattered to most of the participants. Those women who expressed a
preference for a female counselor cited understanding, trust, and empathy as reasons. It
would have been more difficult, in some cases almost impossible, to form an effective
working relationship with a male counselor. Without the relationship in place, there
could be no therapy. Only three of the participants, Mary, Christie, and Diana, had a
counselor who was a mother; Mary discussed the fact that she was able to feel
comfortable in counseling because the counselor/mother had a young child. This
counselor normalized the behavior of the client’s toddler in the sessions and used self-
disclosure to put the woman at ease.

Of the two women who had male counselors, Catherine thought the situation to be
beneficial for her husband, in terms of rapport and comfort, although she thought that a
female counselor would know more about parenting and being a mother. The other,
Melissa, specifically asked for a male counselor in order to get a “man’s perspective” for
her sons. In her case, having a male counselor was probably more important for her than
for her sons because she was dealing with the abandonment, first, of her father, and
second, of her husband. The transference was powerful and integral to the therapy.
Gender is significant to their experience if we consider that it was these women who sought out counseling and brought their families. Several of them were familiar from their childhoods with the close mother and peripheral father pattern of family interaction. It was not the men who marshaled the troops and got everybody to sessions. As Catherine said, if she had been the dad, she would not have had to make the appointment; she could have just shown up. These women felt a strong sense of responsibility for the welfare of their children and wanted to do what was right for them. They also attended more sessions than did their husbands or male partners. It was the women themselves who insisted that if they were dads, they either would not have come to counseling in the first place, or they would have gotten up and walked out at some point. Interestingly, Diana, Christie's female partner, began to attend counseling regularly with Christie's family, just one week after she moved into their home.

Nine out of the ten women talked about needing and receiving validation and reassurance from their counselors. A great deal of inner conflict was generated by their concerns with how they were mothering their children. Living with stereotypical gender roles as children and as adults produced added burdens to their self-concepts, which were discussed during the family counseling process.

Class.

Class apparently had little impact on the counseling experience of these women. The most significant aspect was that services were provided free of charge; these women would probably not have been able to afford counseling otherwise. The fact that no one paid for services leveled the playing field and removed any taint of inferiority. Lack of transportation was also a problem for Mary's family. They did not have a car large.
enough to hold everyone. For a few weeks, Mary attended with two or three of their five children, until she and her husband were able to afford the purchase of a minivan.

*Race and ethnicity.*

All seven counselors, six females and one male, were Caucasian. One of the female counselors, however, was German and was preparing to marry a Black American male. Because her client, Judith, had spent time in Germany and also had three bi-racial children, race and ethnicity provided a connection, a common ground upon which to forge a relationship. By the same token, because nine out of the ten participants were either full or half Caucasian, they also shared race and ethnicity with their counselors. Most said that family counseling had no impact on their race or ethnicity.

*Comparison to Literature*

There is little research to date on the roles of age, gender, class, race, and ethnicity in the counseling experience of women; as a result, there is little to which the current conclusions can be compared. The feminist critique has itself been criticized for seeming to ignore the potentially powerful differences in the therapeutic experience of women of varying race, ethnicity, class, age, and sexual orientation (Bryan, 2001; Leslie, 1995; McGoldrick, Almeida, Preto, Bibb, Sutton, Hudak, & Hines, 1999). The dominant feminist discourse of gender oppression has suppressed the many faces of women's experience across the broad spectrum of race, class and ethnicity and assumes that women of color and immigrant women enjoy the same power and privilege as do White women (Almeida, 1998). Gender, race, class, and culture experience influence the way in which people seek and receive help, and feminist family therapists have not considered how these social inequalities may affect therapeutic relationships (Korin, 1994). This
criticism has resulted in recent efforts to delve beyond the monolithic view of gendered experience (Almeida & Hernandez, 2001; Leslie, 1995), although feminist writers still describe male-dominated hierarchical systems in the field of family therapy, as well as an absence of discussion about the politics of race, culture and sexual orientation in counselor training (Almeida, 1998).

Publications on this subject in the prominent journals during the past few decades have included practice models, techniques and training guidelines as the major focus (Leslie & Morton, 2001), but have neglected within-group characteristics in research into gender as a process variable, leaving the field of feminist family therapy training “suspended at the level of ethnicity and group stereotypes” (Almeida & Hernandez, 2001, p. 248). A growing body of literature talks about the practice of gender and culturally-sensitive family therapy, but few studies are being conducted that actually ask clients, particularly women, about their therapy experiences related to these topics (Green, 1998). In a study designed to examine the effects of both therapist and client gender on the behavior of individuals engaged in family therapy, Newberry, Alexander, and Turner (1991) found that “male clients may feel more comfortable in yielding authority to a male rather than a female therapist” (p. 160), supporting Catherine’s reasoning.

Most existing research on racism and therapy has focused on “black-white interactions,” ignoring other racial minority groups (Laszloffy & Hardy, 2000, p. 36). Very little research on client families’ perceptions of the relationship between ethnicity and family counseling exists (Nelson, Brendel, Mize, Lad, Hancock, & Pinjala, 2001). By interviewing family therapists, Nelson et al. found disparate viewpoints. Some of the practitioners interviewed believed that clinicians are more concerned with issues of
ethnicity than are clients themselves; others believed that clients would find therapy more beneficial with a therapist of similar ethnicity. Gregory and Leslie (1996) found that Black female clients, as opposed to Black male clients, reported a more positive initial session when working with a Black therapist than with a White therapist. However, therapist race did not appear to have any effect upon White clients' assessment of an initial session. Other research has suggested that therapist ethnicity does not matter as much to clients as being understood (Sheets, 1997; as cited in Nelson et al. 2001).

Research into children's involvement in family therapy has virtually ignored multicultural, low income, gay or lesbian, and disabled families (Lund, Zimmerman, & Haddock, 2002).

There is little research on the effect of therapist or client age on the course of therapy. However, inexperience on the part of therapists does not appear to adversely affect the strength of the counselor-client relationship. Early findings were mixed (Coppersmith, 1980; Whitaker & Keith, 1981), but later research has not shown a difference between seasoned and novice therapists regarding client ratings of therapist warmth, friendliness, or understanding (Bachelor & Horvath, 1999). In a study conducted by Lyman, Storm, and York (1995), results indicated, "a diversity of life experience had little relationship with clients' ratings of therapeutic outcome" (p. 201).

Research has shown the negative impact of social class and poverty on individuals and families; this topic is relevant to family therapy in light of the increasing numbers of women and children who face financial hardships (Ziemba, 2001). Literature focusing specifically on the impact of class and poverty on family therapy is scarce (Ziemba).
Summary

The participants' ages did not seem to play a significant role in their counseling experience, except in comparison to their counselors' ages. One woman, older than her male counselor, commented negatively on his youth and relative inexperience as a counselor. Most participants did not talk about the age of their counselor. It is my belief that the closeness of the counselor-client relationship enabled them to see beyond their counselors' age and inexperience.

Many of the important aspects of the role played by gender have been discussed previously. Obviously, the gender of the counselor mattered to most of the participants. Gender is very likely significant if we consider that it was these women, and not the men, who sought out counseling and brought their families. Nine out of the ten women talked about needing and receiving validation and reassurance from their counselors. A great deal of inner conflict was generated by their concerns with how they were mothering their children. Living with stereotypical gender roles as children and as adults produced added burdens to their self-concepts.

Class had little effect on the counseling experience of these women. The most significant aspect was that services were provided free of charge. Similar racial and ethnic factors of both counselor and client provided a connection, a common ground upon which to forge a relationship.

There is little research to date on the roles of age, gender, class, race, and ethnicity in the counseling experience of women. A growing body of literature talks about the practice of gender and culturally-sensitive family therapy, but few studies are being conducted that actually ask clients, particularly women, about their therapy.
experiences related to these topics (Green, 1998). Very little research on client families’
perceptions of the relationship between ethnicity and family counseling exists (Nelson,
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Research into children’s involvement in family therapy has virtually ignored
multicultural, low income, gay or lesbian, and disabled families (Lund, Zimmerman, &
Haddock, 2002). There is little research on the effect of therapist or client age on the
course of therapy. Inexperience on the part of therapists does not appear to adversely
affect the strength of the counselor-client relationship. Literature focusing specifically on
the impact of class and poverty on family therapy is scarce (Ziemba, 2001).

Sub-question Three

Using Loevinger’s (1976) framework for assessing ego development level, how
did these women make meaning of their counseling experience?

Discussion

As measured by the SCT, ego development levels of participants ranged from E4,
the Conformist stage (one woman), through E5, the Self-Aware stage (three women) and
E6, the Conscientious stage (four women), to E7, the Individualistic stage (one woman)
and E8, the Autonomous stage (one woman). Participants’ constructions of meaning
about the counseling experience ranged from conceptual simplicity at E4 to full and rich
complexity at E8.

E4, the Conformist stage.

Writing of the E4 individual, Hy and Loevinger (1996) stated, “Belonging makes
one feel secure” (p. 12). The shared characteristics of gender and motherhood enabled
the participant at E4 to be comfortable and feel at ease with her counselor. Mary appreciated and found helpful the counselor's concrete, behavioral interventions.

Participants at all stages had initially expected an individual focus on the child. At E4, Mary viewed the situation simply; she expected counseling to be about her oldest daughter and her problems. She was surprised, but did not question, when the focus turned to the entire family. Involvement of the whole family was good because everybody got to talk, but, for Mary, having such an opportunity did not result in an appreciation for the different perspectives expressed. Most of the change that occurred was due to counselor modeling of behavior and specific actions, such as the counselor's gift of a worry book to Mary's oldest daughter.

The Conformist usually subscribes to conventional gender roles; however, nontraditional roles do appear as early as this level (Hy & Loevinger, 1996). Mary was aware that men and women play different roles in the world and in the family. She was just beginning to question the fairness of stereotypical role assignment, but not yet fully engaged in self-reflection that would enable her to consider making changes for herself. Although Mary was aware that gender roles were stereotypically defined in the Scotland of her childhood, she did not seem to connect, in a way that made change possible, that social reality with how she was living her life as an adult.

The meaning of being a woman and mother was thought of simply and related to actions, such as "hard work" and "a lot of responsibility." Discussion of the need for reassurance occurred at all stages and was present at E4 in a way that reflected Mary's dichotomous thinking. She did not question whether she was a good mother, but worried about having enough time for her children. Mary's reasoning was reflective of the
dichotomies of good mother/bad mother, either/or; she was not a bad mother, so she was a good one.

*E5, the Self-aware stage.*

The women at E5 were able to see alternatives appropriate to their perception of family need and could, thus, entertain the idea of a helpful male counselor. For Catherine it was for the comfort of her husband; for Melissa it was the benefit of a male perspective for her son. The women were aware of some give and take within the counselor-client relationship; however, there was still the perception of the counselor as an authority figure. Appropriate to this emphasis on authority, the women appreciated a counselor who was not critical. Although counseling for the women at this level was not a collaborative effort, the women did acknowledge and desire a respectful relationship with their counselor, a stance reflective of the introduction of feelings into relationship descriptions.

Two of the three women at this stage had expected an individual focus on the child who was the reason for referral. Catherine and Melissa were able to see that their child’s behavior affected the family, and so involvement of the whole family was good. However, Catherine continued to be disappointed at the lack of specific help for her son and believed that she had not gotten what she wanted and needed from counseling.

Logistical drawbacks seemed to present the greatest problem for women at this level. Intrusion of counseling into a hectic schedule was voiced by Melissa and Kara, at E7; concerns were much the same, but Kara was able to articulate the problem in a more elaborate fashion.
The Women at this level were aware that women can, and do, perform more than one role at once. As at E4, caretaking and responsibility appeared here as definitions of motherhood; the concepts were presented simply, but with the addition of feelings; women were "nurturing." Greater differentiation occurred at higher levels. Descriptions of the mother-child relationship, which would incorporate feelings at E6, tended to be physical.

These women were aware of societal judgment of mothers because of their children's behavior. There was a certain acceptance of this judgment, and so they came into counseling looking for someone to confirm that they were doing "okay." As at E4, reasoning was simple and somewhat dichotomous: before counseling, they wanted to know if they were okay; after counseling, they were relieved to know that they were. As at E4, the ability to connect present circumstance to past influences was incomplete. Melissa had never considered the impact of a past bi-racial relationship on her family of origin, or on the children born from that relationship.

The nature of Melissa's interactions with her child's school reflected feelings and understanding ruled by the perception of the school as the authority group. She could not initiate dialog or a relationship with the school and was cowed by what she saw as their intimidation of her. It was only with the counselor's support (another authority figure) that she was able to stand up for herself with them.

*E6, the Conscientious stage.*

All four women at E6 preferred a female counselor. However, their reasoning differed from that of the women at lower levels in the addition of the capacity for self-reflection and a growing conceptual complexity. Emotional nuance and differentiated
terms for feelings are present at E6; therefore, the women at this stage were able to recognize and value counselor empathy.

Flexibility as a desirable counselor characteristic appeared at this stage; the word connotes the willingness and desire of the women at E6 to take some of the responsibility for counseling. As used by these women, the word infers a more collaborative relationship than possible with lower levels. Although the word "collaboration" was not used, the women were beginning to share in the structuring of their counseling experience. Judging and blaming also appeared at this stage. Three of the four women at E6 desired a counselor who would not judge them.

The word "trust" as a desirable element of the counseling relationship first appeared at this level, as did the idea of friendship forming part of the counseling relationship. However, this friendship was temporary in nature and served the purposes of therapy; these women only talked about friendship with the counselor in the past tense. When they discontinued counseling, it was with the establishment of a sense of independence that put the counseling relationship in the past.

Women at this stage continued to expect an individual focus on their children. However, as befitting a growing complexity, they came to understand that family members' behaviors impact each other reciprocally. Their appreciation for whole family involvement showed more complex reasoning than that present at E4 or E5; at E6 the women realized that the whole family is a part of the problem, and the whole family must work to correct the problem. With the full recognition at this stage that life brings multiple possibilities leading to choice, getting a different perspective from the counselor was valuable.
The realization that women can, and do, perform multiple roles occurred at E6. Descriptions of mothers in terms of caretaking and responsibility continued from the lower stages, with these women talking about their love for their children and commitment to try to do what was right for them. The E5 simplicity that kids come first was replaced with more elaborate articulations of responsibility and, in Kathy’s case, self-sacrifice.

The hallmark of the Conscientious stage is self-evaluated standards (Hy & Loevinger, 1996). This means that an individual approves or disapproves of something, not because of what the group says, but because of what she herself believes. All four women at this stage expressed self-doubts. Interestingly, three out of the four questioned themselves as women or mothers because of the actions of others. The first indication of actually seeking out someone for validation occurred at this stage. These women also made sense of the effect of validation in a more complex fashion than at lower levels; in contrast to the either/or conception at E5, the women at E6 realized the inevitability of human imperfection. They were able to feel reassured while still acknowledging room for improvement. They did not have to be completely right in order not to be completely wrong. In contrast to the partial awareness of past influences on the present exhibited by E4 and E5, the women at E6 demonstrated greater understanding and self-reflection.

At E5, Melissa was not able to initiate a relationship with her son’s school; however, Kathy, at E6, was able to do so and achieved a positive working relationship with school personnel. Less adherence to the absolutes imposed by an authority group allowed her to approach school personnel with requests and suggestions for helping her son. Her positive relationship with the school was not due to her ego development stage,
however; adversarial relationships between families and schools can occur at any level. At higher levels the greater repertoire of alternatives for relating interpersonally may perhaps afford an improved chance for success.

*E7, the Individualistic stage.*

Kara added another nuance to the preference for a female counselor. In addition to her belief that men do not empathize with women, she personalized and tempered the statement; her reasoning was more individual and related to her personal experience and less general and absolute. The quality of flexibility is full-blown at E7 and E8 and represents collaboration between counselor and client. The theme of non-judgment carried over from previous levels into this one, with the addition of the concept of tolerance; preference for a nonjudgmental counselor was stated explicitly. The theme of friendship between counselor and client was also present at this level, with an added component. An individual at E7 views relationships as changing and continuing over time. Although counseling was over, Kara still fondly thought of her counselor as a friend.

Reflecting true conceptual complexity and the awareness of multiple possibilities, Kara was aware, not only of her son’s different perspective and perceptions, but also of his need and right to be able to express those opinions and perceptions openly. In contrast to previous levels, there was no discussion of an expected time frame for counseling by the women at E7 and E8. At E7, Kara added conceptual complexity to the perception that getting a different perspective is valuable; she recognized that family interaction is familiar, and it is hard to be objective about one’s own family.
Kara elaborated upon the concepts of mother as caretaker and as responsible for her children. There was a continuation of the E6 striving to “do what’s right,” and a subtle change, as well. Whereas the women at E6 wanted desperately to do the right thing for their children, they did not seem to question their ability to be expressive emotionally with them. In contrast, Kara had learned from her counselor that it was “okay to be warm and fuzzy,” in addition to being responsible.

Kara came to counseling needing validation and reassurance, just as did those at previous levels. She continued to question herself as a mother, but her reasoning had moved beyond the E6 response to external actions. She added an element of self-reflection and self-determination; she doubted her ability to parent, partly as a result of the actions of others and partly as a result of reflection on her own childhood and the mistakes she believed her parents had made. In contrast to the lack of, or limited attempts at, obtaining validation from others, as demonstrated previously, Kara had established for herself a network of women with whom she consulted. At E7, she experienced the effect of validation from her counselor much like the women at E6: happiness and satisfaction in improvement, and not necessarily in perfection.

Not only was Kara able to initiate interaction with school personnel, her sense of individuality and complex conceptual ability allowed her to keep trying with them, in the face of significant odds. However, even her strong sense of personality and individuality eventually began to wilt in the face of protracted intimidation and condescension.

_E8, the Autonomous stage._

Individuals functioning at E8 “aspire to be objective and unprejudiced” (Hy & Loevinger, 1996, p. 22). There was a shift away from the preference for a counselor on
the basis of gender to an emphasis on relationship factors as being of primary importance. The counselor could be a male or a female, as long as there was a connection upon which the relationship could be founded. Judith was able to elaborate on her appreciation for the counselor's nonjudgmental approach; she did not feel threatened in any way by any of her counselor's remarks or suggestions and, as a result, was able to use what she heard.

Like those at previous stages, Judith found the involvement of the whole family in counseling to be beneficial, but her reasoning was more complex. She not only accepted the reciprocal nature of and responsibility for family interaction, she accepted that her hierarchical role as mother meant that she must change so that her children could change, too.

Judith elaborated further upon the concepts of mother as caretaker and as responsible for her children. For her, this responsibility had become a spiritual calling and part of her search for self-fulfillment. Like all the others, she doubted her ability to parent and questioned her worth as a mother. She was able to express articulately and movingly her struggles as she sought to come to terms with the inner conflict. Like Kara, at E7, Judith was able to find happiness in improvement; she, however, had relinquished the necessity for perfection.

At E4 and E5 there was little true awareness of the connection between the past and the present. At E6 understanding and self-reflection could lead to growth. At E8, Judith looked to previous experience, not only for possible explanation of present interpersonal relationships, but also for guidance and strength. She was able to make sense of those relationships in a way that assisted her search for self-fulfillment.
In summary, the women’s constructions of their counseling experience progressed in complexity from those of Mary at the Conformist stage, through successive stages, to the full and rich complexity of Judith at E8. The Comparison to Literature section covering Sub-questions Three and Four can be found following the discussion of Sub-question Four (p. 309).

Sub-question Four

Is there a correspondence between the level of complexity in their constructions of the counseling experience and their assessed level of ego development, using the SCT?

Discussion

E4, the Conformist stage.

Writing of the E4 individual, Hy and Loevinger (1996) stated, “Belonging makes one feel secure” (p. 12). Mary felt secure with her counselor because the counselor was, like herself, a woman and a mother. At this level interpersonal relationships are often described in terms of actions and behaviors, rather than feelings; feelings are not differentiated until later stages. Mary had a good relationship with her counselor because the counselor was able to provide concrete, specific, behavioral interventions. Consistent with the Conformist stage, she did not question the authority of the counselor, and she accepted conventional gender roles. However, in behavior more typical of E5, she was just beginning to question the fairness and equality of such roles.

According to Hy & Loevinger (1996), true self-reflection that leads to growth does not appear until E6, the Conscientious stage. At E5 individuals first begin the process of self-examination. If we view behaviors and preoccupations on a continuum of
ego development, we see Mary's connection of her present shyness to childhood experiences as a forerunner of the E6 quality of self-reflection.

At E4, work is viewed as work and responsibility, not as opportunity. Consistent with this stance, Mary viewed her job as a woman and a mother as "hard work" and "a lot of responsibility." Unlike those at E5 and above, she did not question herself as a mother; her concern was that she did not have enough time for her children. This way of reasoning is reflective of mutually exclusive categories of right and wrong, of good and bad. By the standards of her group, she was a good mother.

There was a high level of correspondence between Mary's construction of her counseling experience and her assessed stage of ego development. She scored at the upper end of E4; although most of her constructions were consistent with that stage, she did exhibit some reasoning more typical of E5.

_E5, the Self-Aware stage._

Appropriate to this level, preference for counselor gender was not totally governed by group standards. Although women at each level expressed the preference for a female counselor, the women at E5 were able to see alternatives fitting their perception of family need and could, thus, entertain the idea of a helpful male counselor. In reasoning consistent with the perception at E5 of multiple possibilities in a situation, these women were beginning to be aware of some give and take within the counselor-client relationship; however, they still perceived the counselor to be an authority figure, and counseling was not yet a collaborative effort. In a statement consistent with the E6 ability to combine contradictory alternatives, Catherine said that her client-counselor...
relationship was professional, yet friendly. All three women described this relationship in terms of simple feelings, as well as valued counselor behaviors.

Although Melissa, at E5, and Kara, at E7, both spoke about the problem of trying to fit counseling into a busy schedule, Melissa’s reasoning was conceptually simple: counseling deprived her of one of her days off. Concrete, logistical drawbacks seemed to present the biggest problem for this group of women: driving long distances, trying to find parking, or parenting in a small room. Catherine’s continuing disappointment in the lack of specific help for her son and her insistence that she had not received the help she had wanted and needed in that regard stood in direct contrast to her enjoyment and satisfaction with the marital work she and her husband received. Her ability to incorporate contradictory viewpoints is more consistent with reasoning at E6 than at E5.

The awareness that women are capable of performing multiple roles is in agreement with the E5 awareness of multiple possibilities, and the conception as held by these women was still relatively simple. All three women described the mother-child relationship in terms of simple feelings, as well as behaviors, appropriate to E5.

Objection to gender roles does not appear until E6. The women at E5 were aware that society judges mothers for their children’s behavior, and they accepted this judgment. In consonance with concerns about equality at this stage, both Catherine and Melissa talked about feeling equal to men. In a departure from E5 reasoning, Diana discussed her objections to and feelings about prejudice, a preoccupation found at E6.

At this level, only Melissa described her relationship with her son’s school. Appropriate to E5, which is still “basically a version of Conformity” (Hy & Loevinger,
Melissa’s interactions with her child’s school reflected feelings and understanding ruled by the perception of the school as the authority group.

In summary, there was a moderately high level of correspondence between these three women’s constructions of their counseling experience and their assessed level of ego development, E5, despite the fact that Catherine and Diana exhibited aspects of functioning more characteristic of E6.

**E6, the Conscientious stage.**

Emotional nuance and differentiated terms for feelings make an appearance at E6; these women valued a trusting relationship with a counselor who would not judge them. Consistent with this added complexity, the women at E6 were able to recognize and value counselor empathy. Three out of the four cited this quality as the reason for preferring a female counselor. Christie’s reasoning went beyond preference: she had “problems with men” and tried never to deal with male practitioners. For her, in this area at least, multiple alternatives did not exist, and her thinking was reflective of a lower stage of ego development.

Self-determination is present at E6; individuals perceive themselves as originators of their own destiny and can move further away from adherence to rules imposed by an authority group. This realization, coupled with the E6 strong sense of responsibility and duty, propelled Kathy to initiate a working relationship with her son’s school. Also in line with this level of reasoning, the women at this stage began to share direction and decision-making with their counselors. In striking evidence of change in this area, Vivian contrasted her current feelings of self-respect and determination to stop being
abused with her desire, during previous individual counseling, just to cope with the abuse.

The client-counselor relationship was becoming collaborative, and the women described their counselors as friends, although only within the therapeutic relationship. Advancing along the continuum of increasing complexity, their appreciation for whole family involvement showed more intricate reasoning than that present at E4 or E5, but not as complex as would be seen with Kara, at E7. Valuing the counselor’s different perspective was consistent with the full recognition at E6 that life brings multiple possibilities leading to choice.

The strong sense of responsibility, duty, and priorities was more elaborated with these women at E6 than the simple statement by Melissa at E5 that “kids come first.” All the women at this stage talked about striving to do what was right for their children. However, Kathy’s self-sacrifice in selling her home and giving up her job in order to do what she thought was best for her son is indicative of reasoning at a higher level.

Although self-evaluated standards are an important marker of the Conscientious stage, three out of the four women continued to question themselves because of the actions of others; only Christie’s concerns lacked an external cause. This finding was interesting. Self-evaluated standards mean that the individual approves or disapproves of something because of her own personal beliefs. Additionally, the appearance at this stage of objection to gender roles complicates our interpretation of the women’s reasoning as consistent with E6.

Individuals can, and do, function at more than one stage of development (Hy & Loevinger, 1996). If we decide that the women’s reasoning was reflective of a lower
stage of development, how, then, do we interpret Kara's similar response at E7? One explanation of this behavior may be that in the area of women's search to define identity in the face of established social mores and their own experience, these women were struggling to make sense of this particular issue and were, as a result, experiencing a drop in functional complexity. In other words, the weight of societal standards inhibited their functioning at the preferred stage of E6 and forced them toward conformity in this area. Another explanation may be that these women were dealing with family troubles and mental health issues, factors that increased the pressure on them as women and mothers, pressure that caused a fluctuation in functioning.

Whichever explanation is correct, it is true that these women needed additional support and reassurance from their counselors to be able to trust in themselves. Also of interest is the fact that these women all had female counselors, although, theoretically, at this stage women would be able to establish a validating relationship with a male counselor.

The women at E6 also made sense of the effect of validation in a more complex fashion than at lower levels. In contrast to the either/or conception at E5 (I wondered whether, but now I know), the women at E6 realized the inevitability of human imperfection. They were able to feel reassured while still acknowledging room for improvement.

In summary, the level of complexity in these women's constructions of their counseling experience mostly corresponded to their assessed stage of E6. Reflecting a unique circumstance, Christie experienced a drop in functioning regarding her relationship with men. Only Kathy expressed elements of complexity consistent with a
higher stage. In behavior demonstrating the struggle to define new gender roles, everyone but Christie judged herself because of the actions of others.

_E7, the Individualistic stage._

Most responses are unique at this level of ego development (Hy & Loevinger, 1996). Building upon the belief at E6 that only women feel true empathy with women, Kara personalized and tempered the statement; her reasoning was more individual and related to her own personal experience and less general and absolute. On the subject of counselor flexibility, Kara again elaborated and personalized her response, making it unique to her situation. At E7, flexibility within the client-counselor relationship became "collaboration."

Whereas Melissa at E5 talked about the intrusion of counseling as losing one of her two days off, Kara's comments represented the E7 attempts to find a balance among competing needs, wishes, and obligations. Consistent with reasoning at this level, Kara valued non-judgment: she appreciated having a nonjudgmental counselor. Appropriate to the E7 view of relationships as changing and continuing over time, Kara still fondly thought of her counselor as a friend, although the counseling relationship had ended.

Emotional nuance is present at E6; Kara added even more emotional complexity to the E6 striving to do what was right for her child. She struggled to break down and name the elements of compassion and interpersonal emotion, in order to describe exactly what she had learned from her counselor. Following along the lines of the struggle experienced by the women at E6, Kara questioned herself as a mother partly because of the actions of others. More complex reasoning at E7 was evident in Kara's reflection on
the mistakes her parents had made with her. Using vivid terms and colorful examples, she definitely exhibited the E7 questioning of gender roles.

In an elaboration of the self-determined destiny at E6, Kara developed a network of female friends with whom she could consult. Unlike Kathy at E6, Melissa, at E5, was not able to initiate on her own a relationship with her son's school. At E7, Kara was not only able to initiate the relationship, but her strong sense of individuality, responsibility, and purpose enabled her to persevere in the face of continual intimidation. In thinking reminiscent of E6, Kara demonstrated concern about pretense and hypocrisy. However, true to her sense of individuality, she expressed the determination not to engage in either behavior.

In summary, Kara's constructions of her counseling experience highly corresponded to her assessed level of ego development, E7. Most of her reasoning entailed elaboration of concepts present at former stages. Like participants scoring at previous levels, she, too, questioned her worth because of others' actions; however, her reasoning also incorporated increased self-reflection.

E8, the Autonomous stage.

Judith demonstrated a major shift away from counselor preference based on gender to preference based on relationship factors. The complexity of her reasoning is consistent with the E8 aspiration to be realistic, unprejudiced, and objective, as well as the view at this level that men and women are part of a common humanity. Concepts that appeared simply at previous levels and then grew in complexity at later levels were presented by Judith in emotionally differentiated and vividly conveyed terms.
The concept of collaboration in the counseling process reached a new level; Judith accepted her role as collaborator and spent time between sessions preparing for her participation. Her faith in God and belief that motherhood is a spiritual calling reflected the search for self-fulfillment that is characteristic at E8. Judith's self-doubts represented her struggle to cope with and reconcile inner conflict. Her reasoning was unique in that she had contemplated the nature of perfection and had relinquished it as a goal.

In summary, all ten women demonstrated a complexity in constructions correspondent with their assessed level of ego development the majority of the time. Although, as has been discussed previously, most of the women grappled with the issue of defining their roles as women and mothers, it is safe to say that the modal level of their constructions appeared to be at the stage assessed by the SCT.

Comparison with Literature

In recent years researchers have begun to investigate and analyze clinical problems in terms of ego development, since the theory refers to behaviors and attitudes involved in impulse control, anticipation, responsibility taking, social judgment, and cognitive complexity (Hauser, Powers, & Noam, 1991). The SCT (Loevinger & Wessler, 1970) is used to assess stage of ego development as constructed by Loevinger (1976).

The theory is grounded in data generated by the measure; the one has “bootstrapped” upon the other: This “bootstrapping,” or “reciprocal relationship between theory and systematic data collection, remains an outstanding feature of her approach” (Hauser, 1993, p. 24). A wealth of research has validated this framework for ego development (Cohn, 1991; Cohn, 1998; D’Andrea & Daniels, 1992; Hauser, 1993; Loevinger, 1998a; Loevinger, 1979; Loevinger & Wessler, 1970; Redmore & Loevinger,
1979; Vaillant & McCullough, 1987). However, research using this framework to investigate the experience of women in family therapy is scarce.

Higher levels of ego development have been positively correlated with increased parenting skills (Hauser, Powers, & Noam, 1991). Early research on the relationship between ego development and mothering indicated that mothers at higher levels of ego development "demonstrated greater understanding of their children's behavior and developmental needs, as well as more understanding of their own feelings toward parenting" (Bielke, 1979, p. 61). In a study investigating developmental themes in women's emotional experiences of motherhood, results showed that, in the absence of psychopathology, higher levels of ego development were positively related to positive experiences of motherhood, and lower levels of development were positively related to poorer parenting functioning, with or without the presence of personal distress (Luthar, Doyle, Suchman, & Mayes, 2001).

Ego development occurs along a continuum of conceptual complexity. According to Hy and Loevinger (1996), "There are intrinsic difficulties in assigning behavioral signs to any development level. A sign that appears at one level in tentative or embryonic version appears at higher levels in increasingly clear and elaborated versions" (p. 7). In the current study, the participants' stated need for reassurance and support, for example, increased in complexity from level to level.

Labouvie-Vief (1993) found the search for social support to be related neither to age nor to developmental level; what differentiated the stages was the *reasons* individuals sought support. In a statement that mirrors those made by this study's participants, Labouvie-Vief said that at mature ego levels, "the primary function of seeking social
support is to bounce off one’s views so as to check them against the feedback of others” (p. 34). Research into the conditions necessary for developmental stage growth has delineated five factors, among which is the presence of appropriate support and challenge (Mosher & Sprinthall, 1971; Sprinthall & Scott, 1989; Sprinthall, Reiman, & Thies-Sprinthall, 1993).

Psychological support is needed when clients enter a state of disequilibrium as they give up old cognitions for newer more complex methods of problem solving and understanding. The goal is to manage an appropriate ratio of support and challenge, which varies for each individual (Sprinthall, Peace, & Kennington, in press).

Empathy, in this case coming from the counselor, is important in conveying support during the often challenging period of counseling (Sprinthall, Peace, & Kennington).

Costos (1990) stated that viewing gender roles from an ego development perspective is meaningful because such a perspective makes the assumption that gender role identity is a process instead of a fixed trait. Discussion of ego development functioning in this current study has highlighted the participants’ struggles to redefine gender roles for themselves, exhibiting behaviors that appeared to be out of sync with assessed level of functioning at E6 and beyond. Two concepts are important in understanding this apparent departure: decalage and encapsulation. Decalage refers to the tendency for people to display behavior at more than one level (Hy & Loevinger, 1996). Encapsulation is a term used by Noam (1992):

Our model assumes regression of capacities as well as development in only some domains and contexts. We have labeled one source of these fluctuations as
encapsulations. Encapsulations are old meaning systems that are guided by the cognitive and affective logic that governed at the time the encapsulation occurred. Prone to significant distortions, internalized earlier environments and important others often become tied to powerful meanings and strong emotions (p. 686).

Thus, it is possible that the women were experiencing encapsulations regarding their constructions of gender roles. Luthar et al. (2001) stated that individuals functioning at higher developmental levels “tend to internalize societal demands and values and set relatively rigorous standards for their personal adaptation” (p. 176). When these individuals are not able to live up to these standards, guilt and self-doubt may follow.

Some researchers have found Loevinger’s (1976) framework helpful in the clinical work of establishing goals for clients and selecting appropriate therapeutic techniques (D’Andrea & Daniels, 1992; Noam, 1992; Noam & Dill, 1996). This ego development model views development in terms of increasing complexity, but not necessarily of increasing adjustment; according to the theory, psychopathology can exist at any stage (Noam & Dill). In keeping with the idea of ego development as a continuum of increasing conceptual complexity, researchers have been able to describe appropriate interventions and treatments for individuals functioning at various levels. Tailoring a counseling approach to the client’s developmental level can assist in establishing rapport and producing positive outcomes (D’Andrea & Daniels; Young-Eisendrath, 1988).

In this study, Mary, at E4, found the concrete behavioral intervention and communications modeling helpful. Those women scoring at E6 and higher desired and appreciated the collaborative nature of the client-counselor relationship. For a client scoring at the Conformist stage, E4, or lower, interventions such as contracting,
role-playing, and modeling are appropriate and helpful (D’Andrea & Daniels, 1992; Horowitz, 1998; Noam & Dill, 1996). According to Noam and Dill, clients at the Self-Aware stage, E5, would find a combination of modalities helpful. At higher ego levels, clients are more likely to prefer insight-based and existential interventions, as well as collaboration with their therapists (D’Andrea & Daniels; Noam & Dill).

To summarize, the women’s constructions of their counseling experience progressed in complexity from those of Mary at the Conformist stage, through successive stages to the full and rich complexity of Judith at E8. All ten women demonstrated a complexity in constructions correspondent with their assessed level of ego development the majority of the time. Although, as has been discussed previously, most of the women grappled with the issue of defining their roles as women and mothers, it is safe to say that their modal level of constructions appeared to be at the level assessed by the SCT.

In recent years researchers have begun to investigate and analyze clinical problems in terms of ego development. However, research using this framework to investigate the experience of women in family therapy is scarce. Ego development can be viewed as a continuum, and higher levels of ego development have been positively correlated with increased parenting skills (Hauser, Powers, & Noam, 1991).

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Discussion of Additional Findings

Because I was, once upon a time, doing family counseling in a school setting, I was struck by Melissa, Kathy, and Kara's experiences with their sons' schools. Although this topic has been mentioned earlier, I believe that it is important enough to warrant further discussion.

Children function in a system that includes, but is not limited to, their families and their schools. When families and schools can work together for the good of the children, the rewards are enormous (Davis, 2001; Rotter & Boveja, 1999).

All three of these women were involved with different local school systems. Two out of the three experienced criticism and intimidation. Melissa was completely overwhelmed by her interaction with her son's school. She felt belittled and intimidated. Although federal law states specific guidelines for contacting and informing families about steps in the Child Study process, this particular school appeared to ignore them. Melissa not only failed to receive necessary paperwork, she also did not receive advance notification of meetings, and so she often "went in blind." Once at a meeting, school personnel failed to consider Melissa’s relative ignorance about the process and apparently used language and jargon difficult for her to understand.
In an ideal world, the Child Study process is supposed to be a team effort between parents and school personnel. In the real world, busy school personnel often make only a token effort to include parents or only conform to the letter of the federal law and not to the spirit of it. Melissa’s counselor cleared his schedule for every meeting so that he could support and interpret for her. It was largely due to his efforts that the process had a positive outcome for Melissa.

Kara had different problems with her son’s school. Like Melissa, she was involved in the Child Study process, but she was experiencing intimidation of a different sort. School personnel discounted her by rejecting her repeated suggestions for helping her son. Kara believed that her status as a single mother was a stigma with the school, that the administration automatically classified her and her son as potential troublemakers. During the interviews, I was shocked to hear her describing the principal’s request that she find someone to spank her son. Not surprisingly, this man had lost all potential credibility with Kara. When I talked to her, she was completely disgusted with the entire situation.

Although Kara exhibited a much stronger sense of self than Melissa did and was able to hold her own with school personnel to a greater extent, her counselor proved to be helpful, also. Kara’s counselor played a different role with the school from that played by Melissa’s counselor. She visited the school and spent a great deal of time talking to administration and teachers over the phone, but Kara did not need the amount of support required by Melissa.

Having been involved in a school setting myself, and having supervised beginning family counselors in school settings, I am all too familiar with the circumstances
described by these women. School personnel have a job to do, and most of the time they
do that job professionally and competently. However, it has been my experience that
families are sometimes viewed as outsiders and a hindrance to the process of education.
The benefits of family counselors "going to bat" with schools on behalf of their client
families cannot be overestimated.

Implications

This study has certain limitations. Although the field of marriage and family
therapy is international in scope, my training and experience has been in the United
States. I believe it is necessary to state this perspective because there is some cultural
variation throughout the world (Leslie & Morton, 2001). As is true with all qualitative
projects, this report is meant to convey the experiences only of the people involved. I do
not make any attempt to apply these findings and conclusions to the larger population of
women. Experience is individual; to generalize would be both unethical and
disrespectful.

All seven of the counselors represented were Caucasian. At the time of the study,
the clinic, unfortunately, had no racial diversity among its practitioners. Nine out of the
ten participants were at least half Caucasian, also. The one Native American/Mexican
woman was the only one to profess an identification with her racial heritage and makeup,
and she denied that racial differences had any effect on counseling. Therefore, the ability
to explore the interaction of race between counselor and clients was lost. Although the
counselors had a range of experience, five of them were relatively new to family
counseling.
I was unsuccessful in my attempts to attract women of color into the study. Also, it is significant that, overall, all the women who did eventually participate were happy with their counseling experience and outcome. I contacted several women who dropped out of counseling prematurely (from their counselor's perspective), but none of them agreed to participate.

Out of concern for intrusion into these busy women's lives, and in consideration of my research purposes, I made the decision to use the abbreviated form of the SCT. Although I believe I made the right decision, it is possible that administering the long form would have provided additional information helpful in clearing up some of the questions that remain about their ego development functioning.

Finally, although the modal level for the general adult population is E5, the Self-Aware stage, the modal level for this study was E6, the Conscientious stage. My sample was composed of only ten women, as is appropriate for phenomenological research. It may be that willingness to participate in a study such as this one is consistent with higher ego levels overall.

Thoughts about the various implications of this study occurred to me all along the data gathering/analysis/writing/defense process. I began to formulate ideas even while conducting interviews. As I continued with the analytic process, I was able to add to, elaborate, refine, or discard my initial hunches.

**Implications for Future Research**

The results from this study point to the need for additional research in several areas. First of all, research on women's experience in family counseling, *from the perspective of the women themselves*, is scarce. Much additional work is needed. By
extension, because the majority of women involved in family counseling are themselves mothers, research on mothers’ experience in family counseling is lacking. Then, the next logical question is, “What about fathers?” What is their experience in family therapy? How does it differ from that of mothers?

Major clinical journals have neglected therapeutic issues with single-parent families, and few articles have dealt with the problems of remarriage and/or stepfamilies. Single-parent families headed by an unmarried parent have been virtually ignored, as has been cohabitation (Leslie & Morton, 2001).

In the field of marriage and family therapy, research on the therapeutic relationship has been neglected (Werner-Wilson, 1997), particularly from the viewpoint of women. The women in this study preferred a respectful, collaborative approach. Research is needed that will explore further the types of therapeutic relationships that women in family therapy find helpful. The women in this study expressed the need for validation, as women and as mothers. Further studies could indicate if this need is universal and how best to address that need.

Inclusion of their children in counseling was important to these participants. Research on clients’ feelings about and responses to such inclusion is lacking, especially from the perspective of mothers. Research into children’s involvement in family therapy has virtually ignored multicultural, low income, gay or lesbian, and disabled families (Lund, Zimmerman, & Haddock, 2002).

Results of this study suggested the importance of family counselors’ involvement in the school system on behalf of families. The literature, however, reflects the
importance of school/family therapist collaboration only from the viewpoint of school and therapy professionals, not from the perspective of families and/or mothers.

There is little research on the effect of therapist or client age on the course of therapy. Literature focusing specifically on the impact of class and poverty on family therapy is scarce. A growing body of literature talks about the practice of gender and culturally-sensitive family therapy, but few studies are being conducted that actually ask clients, particularly women, about their therapy experiences related to these topics (Green, 1998). Empirical approaches are needed to understand further the role of sexual orientation, for both clients and therapists engaged in family therapy (Leslie, 1995).

Most existing research on racism and therapy has focused on “black-white interactions,” ignoring other racial minority groups (Laszloffy & Hardy, 2000, p. 36). Very little research on client families’ perceptions of the relationship between ethnicity and family counseling exists (Nelson, Brendel, Mize, Lad, Hancock, & Pinjala, 2001). Further studies with racially and culturally diverse participants could add much to our body of knowledge.

Over the last 25 years, there has been a great deal of research conducted on ego development theory and application. However, research using this framework to investigate the experience of women in family therapy is scarce, if not non-existent.

Implications for Family Therapy Practice

This study’s implications for family therapists are important. Just as it is time for research to catch up with scholarship, it is time for practice to catch up with both. It is time for therapists to pay attention to the feminist literature and research about women. More therapists must spend time examining their own potential biases about, awareness
of, and emotional responses to gendered power imbalance in a patriarchal society. They must decide what their obligation is to both female and male clients. However, in so doing, there are ethical implications, best stated by Bryan (2001): “I have found myself questioning whether and how I should introduce feminist ideas to clients who will remain in a traditionally patriarchal culture with little support after I am gone” (p. 106). Nevertheless, self-examination on the part of therapists is needed.

The majority of women in this study stated a preference for a female therapist. Whatever their reasoning, it is the perception that matters. This perception is particularly significant in light of the overwhelming importance of the therapeutic relationship to both the process and outcome of counseling. It seems to me that male therapists are going to have to work harder to overcome the gender “disadvantage.” A good place to start might be the adoption of a non-expert therapeutic stance. Such a stance would likely prove beneficial to male family members also, who might not feel as fearful about the perceived loss of authority to a professional “expert.”

Family therapists need to rethink their work, or lack of it, with children in families. Including children was vitally important to these women. Inclusion does not just mean providing toys and crayons; it means therapeutic play and artwork, as well as the formation of relationship. This inclusion also does not negate the Structural therapy directive to work with those family members at the top of the hierarchy, usually the parent(s). Therapists can devise ways for coaching and guiding parents to take the lead in such activities.

It is important for family counselors to become involved with larger systems that surround client families. Such involvement is consistent with feminist insistence upon
the importance of context. The value of collaboration between family therapists and schools cannot be overestimated, given the adversarial relationships that are possible between families and schools. The fact that family counselors rarely leave their offices to go into schools must change.

Family therapists should be aware of the potential for additional support and network requirements for their female clients, especially the single mothers. Discussions about friendships and brainstorming about resources for support networks should be a routine part of the family therapy approach.

Family therapists should be knowledgeable about psychological development and its ramifications for establishing helping relationships and selecting effective interventions. It is important for family therapists to pay close attention to their clients’ perceptions and viewpoints, so as to be truly respectful. This awareness can also help pinpoint the aspects of counseling that are meaningful to the clients themselves (Bischoff & McBride, 1996). Helmeke and Sprenkle (2000) stated, “Not only may there be two different marriages in every marital union, but there may be two, and even three, therapies in every marital therapy: his therapy, her therapy, and the therapist’s therapy” (p. 469).

Family therapists need to be aware of and sensitive to the practical problems faced by many client families, such as the lack of transportation, financial problems, and restricted schedules. None of us exists in a vacuum, and all of us have strengths as well as needs. Most of all, family therapy practitioners must adopt therapeutic stances that are respectful, collaborative, and nonjudgmental.
Implications for Counselor Education and Training

So many of the actions indicated above regarding family therapy practice must first start as teaching and training elements of counselor education programs. Feminist writers still describe male-dominated hierarchical systems in the field of family therapy, as well as the absence of discussion about the politics of race, culture and sexual orientation in counselor training (Almeida, 1998).

Collaborative, respectful, culturally aware practice that includes children has to be taught and modeled, as does participation in larger systems. Feminist research and ideas about therapeutic relationship and cultural context should be a central part of teaching and dialog, as should the importance of including children in the counseling process. However, students should also have the opportunity to observe such concepts in action, through videotapes, live supervision, and role play. Students should be exposed to and given at least introductory training in the use of art and play in therapy. They should be encouraged to use all these concepts with families during practica and internships.

Doerries and Foster (2001) pointed out, “Developing interventions at the home-school interface requires that all counselors be trained in understanding systemic thinking and systems interventions. Preparation for implementing the collaborative-consultation model in school settings requires an interdisciplinary approach to counselor education” (p. 396). Counselor training programs should look for opportunities to collaborate with school psychology, teacher training, and administration preparation programs, in order to enlarge student and faculty awareness of the problems and benefits of family therapy/school collaboration. Although few training programs are able to interface as directly with the local school systems as does the site where this study was based,
program directors could explore establishing informal, as well as formal, relationships with their local school systems.

Clinicians require training in theories of psychological development and methods of assessment, as well as in how those theories could be applied effectively to practice. Clinical training should focus on the importance and application of the therapeutic relationship, since relationship can, in and of itself, determine the course and outcome of therapy. “Training in relationship skills is crucial for beginning therapists because they are the foundation on which all other skills and techniques are built” (Asay & Lambert, 1999, p. 43). Instructors and program directors should make gender, class, race, sexual orientation, and ethnicity central features in training programs, instead of afterthoughts. One solution might be “to work spontaneously with ethnicity issues as they naturally come up in all classes and in the therapeutic process” (Nelson et al., 2001, p. 369); in other words, make diversity issues and topics part of supervision and every course.

Personal Statement

What a long journey this has been! It was probably longer than necessary because half the time I felt as if I didn’t know where I was going or how I was going to get there. Early on, one of my committee members told me that this process would involve a great deal of independent study on my part because the doctoral qualitative research course was not sufficient preparation for undertaking a project of this nature. I sailed blithely on, thinking naively that the process couldn’t be that hard. So, it has been a frustrating, surprising, and wonderful year (a year!).

Even though the process has been painfully long and marked by many mistakes, I wouldn’t have done it any other way. I thought I understood the rationale for a
qualitative approach before I started, but now I see the benefits so clearly, among them
the illumination of human experience that is not possible with numbers and the
importance of attending to language. I have wasted so much time not really listening.

However else I may define myself, I am a family therapist. (However, having
said this, I must add a caveat: like the participants in my study, my identity is shaped and
given meaning by motherhood.) Knowledge gained from this study has broadened my
thinking and will frame my practice. It is critical to the field of marriage and family
therapy that we honor and respect the perspectives and needs of all family members,
while acknowledging the influence of social context. To do less is unethical. In my
beginning statement (Chapter One), I admitted to grappling with my ethical obligations in
using feminist-informed therapy with families. I am still struggling, but, hopefully, in a
more conceptually complex manner. Am I decreeing reality for others? I am caught
between the recognition of multiple realities and the need for social justice.

These wonderful women taught me so much. They welcomed me into their lives
and homes. I ate with them, held babies for them, and laughed with them. I was amazed
by their generosity of spirit and will remember them always.
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APPENDIX A
INTRODUCTORY LETTER TO PARTICIPANTS

Date

Dear Ms. _______,

I am a doctoral candidate in Counselor Education at the College of William and Mary and a family counselor with New Horizons Family Counseling Center. As part of the requirements for my degree, I am undertaking a research study to investigate how women feel about their family counseling experience, and I got your name from your counselor, ________. Specifically, I am interested in knowing what you found helpful or not helpful.

To gather information for this study, I would like to interview 12 women who have recently been involved in family counseling at the Center. If you decide to participate, I will need your commitment to meet with me twice at a location convenient for you (such as ________________, or a public library near you) for interviews and a written exercise. We will meet in a private room, and I will audiotape the interviews for later transcription. I estimate that each meeting, scheduled at your convenience, will last about an hour. Ideally, I would like the first interview to take place fairly soon, with the second interview and writing portion to follow in 1-2 weeks.

Your identity will remain anonymous; your name will never be used to identify your responses. Your participation will remain confidential, and I will give you copies of your interviews so that you can check them for accuracy and make corrections or additions, if you like. At the conclusion of the study, I will mail you a summary of what I have found.

I realize that time is precious for you, but please consider that research in this area is limited, and your participation in this study will hopefully help not only the counselors at New Horizons, but also others who provide family counseling services throughout the country, to better serve women and their families. I also hope that participating in this study will prove to be a positive experience for you. In any event, your participation is completely voluntary, and you may withdraw from the study at any time without penalty. If you think you would be interested, or if you just have some further questions before deciding, please call me on my cell phone at ________ or email me at ___________. If I cannot talk to you when you call, I have voice mail and will return your call as soon as I can. I am looking forward to hearing from you, and I will follow up this letter with a phone call.

Sincerely,

Sharon Krumpe
APPENDIX B
INFORMED CONSENT FORM

I understand that I am volunteering to participate in a research project for the purpose of investigating women's experience in family counseling. This research project is being conducted by Sharon Krumpe as part of the requirements for a doctoral degree in Counselor Education at the College of William and Mary. The study will begin in early 2002 with a 60-90 minute semi-structured interview that will be audio taped for the purpose of transcribing the data for analysis. A second 60-90 minute session composed of a final interview and writing exercise will be held approximately 2 weeks following the first.

It is expected that participation in this research project will be a positive experience for the women involved and that the resulting report will provide valuable information and understanding about the experience of women in family counseling, since research in this area is limited. There is no anticipation of any foreseeable risks or discomfort from participation in this study; however, New Horizons Family Counseling Center will provide additional family counseling or make an appropriate referral for individual counseling, if I so request. My participation is completely voluntary, and my refusal to participate will not result in any penalty. I may decline to answer any question or withdraw from the project at any time. My identity will remain anonymous, and all information received by the researcher as a result of my participation in this study will remain confidential.

If I have questions at any time during the study, I may contact ____________.

_____________________________

Signature & Date
APPENDIX C

QUESTIONS FOR FIRST INTERVIEW
(Begin with name, age, town of residence, marital status, length of counseling)

1. What brought you to counseling?

2. What did you think counseling was going to be like before you started?

3. Before counseling started, did you talk about it with anyone? (anyone else?)

4. Were your expectations the same as (different from) everyone else's? How? (or, Do you think they were...[if she didn’t talk to anyone else]?)


6. Now focus on your own personal experience. What did you, as a woman, want to get out of counseling? (her own goals, not her family's)

7. Did you meet your goals? Why or why not? (Did you get what you wanted?)

8. Please describe your relationship with your counselor.

9. Give me some examples of what you liked the best about how your counselor treated you.

10. Give me some examples of what you liked least about how he/she treated you.

11. Did the fact that your counselor was a man/woman affect your experience? If so, how?

12. Do you think counseling would have been different with a female/male counselor? If so, how?

13. Did your counselor let you know that he/she understood you as a mother/spouse/woman/granny/single mom? If so, how?

14. What do you think will stay with you from your counseling experience? Why?

15. Has counseling changed the way you think about yourself? If so, how?

16. Has counseling changed the way you think about your family? If so, how?
APPENDIX D

QUESTIONS FOR SECOND INTERVIEW

1. Talk about your overall impression of your counseling experience.

2. How did it feel to be in counseling?

3. Do you believe that the experience would have been different if you were a dad?

4. What does being a woman mean to you?

5. What does being your age mean to you? (the fact that you are...)

6. Describe your cultural/ethnic background.

7. What does this heritage mean to you as a woman? (the fact that you are...)

8. Has your view of yourself in regard to your gender changed since your counseling experience? Explain.

9. Has your view of yourself in regard to your age changed since your counseling experience? Explain.

10. Has your view of yourself in regard to your cultural heritage changed since your counseling experience? Explain.

11. If you could do it over again, what would you like to be different?

12. What would you like to be the same? (Give examples)

In closing, is there anything else that you would like to add to what you have already said?
APPENDIX E

SENTENCE COMPLETION TEST FOR WOMEN (Form 81) Date: _____

Abbreviated Form

Instructions: Complete the following sentences.

1. Raising a family

2. A man’s job

3. The thing I like about myself is

4. What gets me into trouble is

5. When people are helpless

6. A good father

7. When they talked about sex, I

8. I feel sorry

9. Rules are

10. Men are lucky because
11. At times she worried about

12. A woman feels good when

13. A husband has a right to

14. A good mother

15. Sometimes she wished that

16. If I can't get what I want

17. For a woman a career is

18. A woman should always

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# APPENDIX F

Source for Interview #1 Questions

<table>
<thead>
<tr>
<th>Question</th>
<th>Feminist critique</th>
<th>Ego development theory</th>
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</thead>
<tbody>
<tr>
<td>1. What brought you to counseling?</td>
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<tr>
<td>2. What did you think counseling was going to be like before you started?</td>
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<tr>
<td>3. Before counseling started, did you talk about it with anyone?</td>
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<tr>
<td>4. Were your expectations the same as (different from) everyone else’s?</td>
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<td>5. Was counseling what you expected?</td>
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<tr>
<td>6. Now focus on your own personal experience. What did you, as a woman,</td>
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<td>want to get out of counseling?</td>
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<tr>
<td>7. Did you meet your goals? Why or why not?</td>
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<td>8. Please describe your relationship with your counselor.</td>
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<td>9. Give me some examples of what you liked the best about how your</td>
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<td>counselor treated you.</td>
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<td>10. Give me some examples of what you liked least about how he/she</td>
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<td>treated you.</td>
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<td>11. Did the fact that your counselor was a man/woman affect your</td>
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<tr>
<td>experience?</td>
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<td>12. Do you think counseling would have been different with a female/</td>
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<td>male counselor? If so, how?</td>
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<td>13. Did your counselor let you know that he/she understood you as a</td>
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<tr>
<td>mother/spouse/woman/granny/single mom?</td>
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<tr>
<td>14. What do you think will stay with you from your counseling experience?</td>
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<tr>
<td>Why?</td>
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<td>15. Has counseling changed the way you think about yourself? If so,</td>
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<td>how?</td>
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<tr>
<td>16. Has counseling changed the way you think about your family? If so,</td>
<td></td>
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<td>how?</td>
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</tbody>
</table>

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APPENDIX G

Source for Interview #2 Questions

<p>| | | |</p>
<table>
<thead>
<tr>
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</tr>
</thead>
</table>
| 1. | Talk about your overall impression of your counseling experience. | Feminist critique  
Ego development theory |
| 2. | How did it feel to be in counseling? | Feminist critique  
Ego development theory |
| 3. | Do you believe that the experience would have been different if you were a dad? | Feminist critique  
Ego development theory |
| 4. | What does being a woman mean to you? | Feminist critique  
Ego development theory |
| 5. | What does being your age mean to you? | Feminist critique  
Ego development theory |
| 6. | Describe your cultural/ethnic background. | Feminist critique |
| 7. | What does this heritage mean to you as a woman? | Feminist critique  
Ego development theory |
| 8. | Has your view of yourself in regard to your gender changed since your counseling experience? Explain. | Feminist critique  
Ego development theory |
| 9. | Has your view of yourself in regard to your age changed since your counseling experience? Explain. | Feminist critique  
Ego development theory |
| 10. | Has your view of yourself in regard to your cultural heritage changed since your counseling experience? Explain. | Feminist critique  
Ego development theory |
| 11. | If you had it to do over, what would you like to be different? | Feminist critique |
| 12. | What would you like to be the same? | Feminist critique |
APPENDIX H

Common/Uncommon Responses to Interview 1 Questions

1. What brought you to counseling?

Common: Behavioral problems at school (1,2,3,4,5,6,7,8,9)
Uncommon: Behavioral problems at school and home (7,8,9)
Child worries too much about inappropriate things (5)
Came as support to partner (10)

2. What did you think counseling was going to be like before you started?

Common: Child focus (2,3,4,8)
Uncommon: No ideas (5,9,10)
Everyone talking together (1,6)
Get guidance (7)

3. Before counseling started, did you talk about it with anyone?

Common: Child (2,3,4,7,9)
Spouse/partner (3,4,5,8,10)
Uncommon: Other family member (1,3,4,7,8)
Work (1,6)
Friend (3)
Another therapist (9)

4. Were your expectations the same as or different from everyone else’s?

Common: Didn’t discuss expectations with anyone (2,3,5,6,7,8)
Uncommon: Different (4,9)
Same (1)
Had no expectations (10)

5. Was counseling what you expected?

Common: No (1,2,3,4,8)
Yes (1,5,6,9)
Uncommon: No expectations (10)
Don’t know (7)

6. What did you, as a woman, want to get out of counseling?

Common: Help with parenting (1,3,4,6,7,8)
Uncommon: Peace of Mind (4,5,7)
Support for parenting (8,9,10)
Validation as parent (3,9)
Help for child (6,7)
Respect (8)
Good relationship with child (1)
Safe place for child to talk (2)

7. Did you meet your goals?

Common: Yes (1,2,3,4,5,6,7,8,9)
Uncommon: No (3,10)

8. Please describe your relationship with your counselor.

Common: Friends (3,4,6,7,8)
         Non-judgmental (1,5,7)
Uncommon: Open (5,6)
         There for client (6,8)
         Comfortable, non-threatening (5,6)
         Helpful (6,7)
         Collaborative (1)
         Trust (2)
         Respect (3)
         Equal (1)
         Listening (4)
         Therapist as guide (4)
         Commonness (6)
         Understanding (6)
         Reinforcing (6)
         Supportive (8)
         Distant (9)
         Professional therapeutic (9)
         Formal (9)
         Sensitive (10)
         Non-listening (10)

9. Give me some examples of what you liked best about how your counselor treated you.

Common: Demonstrated interest (1,2,3,4)
         Remembered things (3,5,10)
         Prepared (3,4,6)
         Happy to see them (1,3,6)
         Non-judgmental (1,7,8)
Uncommon: Demonstrated concern (3,10)
           Demonstrated respect (2,7)
           Open (5,6)
           Used praise to validate parenting efforts (8,9)
Loving and kind (6)  
Enthusiastic (1)  
Asked good questions (2)  
Flexible (4)  
Easy to talk to (5)  
Friendly (6)  
Thoughtful (9)  
Sensitive (10)  

10. Give me some examples of what you like the least about how he/she treated you.

Common: No examples (1,2,4,5,6,8)  
Uncommon: Lack of experience (3)  
Reinforcement of parental role (7)  
Lack of Sensitivity (9)  
Discounted client's requests (10)  

11. Did the fact that your counselor was a man/woman affect your experience?

Common: Yes (1,2,3,4,5,8,9)  
Uncommon: No (6,7,10)  

How?

Common: Women understand women's concerns better (1,2,3,5)  
Uncommon: Easier to talk to women (4,5)  
Easier for son to talk to a woman (1,6)  
Does not trust men (2,9)  
Easier for son to relate to man (8)  

12. Do you think counseling would have been different with a female/male counselor?

Common: Yes (1,2,3,5,7,8,9,10)  
Uncommon: Unsure (4,6)  

How?

Common: Men don't understand/take seriously women's life experience (1,3,7)  
Uncommon: Wouldn't have attended counseling with a male (2,9)  
Wouldn't have been as comfortable with male (5)  
It would have upset her partner (10)  
Wanted a male - women's perceptions about kids are all the same (8)  

13. Did your counselor let you know that he/she understood you as a mother, etc.?
Common: Yes (1,2,3,4,5,6,7,8)
Uncommon: No (9,10)

How:

Common: Sharing similar personal experiences (1,4,5)
Reinforced parental role (6,7)
Validated parenting efforts (3,7)
Demonstrated respect (1,7)
Uncommon: Showed consideration of busy schedule (1)
Validated client’s self worth (2)
Always made himself available/supported her (8)

No: Ignored client concerns (10)

14. What do you think will stay with you from your counseling experience?

Common: Fondness for counselor (1,2,4)
Improved communication skills (1,5,8)
Uncommon: Counselor’s professionalism (2)
Self-reliance as parents (3)
Greater cohesiveness of family unit (4)
The necessity to pick her battles (6)
Praise the good (7)
Accept each other’s limitations (7)
The necessity of spending time as family (9)
The way counselor included kids in everything (10)

15. Has counseling changed the way you think about yourself?

Common: Yes (2,3,4,5,6,7,8,9)
Uncommon: Don’t know (1,10)

How?

Common: More self-confidence as mother (3,4,5,7,9)
Uncommon: Improved sense of self worth (2)
Improved spousal relationship (3)
Improved self knowledge (6)
Stronger, back on her feet (8)

16. Has counseling changed the way you think about your family?

Common: Yes (1,2,3,4,6,7,8,9,10)
Uncommon: No (5)

How?
Common: Validation in 'mom' role (1,3,9)
Uncommon: Greater understanding of son (2)
            Greater appreciation for who son is (7)
            Recognition of a greater range of parenting options (4)
            Necessity of interacting differently with kids (6)
            Less autocratic way of interacting with kids (8)
            Recognition that kids communicate nonverbally, also (10)
APPENDIX I

Common/Uncommon Responses to Interview 2 Questions

1. Talk about your overall impression of your counseling experience.

Common: Helpful (4,6,7,10)
Helpful (4,6,7,10)
Good experience (2,5,6,8)
Good experience (2,5,6,8)

Uncommon: Place to talk (3,9)
Place to talk (3,9)
Changes (6,7): change in behavior, it made a difference
Changes (6,7): change in behavior, it made a difference
A good outlet (8,9): let it all out and have a fresh start (8)
A good outlet (8,9): let it all out and have a fresh start (8)
Flexibility and collaboration (1)
Flexibility and collaboration (1)
Professional (2)
Professional (2)
Needlessly worried beforehand (5)
Needlessly worried beforehand (5)
Something to look forward to in the future (7)
Something to look forward to in the future (7)

2. How did it feel to be in counseling?

Common: Happier because of improvement in kids (6,10)
Happier because of improvement in kids (6,10)
More self-confidence as a mom (7,9)
More self-confidence as a mom (7,9)
Comfortable (1,3)
Comfortable (1,3)

Uncommon: Not intimidating (1)
Not intimidating (1)
Felt good at end of sessions (2)
Felt good at end of sessions (2)
Some stigma (3)
Some stigma (3)
Initial embarrassment (4)
Initial embarrassment (4)
Eventual joy, peace, fulfillment (4)
Eventual joy, peace, fulfillment (4)
Initial nervousness (5)
Initial nervousness (5)
Sometimes good, sometimes it was hard (8)
Sometimes good, sometimes it was hard (8)
More attached to partner’s family, more accepted (10)
More attached to partner’s family, more accepted (10)

3. Do you believe that the experience would have been different if you were a dad?

Common: Yes (2,3,5,6,7,9,10)
Yes (2,3,5,6,7,9,10)

Uncommon: No (4)
No (4)
Don’t know (8)
Don’t know (8)
Thought question was foolish and wouldn’t answer (1)
Thought question was foolish and wouldn’t answer (1)

Yes. How?

Common: A dad wouldn’t have come at all (7,9,10)
A dad wouldn’t have come at all (7,9,10)

Uncommon: Would have been critical of child and process (2)
Would have been critical of child and process (2)
Wouldn’t have had responsibility; would have just shown up (3)
Wouldn’t have had responsibility; would have just shown up (3)
Wouldn’t take advice or be willing to listen; must be boss (5)
Wouldn’t take advice or be willing to listen; must be boss (5)
Socialized to be less nurturing, stronger, firmer (6)
Socialized to be less nurturing, stronger, firmer (6)
No. How?
I would still be who I am. (4)

4. What does being a woman mean to you?

Common:
- Being a mother (2,3,4,6,9)
- Being nurturing (6,8,9)

Uncommon:
- Having strength (6,8)
- Having to be stronger than men (1,8)
- Having to work harder than men (1)
- Fulfilling multiple roles (1)
- Being feminine (2)
- Being a good listener (2)
- Being respected (2)
- Having girlfriends (3)
- Being a wife (4)
- Having to work hard (5)
- Having more responsibility at home than men (5)
- Life is harder than for a man (5)
- Being stronger than men (5)
- Having to do it all and not wanting to anymore (7)
- Must have self-awareness (8)
- Sensitivity (8)
- Peaceful (8)
- As capable as men (8)
- Intelligence (8)
- No response from #10

5. What does being your age mean to you?

Common:
- Age doesn’t matter (4,6,7)
- More mature (4,5)

Uncommon:
- More comfortable now (1)
- Current age has advantages (1)
- Beauty is not related to age (2)
- More secure now (3)
- Some of the hard decisions already made (3)
- This age is enjoyable (3)
- It’s harder to lose weight now (6)
- It’s getting closer to not being a single mom (6)
- It’s awkward to have a 6 year old son – out of sync (7)
- I feel older than I am because I had my first child at 17 (8)
- Because of mental status, forgets age – loses track (9)
- Getting older is scary because of health problems/family mortality (10)
- Able to enjoy being with her partner’s kids (10)
6. Describe your cultural/ethnic background.

Hungarian and Irish (1)
Hispanic (2)
Italian American and New England (3)
Some Native American (4)
Scottish (5)
English, Irish, German, Scottish, and LDS (6)
Italian (7)
White marrying Black (8)
Part Cherokee (9)
French (10)

7. What does this heritage mean to you as a woman?

Common: Doesn’t think about it much (3,4,10)
Uncommon: Influenced by strictly defined woman’s role (2,5)
Broke away from strictly defined role (1)
Identifies with social aspect of being Italian (3)
Influenced by very strong female forebears (6)
Family remains important (7)
Broke away from racist roots (8)
Influenced by Native American heritage (9)

8. Has your view of yourself as a woman changed since your counseling experience?

Common: Yes (1,2,3,4,5,7,8,9,10)
Uncommon: No (6)

Explain.

Common: Feels better about her ability to mother (3,4,5,6,7,9)
Uncommon: Starting to feel better about herself (2)
Recognizes that she doesn’t have to be strong all the time (1)
Has undergone self improvement (8)
More comfortable with sexual orientation (10)

No response: Changes came about after her divorce, before counseling (6)

9. The way you feel about being your age – has that changed since your counseling experience?

Common: No (4,5,6,7,8,9,10)
Uncommon: Yes (1,2)

Doesn’t know (3)

Explain.
Uncommon: More self-confident in her abilities (1)
Feels better about being in her fifties (2)

10. Has counseling had any effect on how your view yourself as (cultural heritage)?

Common: No (2,3,4,6,10)
Uncommon: Yes (1,5,7,8)
Doesn’t know (9)

Explain.

Common: Increased confidence in decisions, etc. (5,7)
Uncommon: It’s okay to ask for help (1)
Is more aware of racial issues since counseling (8)

11. If you could experience family counseling over again, what would you like to be different?

Common: Nothing (1,2,5,6,8)
Uncommon: Bigger space for kids (3)
More one-on-one with kid (4)
Addition of support group for parents (7)
More consistency in scheduling sessions, not around school calendar (7)
Finding a way to reach one of her children (9)
More focus on adults as partners (10)

12. What would you like to be the same?

Common: Same counselor (1,2,4,5,8)
Uncommon: Same frequency of sessions (3)
Same kinds of topics (3)
Same relationship with a new counselor (3)
Same kinds of activities and games (4)
Same openness from new counselor (6)
Free counseling sessions (7)
That it will be a safe place to share self (10)
Would like a relationship like that with her very first family counselor (9)

Specific qualities in a new counselor that would be just like the former one:
Someone who will listen (2)
Compassion (2)
You could discuss anything with her (5)
Openness (6)
Remembering the small things (6)
Support (8)
Like a part of the family (8)
Always available (8)
Provides a safe place to be and talk (10)
## APPENDIX J

Examples of Path From Participant Statement to Theme

<table>
<thead>
<tr>
<th>Participant</th>
<th>Statement</th>
<th>Meaning</th>
<th>Sub-Theme</th>
<th>Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kara, #1</td>
<td>&quot;Relationship was more interactive . . . more of a co-effort.&quot;</td>
<td>A co-effort</td>
<td>Collaborative</td>
<td>Completely Comfortable</td>
</tr>
<tr>
<td>Vivian, #2</td>
<td>&quot;I don't think I could trust a man.&quot;</td>
<td>Trust with a man</td>
<td>Is a woman</td>
<td>A Professional Counselor</td>
</tr>
<tr>
<td>Catherine, #3</td>
<td>&quot;He was our counselor, but he was also like our friend, too.&quot;</td>
<td>Counselor and friend</td>
<td>Relationship</td>
<td>Our Counselor, Our Friend</td>
</tr>
<tr>
<td>Sarah, #4</td>
<td>&quot;She made us feel completely comfortable with everything.&quot;</td>
<td>Completely comfortable</td>
<td>Relationship</td>
<td>A Helper</td>
</tr>
<tr>
<td>Mary, #5</td>
<td>&quot;A woman understands my problems, which helps a lot.&quot;</td>
<td>A woman understands</td>
<td>A woman</td>
<td>At Ease With the Counselor</td>
</tr>
<tr>
<td>Judith, #6</td>
<td>&quot;The big thing was just that openness, that 'I'm here to help you.'&quot;</td>
<td>Openness</td>
<td>Open relationship</td>
<td>Counselor Was a Blessing</td>
</tr>
<tr>
<td>Kathy, #7</td>
<td>&quot;She wasn't there to judge me.&quot;</td>
<td>Judging</td>
<td>A friend</td>
<td>Someone for Guidance</td>
</tr>
<tr>
<td>Melissa, #8</td>
<td>[Counselor] was like an older mentor.&quot;</td>
<td>Older mentor</td>
<td>Like a family member</td>
<td>A Good Counselor</td>
</tr>
<tr>
<td>Christie, #9</td>
<td>&quot;Because I'm in a same-sex relationship, I wouldn't have gone [to a male counselor].&quot;</td>
<td>Male counselor</td>
<td>Men problems</td>
<td>All My Doctors are Women</td>
</tr>
<tr>
<td>Diana, #10</td>
<td>&quot;There's a few things that I brought up to her that I thought she should talk about, about our relationship, but she never did.&quot;</td>
<td>Talking about relationship</td>
<td>Focus</td>
<td>The Counselor</td>
</tr>
</tbody>
</table>
Vita

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