



Gender in family therapy education: reflections of cis-females

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Purpose: Research indicates that family therapy courses in gender studies affect both female and male students to the same degree. How female students experience a gender-focused family therapy class has yet to be explored. This qualitative study focused on self-identified cis-female students' experiences in a ten-week course on gender in family therapy. The purpose of this study was to present female students' critical reflections of taking a clinical training course dedicated to gender studies.

Method: Using transcendental phenomenology, we analysed reflections from 86 student-participants regarding how they perceived themselves as gendered and how new information had transformed their thoughts and actions. Thematic analysis from the data was inductive, we read and reread the reflections and then generated several main themes.

Results: Participants were challenged to revisit gendered assumptions about significant and insignificant concerns in their development. We organized women's self-reports into four domains: Affect, Identity, Empowerment, and Action.

Conclusions: In summary, addressing gender-related topics in the classroom had impacted students intra-personally and interpersonally. As they processed internally, they began to reshape their relationships. Additionally, they planned to become agents of change in therapy room.

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Practitioner points

- Therapists recognize how gender-related power differences, gender roles in societal and familial systems, and the ways unequal gender relations affect relationships
- Therapists address not only the position of women in their cultures but also how their social environment reproduces this positioning within its own ranks
- Educators ensure that their pedagogies and therapeutic practices constantly reflect gender-aware practices in order to be culturally competent

Keywords: gender; female perceptions; diversity; qualitative.

家庭治疗教育中的性别：顺性女的反思

研究目的：研究表明，性别研究专业中的家庭治疗课程对女性和男性学生有着相同程度的影响。女性学生在关注性别的家庭治疗课中的体验还未被探讨过。该质性研究关注自认的顺性女在一门长达十周的有关家庭治疗中的性别的课程体验。研究目的为展示女性学生对于参与针对性别研究的临床培训课程的反思。

研究方法：运用超验现象学的方法，我们分析了86位学生参与者的反思。这些反思关于她们自身如何被性别化以及新的知识如何改变了她们的想法和行为。对数据的主题分析是归纳式的。我们反复阅读这些反思并总结出一些主要的主题。

研究结果：我们挑战参与者去重新思考她们在成长道路上重要或不重要的性别化假设。我们将这些女性的自我报告分类为四个邻域：情感、身份、充能, 和行动。

研究结论：总的说来，在课堂上讨论性别有关话题对学生自身和人际方面都产生了影响。当她们渐渐消化这些知识时，她们开始重新塑造自己的关系。此外，她们还有志成为治疗室里变化的促进者。

对实务工作者的启示

- 治疗师应该认识到与性别有关的权力差别、社会和家庭系统中的性别角色，以及性别间的不平等如何影响关系。
- 治疗师应该不单关注女性在自身文化中的位置，还关注她们所处的社会环境如何在自身体系中塑造这种位置。
- 教育者应该保证其教育方法和治疗实践具有性别敏感度，以便达到文化上的理解。

关键词：性别；女性观察；多样化；质性

As clinical advances respond to diverse influences in our evolving social context, couples and family therapy training programmes must address the intersections of gender, race, class, ethnicity, sexuality, spirituality, and nationality in their curricula (McDowell, Fang, Brownlee, Gomez Young and Khanna, 2002; McGoldrick, Almeida, Preto, Bibb, Sutton and Hudak, 1999; Stevens-Smith, 1995; Winston and Piercy, 2010). One key influence is gender. Family therapy training programmes need curricula that examine gender-related power differences, gender roles in societal and familial systems, and the ways unequal gender relations affect relationships (Quek and Knudson-Martin, 2008; Quek, Knudson-Martin, Rue and Alabiso, 2010). Courses in gender studies affect female and male students in the same degree. There has been qualitative analysis regarding cis-male students' experiences regarding gender in clinical training (Quek, Eppler and Morgan 2014), but we have yet to hear cis-female students' perspectives regarding studying gender while being trained as clinicians. It is important to hear these voices in order to understand the lived phenomena of how gender roles and discourse influence both self-of-the-therapist and clinical development. Thus, this study asked and examined, 'what do women learners experience after a course on gender in family therapy education?'

Gender and family therapy

The concept of gender encompasses a wide range of diverse identities (Mann and Huffman, 2005). We refer to gender as biologically, socially, and culturally constructed differences among the sexes (Cobb, Walsh and Priest, 2009; Chua and Fujino, 1999; Kimmel, 2012). Gender emphasizes what it means to identify along a biological and socially constructed continuum (e.g. cis-female, transgendered). The mutual link between gender and culture includes aspects of gendered norms, values and stereotypes (West and Zimmerman, 1987). Within a gender-cultural context, the expression of normative relationship patterns may create a hidden dimension of power in gendered relationships (Cobb *et al.*, 2009; Komter, 1989). Therefore, unexamined gender stereotypes are largely unconscious and those who do not examine them may take these biases for granted as realities. Making visible unconscious gendered biases is a goal for teaching about gender and gender intersections when training family therapists (Cobb *et al.*, 2009; George and Stith, 2014). Teaching

gender must be responsive to all genders, particularly to those who identify as women, as they have been historically marginalized. Women tend to be the majority of students in gender courses and in the practice of therapy at the master's level (Case, 2007; Good and Heppner, 1995; Stake, 2007).

Understanding how students experience a course dedicated to gender in family therapy is vital. Our interest was to investigate how self-identified female students' perceive gender-training affects their own lives and relationships (i.e. self-of-the-therapist) and their identities as clinicians. Although cultural competency of couple and family therapists has been documented in literature (Bean, Perry and Bedell, 2002; Winston and Piercy, 2010), limited material exists on female students' perceptions of gender-related family therapy training. Hearing these students' experiences regarding gender in family therapy is an important component of training and becoming culturally competent clinicians.

Method

This study employed transcendental phenomenology (Moustakas, 1994; Patton, 2012; Wertz, 2005) in order to honour participants' own voices (Creswell, 2014). Participants were students who were enrolled in a gender studies course in a marriage and family therapy programme located in the western part of the United States. They were given the opportunity to submit an end-of-class journal reflection about their experiences learning about gender and family therapy. All students chose to participate and indicated their informed consent. Research analysis did not begin until after all students in the project had graduated. Ponterotto (2005) described data collection via journalling, stating that benefits included avoiding an interviewer's bias. However, the main drawback is that the data collection is static as there is not an opportunity for follow-up questions.

Students completed a ten-week course on gender perspectives and family therapy. Students deepened their knowledge of power and privilege as it related to the gender continuum, as well as studied the feminist viewpoints in family therapy. The first author taught this course once per year to four cohorts of students. Class instruction included lectures, discussion, and case studies that addressed the

intersectionality and interplay of gendered development, performance, and power in families.

The course addressed several crucial topics: (1) gender inequality; (2) socialization, oppression, and marginalization; (3) gender roles and biases; and (4) principles for gender-sensitive clinical practices, which included consciously supporting women and men while attending to the covert and overt aspects of power. Throughout the course, there were overt, systemic, core assumptions made about intersectionality, relational connectivity, and interdependence. Gender was explored using a bio-psycho-social-spiritual framework. Students were encouraged to think critically, speak in their own voice, and develop their own gender consciousness.

After the quarter, students provided reflections through a written, structured survey created to examine knowledge and experience in clinical practice and personal growth. Students voluntarily gave permission for their journals and demographic information to be collected for research purposes. Journals were reviewed after the first author/instructor had no formal interaction with the students. There were four cohorts of journals collected (data collection was once a year for four years). Consistent prompts were given each year. Participants were asked to write a two-page reflection regarding how they perceived themselves as gendered and how new information from the class had transformed their thoughts and actions personally and professionally. Participants were asked to give examples of their learning and change. Although we acknowledge that geographic location and mission of the university from the western part of the United States have ecosystemic influences on students' reflections, the authors have chosen not to locate the place in order to protect the anonymity of the participants.

Both women and men took the course ($n = 114$). This study focused specifically on students who self-identified as females. A total of 86 cis-women participated. Cis-women, women who have congruent biological and personal gender identities, were the only females in the class; trans* were not excluded, but there were no student identified as trans-women. Additionally, none self-identified as lesbian; this is a major limitation of the study.

The participants self-identified as African-American ($n=2$), Asian-American ($n=8$), European American ($n=72$), and Latina-American ($n=4$). Forty-three participants self-reported as heterosexually married, 41 stated they were never married/single, and two reported they were separated, widowed, or divorced. Their ages ranged between 25

and 55 years old. Exact ages are not reported to help protect anonymity. The limitations of both using a convenience sample and the lack of lesbians and transwomen in the sample are discussed below.

Data analysis

Like the methodology, the data analysis parallels Quek, Eppler and Morgan, 2014. Before data analysis began, the researchers discussed issues of transparency, trustworthiness, and how to give participants an accurate representation (Morrow, 2005). By working as a team, confronting biases, and using direct quotes from the data, the authors increased accuracy and transparency. As researchers, we acknowledged that our own social locations influenced how data was collected, coded, and analysed. The first author is an Asian, heterosexual, cis-female; the second author identifies as a Caucasian, heterosexual, cis-female, and the third author is an African-American, heterosexual, cis-female. All three authors live and work in the United States.

After developing initial codes, the researchers divided the journals and performed individual analysis. We met weekly to consult, debrief, review, and discuss differences. We saturated ourselves in the data and discussed differences until we reached consensus (Braun and Clark, 2006). Having a team, four years of journals, and grounding in the literature helped us triangulate and confirm the findings.

From the initial codes, we created thematic domains (Boyatzis, 1998; Braun and Clark, 2006). We pulled direct quotations from participants to support the themes. Thematic coding afforded us the opportunity to share participants' own words and narratives rather than to assume and interpret the meaning; this is a hallmark of transcendental phenomenology (Moustakas, 1994; Patton, 2012; Wertz, 2005). Pseudonyms are used below.

Results

Regarding how gender-related family therapy courses may affect professional development and clinical practice of female therapists-in-training, the journals indicated that participants were challenged to revisit gendered assumptions about significant and insignificant concerns in their development. Some participants' experiences echoed what has been discovered in previous research. Participants

acknowledged that they had been socialized into ‘appropriate’ behaviours and traits associated with being female. Each participant began to identify what gender norms and actions would be worth transforming to achieve meaningful ends. Participants wrote that they were aware of the unequal power among genders. Some expressed experiences of being oppressed while others recounted knowing that they were socialized to stand up for their voice, choice, and equality. Despite their knowledge of feminist thought, many participants drew upon discourses that continued to preserve a gendered way of being. Though not always consciously, many participants may have been operating from what was automatic, as they reported that gender hierarchies continued to shape and influence their reactions during class discussions.

To build on the above impressions, we organized women’s self-reports into four domains: (1) affect: emotionality associated with gender consciousness; (2) identity: re-examining gender stereotypes, role-conflicts and uncovered hurts; (3) empowerment: personal power, choices, and language use; and (4) action: active involvement in gender-competent practices.

Affect: emotionality associated with gender consciousness

Participants indicated that the gender course created an opportunity for them to express the emotions associated with being female. Unlike the male students (Quek, Eppler and Morgan, 2014), female students appeared to be more emotionally expressive. Finny, 30s, Caucasian, represented a typical emotional reactivity to issues of gender sensitivity when she remarked, ‘gender topics often make my fists clenched’. Similarly, Debbie, 50s, Caucasian, who was not employed before graduate school, reflected, ‘my internal struggle with gender is now very much alive’. As they began to personalize feminist knowledge, they reported feelings of guilt, anxiety, and offence.

Guilt

Guilt represented the feeling that participants experienced when they were not able to meet the societal standards placed by others and themselves. Feelings of guilt would surface as a result of not being able to fulfil gender role expectations. Jen, 20s, Caucasian with a live-in partner stated: ‘I feel guilty when he is doing the chores that are believed to be for the “woman” simply because of my background.’

All of the journals indicated similar feelings of guilt and discomfort. Participants wrote about struggling with their inability to fulfil their roles and to rely on help from their partners. Alice, 20s, Caucasian, remarked: 'It is natural for me to feel guilty for not taking on extra tasks, especially during a time where my husband is the primary breadwinner.' Although she perceived her relationship to be egalitarian, Alice stated that it wasn't until 'I began this course that I was struck by how easy it is to fall into a pattern of living that is egalitarian in verbal acknowledgement, but still be patterned after traditional gender roles'.

The reality of guilt led one participant to feel hesitant. She reported that she was fighting against the societal norm. Debbie indicated: 'I *was* flexible in my gender role and I could move toward egalitarian ... yet, I was bothered ... why was I hesitant?' This emotional response was common among the students. Participants reported that the guilt associated with such internal conflict was all too often dismissed based on the societal expectation of being a non-resistant and obliging female.

Anxiety

Anxiety was a theme in the responses of most participants. Edna, 40s, Caucasian, expressed anxiety: 'I've never felt fully accepted or appreciated as a female ... I'm told I act characteristically male.' She described how this feeling might have stemmed from a prejudice against self-confident women. While Edna felt anxious because of her lack of gender conformity, Ruth's anxiety was linked to gender role overload: 'I was comfortable with what I did at home as a wife, mother and daughter. However, I didn't realize my anxiety and anger increased whenever I felt burdened and pressured around things which I needed to do for my family.'

Offended

Participants implied they felt offended as a result of their increased awareness of gender-related issues. They reported being offended at society's dominant discourse. Annie, a 20s Hispanic female, stated: 'I have noticed that I have gotten offended more by statements or comments that have been made by the media, friends, or family members ... I actually have physical reactions to them.'

Although there were a variety of emotional experiences reported in the journals, guilt, anxiety, and feeling offended were three main emotional themes that participants described. These affects are embedded in the context of other domains. For example, we describe below how feeling offended stems from a stereotype (i.e. domain two) and leads to actions (i.e. domain three).

Identity: re-examining gender stereotypes, role-conflicts, and uncovered hurts

Participants described reexamining their position as women in society. Though students were aware that they have been disadvantaged by the social system, they wrote about revealing suppressed emotional and psychological pains. Three sub-categories made up this reaction to identity formation: stereotypes, role conflicts, and uncovered hurts from social and relational inequalities.

Stereotypes

Participants noted that stereotypes shaped their identities. Most participants' journals concurred with what Helen, a Caucasian in her early 40s, stated: 'I was brought up thinking a woman's place was in the kitchen, that we were expected to do all of household cleaning.' Similarly, for many participants, they have carried this belief into their own marriages. Nicole, a 20+ year-old African-American, wrote: 'I tend to not do traditional male chores such as mowing the lawn, fixing electrical fixtures, and working on cars.'

The women reported having multiple expectations placed on them and facing difficulty in living up to those expectations. These students indicated that they do not necessarily want to live up to these stereotypes. Helen remarked: 'up to this point, raising children has been a task that is just too much to take on. Ironically, the same people who encourage me to have it all are the ones who question why I can't do it all.'

Participants reported that they now took offence at society's stereotypes. They documented that these stereotypes placed them at a disadvantage personally and professionally, and they were disappointed that many of the stereotypes came from women themselves. Helen added: 'I now see that these social pressures are not fair, justified, or anything to necessarily strive for.'

Role conflicts

Participants reported that rigid gender roles resulted in personal restriction and limited their potential. They described how they started coming into conflict with prescribed gender roles. This gender role conflict was evident in their questioning: how did they learn to be a woman, what did they feel, and how did they test the boundaries of their roles? Jane, a Latina in her early 30s, reported: 'I had previously believed that ... feminism is ruining family because it doesn't respect women as caretakers for the family ... now I believe that most women DON'T like NOT having a choice over the role they have in life.' Jane's assumptions seemed to come into conflict with what she learned in the course.

There was a thread of mistrust of feminist thought as a result of conservative religious traditions. Betty, a Caucasian in her 30s, exclaimed: 'I was also leery of feminism because I didn't think it was biblical.' Betty reported that the materials in the gender course led to a shift in her thinking and she has expanded her gender ideology to include valuing women's potential and their right to choices.

Gender role conflict was evident in participants who claimed to be egalitarian, but described less equality in action. Joyce, a 30s Caucasian in a dual-career relationship, stated: 'I did not realize how constrained I have been in my role as a wife ... I work during the day ... and clean house at nights and on weekends ... household duties have always been largely my responsibility and not my husband's.' Though Joyce thought of herself as having an egalitarian relationship, she began to realize the conflict of ideals and practice. Similarly, Jenny, 30s, Caucasian, explained: 'Despite our egalitarian intentions, we repeat behaviours that perpetuate gender inequality.' Invisible gendered scripts were so intertwined in their day-to-day interactions and behaviours that the participants reported acting in ways that were contrary to how they intended to act.

Uncovered hurts

Participants wrote of unspoken pain that was revealed as a result of taking the course. Anna, 20s, Caucasian, indicated: 'As I spent time with the readings and reactions from class, I have uncovered areas of hurt I carry.' Debbie described her pain: 'I've experienced social and relational inequalities in different social environments ... I've

worked hard to keep from being the “bitch”, the “nag”, as well as the dead, dull, “nice”. It’s difficult to be authentic when I still feel haunted by these labels.’

Family may contribute part of the pain that these women experienced as they considered the hidden hurts associated with being female. Mei Ling, a single 20+ Asian said: ‘My stepfather commented once that I dress and act like a tomboy. Also, I have been treated like a boy by strangers [because of] my short hairstyle and “boyish” clothes.’ Participants reported that these labels not only hurt, devalue, and confine women to stereotypic norms of gendered ideology, but they indicated that labels impact their identity negatively. Participants documented being able to see how more traditional gender scripts limit their potentials and possibilities of self-expressions.

Empowerment: choices, becoming articulate, freedom, and reclaiming power

Participants in this study found strategies for empowerment by recognizing their emotional expressiveness and processing gendered scripts that disadvantaged them. They described ways to express their thoughts and ideas, and they saw that they could choose alternatives that were not limited by the societal expectation of the female gendered role. The women reported seeking to value themselves through the following ways: being informed of more knowledgeable choices, becoming less emotionally reactive and more articulate about gender, and claiming personal power through the pursuit of self-interest.

Choices

Many participants echoed the words of Chan, a 30+ year-old Asian: ‘I had never really considered that I had the option not to have kids.’ This notion of having the ability to make informed choices about motherhood is also seen in this statement by Savannah, 20s, Caucasian, self-professed feminist: ‘Although I do want to have a family, I will always work at least part-time in order to maintain my identity in something besides childrearing.’ The option to choose was also evident in Theresa’s, 30s Caucasian, comment about her role regarding household division: ‘I do like

to cook and clean ... but I would not want my husband to expect me to do them.'

Becoming articulate

Participants reported emotional reactivity with the material in the course, as well as in response to gendered issues in their life. Participants noted that they were developing skills in reducing their emotional reactivity and in increasing their ability to articulate their own concerns regarding gender bias and their social positions. Renee, Latina, 20s, remarked: 'I am less emotionally reactive and more articulate about gender.' Similarly, Bridget, a 30+ year old Caucasian, shared:

In the beginning ... I was very irritated and annoyed with this class. At the end, I recognized that my personal growth was learning how to sit in a room with people I respect and have relationship with when anxiety was high.

Participants were able to develop a language to identify internalized conflict concerning the negative role descriptions applied to them (e.g. the weaker sex, inferior, powerless). Rose, 50s, Caucasian, recounted that in the 1980s, she was very aware of gender role constraints and passionately modified her roles to fit the new values. But Rose would 'remove [herself] from any debate on gender because of the emotional attacks'. However, returning to gender-related conversation, she has now 'gained a vocabulary for many of my long-held internalized concepts and values'. Participants wrote that the expansion in the new language regarding gender helped them understand self and their significant others. It paved the way for stronger connections and deeper conversations.

Freedom

Many of the female participants aged 40 and over expressed being trapped within the confines of their traditional roles while the younger ones voiced frustration concerning their mothers not having an identity outside of the home. All participants resented the status quo and sought to 'develop an identity in something besides child-rearing'. Like many others, Rebekah, Caucasian 40s, desired to live up to her potential: 'A great part of change is differentiation from my husband. There is no longer a sense that what he does is more

important than what I do. I feel proud of myself for pursuing a long-held passion.'

Many participants stated that pursuing their life goals was a process. They reported that changes were incremental and were influenced by society, family of origin, and immediate relationships. Learning to pursue one's interest also means the need to let go. For Savannah, 40+ Caucasian, it meant 'allowing my husband to take more responsibility for the emotional domain in relationships'. That had empowered her to choose other interests over gender-role expectations.

Reclaiming power

The shift in perspective could also be seen in both how the women treated themselves and in their views about power differentials between genders. Georgina, an Iranian-Asian single mother in her 30s, shared: 'I am learning to be a little kinder to myself ... I am allowing myself to let the house go a little.' Similarly, when discussing issues of power, a 20+ year-old Caucasian revealed: 'I have opened my eyes to other areas to consider in relationships: power issues, politics and the issues surrounding the displaced homemaker.' Rather than being limited to see relational issues without an appreciation of the role of power and politics, the participants reported that their perspectives have been expanded to include a larger scope that helps them move towards relational balance. Leah, who left her work for full-time study, wrote: '[Although] I no longer earn the second income, my husband and I can still work cooperatively to give each other equal voice and equal opportunity in household schedules and structures.'

Action: active involvement in gender competent practices

Participants indicated that they wanted to move to the activism stage in their professional journey. Participants documented their desires to develop gender competent clinical practices. These students described being intentional in their approach to making gender an integral part of their clinical work. Zanni, Caucasian married with teenage children, sought to concentrate on her own journey first: 'I am going to do a gender inquiry using the suggested question format

... Even though some very traditional patterns may be difficult for me to reconcile, I believe my husband and I can make headway.'

The students who had previous experiences with gender education reported that having done considerable work beforehand, they were able to hone and sharpen the finer points on how to do gender-sensitive therapy. Emmelina, Caucasian, 30s, said: 'It helped me how to consciously conceptualize and gently bring gender issues into therapy.' Translating theory into practice, cultivating advanced empathy skills, and becoming intentional regarding gender issues were important themes when planning gender sensitive clinical work.

Translating theory into practice

Participants reported that they were able to take the information they learned and put it into action clinically and personally. Chan wrote: 'I felt empowered to come alongside women and explore with them their gendered beliefs and roles.' Chan echoed these remarks in her writings about future clinical work. Madeline, 20s, Caucasian, reported:

I have done some psycho-education with my teenage female clients around topics such as types of societal messages on how we are supposed to be as women ... and it has been freeing for them to understand and to recognize the gendered messages that they receive.

Cultivating advanced empathy skills

All participants endorsed the need to increase empathy so that they could contribute to the change in all genders. Jane reported: 'I have gained a better perspective on men's socialization so I can have greater empathy and compassion for how they too have been limited and wounded.' She wrote that before taking the course, she lacked empathy for the experience of males as also being limited by gender socialization. She is now able to appreciate and extend a new level of empathy to males. Sandy recounted a familial situation where the traditional role in her marriage has an impact not just on her but on her husband as well. She said: 'Staying home with the kids was not an option for him – not something he even considered. Also my taking a secondary role in the financial responsibilities for our family was not an informed decision.' Participants

indicated that by using the gender-informed lens, empathy would help to facilitate interpersonal understanding and better decision-making.

Intentionality with gender issues

The women talked about becoming more curious with people in their lives where gender was concerned. Janice, African-American, 20s, journalled, 'I have been raising more questions about gender inequalities I see in relationships. I am more aware of gender inequality. I feel very uneasy when I encounter it . . . but I tend to speak up more about egalitarian ideas than before.' Likewise, Chan stated: 'My attitude toward gender equality is no longer just a notion, but an action which must be executed practically.' Janice wrote that she has embraced a boldness to challenge the taken-for-granted stereotypes that continue to sustain inequality between the sexes. Annie disclosed how she called attention when gendered statements were made. She reported: 'Before I would often disregard these types of [gendered] statements, but now instead of ignoring them I have found myself asking where those beliefs came.'

Becoming more intentional with gender allowed participants to have discussions with family about gender-related hurts. Betty asserted: 'I shared my reactions in regards to some hurtful things [her parents] had said.' Similarly, Lucy, Caucasian, 30s, found her voice and was now able to speak from her more authentic self. She proclaimed:

I am becoming more flexible in my role as a woman and am more conscientious of reacting or functioning based on my gender 'programming' instead of from my authentic self. Additionally, I am giving myself more of a voice and speaking up about my needs, my fears, and my desires in a way that is directive while being expectant and open to negotiation.

In summary, female participants' journals indicated that addressing gender-related topics in the classroom had impacted them intrapersonally as well as interpersonally. As they began to process internally, they began to reshape their relationships. Additionally, they documented that they planned to become agents of change in the therapy room.

Discussion

While most participants alluded to prior knowledge in gender studies, their journals indicated that the participants were unconscious of a disconnection between one's intentions and one's actions concerning the issues of gender in their personal and professional identities. Since gaining awareness, they sought to align their ideas personally and professionally. The findings of this study present insight into the value of making visible cis-female students' understanding of the gendered world and converting their theoretical knowledge into practical activities. Additionally, participants' reflections provided examples of translating gender-informed theory into the actual gender-fair practices in ways that enhance personal and clinical development. As stated in the results, participants learned to cultivate empathy skills and to raise gender issues in ways that respect the shifting roles of all genders.

The participants' comprehension of gender empowered them to engage in critical thinking about gendered bias and power. The participants found themselves desiring to become agents of social change within their immediate places of influence that include families and clients (Belenky, Clinchy, Goldberger and Tarule, 1997). Their involvement in the change process was dependent not only on the implementation of gender competent skills, but also on their understanding of gender system within a cultural context. Therefore, it is critical for clinicians to explore how gendered power and bias are associated in these contexts.

Results indicate that there may be slight shifts in relational power dynamics within participants' personal lives. Some participants reported taking on additional opportunities to develop their own growth. Many participants indicated that they were conflicted between an older system of traditional gender values and the newer system of egalitarian values. This conflict could be a way of protecting the gender hierarchy because their change has threatened the taken-for-granted status quo of male dominance and power. The process of change was uncomfortable and guilt producing for several students, per their reports. Sustaining change may require participants to engage with the larger systems, including the cultural and social communities, to understand and practice empowerment and to work against gender inequality systemically.

Theoretically and practically, we acknowledge that attending to gender in clinical practice is complex. Gender intersects with several

variables including race, ethnicity, sex, age, sexual identities, etc. Intersectionality research that addresses this complexity is in its infancy, due to the level of methodological sophistication or theoretical development involved (Parent, DeBlaere and Moradi, 2013; Shields, 2008). This study attempted to highlight the voices of cis-females who have been considered as having lesser privilege compared to their male counterparts (Kimmel, 2012). Interpretation of the findings was done from the phenomenological experiences of this specific group of females comprising different ethnicities and age groups. Despite their differences in age and cultural background, participants gained new insights into the complexities of gender issues and furthered advanced in their possibilities in self-expression and self-realizations. We acknowledge that these are only the experiences of our participants. Further empirical work will need to validate trends of the larger population.

United States and Canadian accreditation standards for multicultural clinical competency emphasize that sensitivity should be demonstrated regarding diversity and gender (COAMFTE, 2014). However, such standards do not specify how gender topics be taught (Long and Sero-vich, 2003; Winston and Piercy, 2010) and what should be done to ensure how gender awareness and gender-fair practices play out in clinical experiences. Operationalizing gender perspectives within MFT curricula shows promise in reinforcing the participants' internal thermometer and rebuilding their activism. These findings correspond with the literature that calls for action and change to be infused into the educational process (Bean *et al.*, 2002; Winston and Piercy, 2010).

Implications for practice

Educators and clinicians need to ensure that their pedagogies and therapeutic interventions reflect values that make visible gendered norms. It is imperative for educators to provide learning materials that intentionally promote gender equality. Educators must ensure that the learning environment is one that endorses gender awareness and intentionality as students need gender-informed educators to demonstrate how gender equality works in therapeutic practice. Culturally competent educators must take an active role in modelling gender-informed competent practice in order to train gender-skilled clinicians.

As clinical supervisors, it becomes important for them to be aware that gender-knowledge development is a continual process. When supervisors recognize distorted gender roles during case consultation, it is critical to make gender a part of the discussion. This attention will allow the supervisor to point out in the moment issues around gender and to work with the student to develop a plan of action to address gender during the next therapy session.

Limitations and future directions

The participants in the study were heterosexual, cis-females. Future study could consider females who self-identified as lesbians and trans*. Collecting journals limited our ability to gain additional information, so additional studies should incorporate interview data and quantitative methods in order to further explore the experience of female students in a gender course. Participants indicated a greater ability to demonstrate gender-informed practices professionally than in their personal lives. It would be interesting to explore this intersection. This raises the question of how best to train and assess students whose personal values may not align with professional practice. Future research could explore how educators determine student competence regarding gender-informed practice. There is consensus related to the importance of gender competence, yet there is no criterion that indicates how trainees demonstrate gender-related competence. It is critical to explore educators' responsibility to aid students in moving beyond gender-informed knowledge of treatment to applying competent, ethical, gender-aware clinical services.

References

- Bean, R. A., Perry, B. J., and Bedell, T. M. (2001) Developing culturally competent marriage and family therapists: guidelines for working with Hispanic families. *Journal of Marital and Family Therapy*, **27**: 43–54.
- Belenky, M., Clinchy, B., Goldberger, N., and Tarule, J. (1997) *Women's ways of knowing: the development of self, voice and mind*. New York: Basic Books.
- Boyatzis, R. E. (1998) *Transforming qualitative information: thematic analysis and code development*. Thousand Oaks, CA: SAGE.
- Braun, V. and Clark, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, **3**(2): 77–101. doi: 10.1191/1478088706qp063oa
- Case, K. A. (2007) Raising male privilege awareness and reducing sexism: an evaluation of diversity courses. *Psychology of Women Quarterly*, **31**: 426–435.

- Chua, P. and Fujino, D. (1999) Negotiating new Asian-American masculinities. *Journal of Men's Studies*, **7**: 141–157.
- Cobb, R. A., Walsh, C. E. and Priest, J. B. (2009) The cognitive-active gender role identification continuum. *Journal of Feminist Family Therapy*, **21**: 77–79. doi: 10.1080/0895283090291139
- Creswell, J.W. (2014) *Research design: qualitative, quantitative, and mixed method approaches* (4th edn). Thousand Oaks, CA: Sage.
- George, J. and Stith, S. M. (2014) An updated feminist view of intimate partner violence. *Family Process*, **53**: 179–193. doi: 10.1111/famp.12073
- Good, G. E. and Heppner, M. J. (1995) Students' perceptions of a gender issues course: a qualitative and quantitative examination. *Counselor Education and Supervision*, **34**: 308–320.
- Commission on Accreditation for Marriage and Family Therapy Education (2014) *Accreditation Standards: Graduate and Post Graduate Marriage and Family Therapy Training Programs, Version 12.0*.
- Kimmel, M. (2012) *The gendered society* (5th edn). Oxford University Press: New York.
- Komter, A. (1989) Hidden power in marriage. *Gender & Society*, **32**: 187–216.
- Long, J. and Serovich, J. (2003) Incorporating sexual orientation into MFT training programs: infusion and inclusion. *Journal of Marital and Family Therapy*, **29**: 59–67.
- McDowell, T., Fang, S. R., Brownlee, K., Young, C. G. and Khanna, A. (2002) Transforming an MFT program: a model for enhancing diversity. *Journal of Marital and Family Therapy*, **28**: 179–191.
- McGoldrick, M., Almeida, R., Garcia Preto, N., Bibb, A., Sutton, C., Hudak, J. and Moore Hines, P. (1999) Efforts to incorporate social justice perspectives into a family training program. *Journal of Marital and Family Therapy*, **25**: 191–209.
- Mann, S. A. and Huffman, D. J. (2005) The decentering of second wave feminism and the rise of the third wave. *Science and Society*, **69**: 56–91.
- Morrow, S. (2005) Quality and trustworthiness in qualitative research in counseling psychology. *Journal of Counseling Psychology*, **52**: 250–260.
- Moustakas, C. (1994) *Phenomenological research methods*. Thousand Oaks, CA: Sage.
- Parent, M. C., DeBlaere, C. and Moradi, B. (2013) Approaches to research on intersectionality: perspectives on gender, LGBT, and racial/ethnic identities. *Sex Roles*, **68**: 639–645. doi: 10.1007/s11199-013-0283-2
- Patton, M. Q. (1990) *Qualitative evaluation and research methods*. Newbury Park, CA: Sage.
- Ponterotto, J. G. (2005) Qualitative research in counseling psychology: a primer on research paradigms and philosophy of science. *Journal of Counseling Psychology*, **52**: 126–136. doi:10.1037/0022-016752.2.126
- Quek, K. M. T., Eppler, C. and Morgan, M. (2014) Qualitative study on cis-male students' gender perspectives in the couple and family therapy classroom. *Journal of Feminist Family Therapy*, **26**: 199–217. doi:10.1080/08952833.2014.956281
- Quek, K. M. T. and Knudson-Martin, C. (2008) Reshaping marital power: how dual-career newlywed couples create equality in Singapore. *Journal of Social and Personal Relationships*, **25**: 511–532.
- Quek, K. M. T., Knudson-Martin, C., Rue, D. and Alabiso, C. (2010) Relational harmony: a new model of collectivism and gender equality among Chinese American couples. *Journal of Family Issues*, **31**: 358–380.

- Shields, S. A. (2008) Gender: an intersectionality perspective. *Sex Roles*, **59**: 301–311. doi: 10.1007/s11199-008-9501-8
- Stake, J. E. (2007) Predictors of change in feminist activism through women's and gender studies. *Sex Roles*, **57**: 43–54.
- Stevens-Smith, P. (1995) Gender issues in counselor education: current status and challenges. *Counselor Education and Supervision*, **34**: 283.
- West, C. and Zimmerman, D. (1987) Doing gender. *Gender and Society* **1**: 125–51.
- Wertz, F. J. (2005) Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, **52**(2): 167–177.
- Winston, E. J. and Piercy, F. P. (2010) Gender and diversity topics taught in commission on accreditation for marriage and family therapy programs. *Journal of Marital and Family Therapy*, **36**: 446–471. doi: 10.1111/j.175-0606.2010.00220x