

Integrating Feminist Approaches in Counseling Work With Adult Women

Kristen M. Toole

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Keywords

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Kristen M. Toole

Kristen M. Toole

<https://orcid.org/0000-0002-3526-1505>

Educational Studies Department, The Ohio State University.

Correspondence

Kristen M. Toole, 305 Annie John Glenn Avenue, PAES Building, 4th floor, Columbus, OH, 43210, Email: toole.39@osu.edu

Abstract

The scope of "women's issues" in counseling is an ever-evolving landscape. Recent events such as the reversal of *Roe v. Wade* and the disproportionate impact of COVID-19 on women serve as powerful reminders of the necessity of this focus while underscoring a deep-rooted history of oppressive patriarchal structures. Therefore, counselors must remain informed of the unique considerations surrounding adult women in counseling and acquire proficiency in versatile techniques to meet this population's nuanced needs. This article examines the complexity of contemporary womanhood and explores the fundamentals of Feminist Counseling Theory (FCT), a holistic, multiculturally conscious, social justice theory in counseling. It further illustrates the benefits of FCT as a foundational framework supportive of various women's concerns and demonstrates how the integration of FCT into counseling settings will enrich the counselor-client relationship and allow for improved outcomes.

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It would be irresponsible not to address the definition of women when discussing women's issues. Therefore, inclusivity and the intention of terminology must first be examined. For centuries, dichotomous colonial thinking misled people to believe that the concepts of sex and gender existed in binaries or, even worse, that sex and gender were synonymous and should be conflated (Lindqvist et al., 2021). However, we know those colonial systems of subjugation were built on and benefited from the organization of individuals into oppressive and artificial constructs such as these categories. Biological sex or sex assigned at birth, which does not exist explicitly in a binary, refers to the chromosomes and physical characteristics an individual possesses at birth and is most frequently determined by the medical community (Lindqvist et al., 2021). Gender is a dynamic idea designed by society and is associated with an individual's identity based on various factors, such as social and cultural norms of feminine and masculine (Lindqvist et al., 2021). It exists on a continuum and is declared by the individual. Therefore, 'womanhood' is a complicated construct. Society may subject some to harsh criticism for ownership of this identity while incorrectly assuming that others should or do hold it. For this article, a 'woman' is considered any individual who identifies as such, whether publicly or privately, consistently or intermittently, now or later, and irrespective of sex assignment at birth or biology. Because if we hope to be successful in advancing the cause of women and making meaningful progress in doing so, we must move together as a community against all forms of oppression (Martin & Smith, 2020). And to do this, we must begin by ensuring accurate representation and acknowledging all individuals who belong to the community of women.

Disparities in Research

Though not ordinarily the focus of research, one of the most prevalent and predictable findings identified across the mental health field is a gender gap amidst diagnosis, risk and protective factors, help-seeking behaviors, prognosis, and treatment (Riecher-Rössler, 2017). Rates of depression, anxiety, and trauma and stressor-related disorders are higher among women, as are a variety of life complications and risk factors such as sexual abuse, the experience of violence (e.g., domestic violence and physical abuse, sexual assault and sexual violence, and sex trafficking), exposure to lack of equality and resultant discriminations, an increased lifespan, and potential hormonal implications (Kuehner, 2017; Li & Graham, 2017; Wong, 2017). To date, much research conducted in healthcare and related fields has overlooked issues of sex and gender and their significance (Heidari et al., 2016; Howard et al., 2017). A persistent and critical gender gap exists in the representation of women in medical research, and mental health research is historically often gender-neutral in its design (Heidari et al., 2016). In either case, issues concerning sex and gender are frequently and unequivocally omitted, making research findings intentionally or inadvertently distorted (Heidari et al., 2016) and less impactful.

Though historical trends in health research have been misrepresentation, minimization, or omission of the roles of sex and gender (Martin & Smith, 2020; Peters & Norton, 2018), recent years have seen increasing awareness regarding an irrefutable lack of equity (Heidari & Bachelet, 2018). Contemporary research calls for more intentional and concerted inclusion efforts (Heidari & Bachelet, 2018; Martin & Smith, 2020; Peters & Norton, 2018). Despite this acknowledgment, women remain underrepresented in research, and the significance of sex and gender frequently remains unexamined (Peters & Norton, 2018). Counselors and counselor educators must remain persistent in their commitment to staying abreast of relevant trends and concerns unique to adult women to provide the best care to these clients (Wong, 2017), with such an apparent lack of meaningful representation in the research.

The Impact of Current Events

Current events serve as further proof of the necessity of a focus on the lives of women. These words find their way to paper in the devastating wake of the overturn of *Roe v. Wade* when the United States Supreme Court determined that people with uteruses should no longer be allowed bodily autonomy (Coen-Sanchez et al., 2022). In the early summer, a ruling that had been in place for almost half a century was reversed (Jarrell et al., 2022). The previous law cemented the constitutional right of individuals to exercise choice and agency regarding their healthcare (Coen-Sanchez et al., 2022; Jarrell et al., 2022), free from the inappropriate and unjust involvement of a government motivated by conspicuous religious morals and patriarchal white supremacy. The recent federal revocation resulted in reverberations in over half of the states, additional restrictions in others, and various legal and ethical implications (Jarrell et al., 2022). Perhaps most disquieting is the prevailing suspicion of untold impending ramifications.

For many, the loss of legal, safe access to this form of healthcare may have far-reaching implications (Coen-Sanchez et al., 2022; Jarrell et al., 2022). Additionally, those who will undoubtedly be unreasonably and unequally impacted are the same individuals as always, women at the margins, women of color, and women of lower income (Coen-Sanchez et al., 2022; Jarrell et al., 2022). These individuals are already at risk and do not have equal access to support and resources (Coen-Sanchez et al., 2022; Jarrell et al., 2022). Furthermore, the limitation of access to healthcare and restrictions on reproductive rights does not only affect cisgender heterosexual women. These issues are also critical to members of the LGBTQ+ community (Stone, 2016). This revocation will disproportionately impact those who exist in the intersections and at the margins who have consistently endured intentional oppression and erasure, which will now only be exacerbated.

Therefore, as unthinkable as this recent revision may have initially appeared, it is only a tiny piece of what has been a landscape of infinitely inescapable and now increasing (Roberts & Rizzo, 2021) inequity and injustice. For centuries, political, psychological, social, and cultural forces have sustained systems of oppression (Roberts & Rizzo, 2021) which have subjugated those living at the intersections of marginalized identities, who have experienced not only inequity and discrimination but been robbed of their most fundamental freedoms and human rights. In many cases, persecutors justify their actions through a warped and weaponized sense of superiority (Roberts & Rizzo, 2021) and religious morality (Stone, 2016), and in all cases, women, religious minorities, black and brown people, those with disabilities, and LGBTQ+ people are the ones who suffer the most (Coen-Sanchez et al., 2022; Gruberg et al., 2021; Jarrell et al., 2022; Roberts & Rizzo, 2021; Stone, 2016). We need to look no further than social movements like ‘Back Lives Matter,’ ‘Black Women are Divine,’ ‘Me Too,’ Pride parades, Women’s March, and ‘Say Her Name’ to see that in more recent years, marginalized groups are calling attention to their longstanding history of oppression (Roberts & Rizzo, 2021) and intentional erasure and through action and advocacy are demanding equality. Still, the conceptualization that no one alive today will see the achievement of equality (Haynes, 2021) serves as a potent reminder of the critical and imperative nature of upholding the values of promoting social justice and advocacy (American Counseling Association, 2014) positioned at the very core of the counseling profession.

Implications for Counseling

In their Opposition to Overturn of the Roe v. Wade statement on June 24, 2022, the American Counseling Association (ACA, 2022) acknowledges that this overturn has the potential for a myriad of ramifications for clients. In the coming months, counselors may encounter clients whom this ruling has personally impacted. These clients may be experiencing an increase in stress, anxiety, depression, economic hardship, interpersonal relationship complications, and a decrease in food, housing, job or income security, relationship stability or satisfaction, and mental or physical health (ACA, 2022). For counselors, this may result in more than a change in the distribution of presenting problems in the context of the current sociopolitical climate, as women express more concern with equity issues (Martin & Smith, 2020). They may also find themselves in a moral dilemma, as there has been discussion surrounding the potential mandatory reporting requirements regarding these intended or completed healthcare practices. The ACA indicates that being placed in this position is “unethical” as it would require counselors to violate client confidentiality or face the threat of legal consequences. New legislation proposes that counselors failing to report clients who have or are planning to complete abortions should potentially face charges of “aiding and abetting” (ACA, 2022).

In addition to recognizing the disproportionate detriment to women, the ACA further opposes the overturn, as it is not in alignment with the values of our profession, which upholds the rights of all individuals to autonomy and confidentiality (ACA, 2022). They advise concerned counselors to seek legal consultation regarding the best practices in their jurisdiction (ACA, 2022). With these added and unexplored considerations at play, counselors may encounter the experience or exacerbation of a ‘bifurcation of consciousness’ discussed by feminist sociologist Dorothy Smith (1974) and examined by Appelrouth –Edles (2015). Smith (1974) used this language to elucidate the unique lived experience of those who belong to subordinate groups. Such individuals may see the world as split in two; the way it authentically is for them and the way they must learn, through an altered perception, to align their view with the dominant perspective and perform accordingly (Appelrouth & Edles, 2015).

Counselors and counselor educators must remain vigilant and continue in the dogged pursuit of equity, access, and safety, especially where their clients are concerned. Because if recent events such as the reversal of Roe v. Wade have proven anything, it is that complacency can be dangerous. In the half-century since 1970, some may have believed that the ‘gender revolution’ work was all but done. However, although the movement saw significant gains overall (e.g., increases in women’s employment, the proportion of women completing bachelor and doctoral degrees, and in the representation of women in

management positions and STEM fields), in the few decades since the 1990s, progress has seen a critical decline and, in some cases, a halt entirely (England et al., 2020). Before this recent regression of rights, and in light of the COVID-19 pandemic, which disproportionately impacted women in areas of economics and employment, previous projections put the attainment of gender equality still a staggering 136 years away (Haynes, 2021).

Having knowledge of historical contexts and awareness of current events can provide counselors with valuable perspectives and crucial understanding regarding their clients' lives. However, these are only pieces of a multifaceted and multidimensional picture. The ACA Code of Ethics outlines professional counselors' commitment to "enhancing human development throughout the life span" (ACA, 2014, p.3). Upholding this commitment requires an appreciation of the developmental and dynamic nature of clients' lives across their lifetimes. Specifically, an interdisciplinary philosophy such as the biopsychosocial model can provide a practical entry point for conceptualization and client care, as it furnishes an understanding based on the interplay of various significant factors (i.e., biology, psychology, and society) (Newman & Newman, 2018).

In addition to employing a responsive and integrated approach, counselors are dedicated to "honoring diversity and embracing a multicultural approach in support of the worth, dignity, potential, and uniqueness of people within their social and cultural contexts" (ACA, 2014, p.3). The values of the professional counseling field necessitate a holistic view of clients, a standpoint that considers their complex, comprehensive existence. Operationalizing these values through a culturally competent contextual framework permits counselors to understand that each client has a unique experience of reality at the convergence of multiple systems of influence (Neville & Mobley, 2001; Wong, 2017). Furthermore, an understanding that each of these systems is in constant flux can give additional weight to the appreciation that the scope of counseling considerations is ever-changing.

Issues Unique to Adult Women

Womanhood occupies a seemingly impossible space, as it is formed by two overlapping and diametrically opposed locations; the margins and the center. At the margins, women navigate various responsibilities in systemic and social contexts, encountering everyday reminders of cultural and societal inequity (Martin & Smith, 2020; Wong, 2017) that reinforce these structures were not designed for them. While at the center of their myriad interpersonal roles and relationships, women encounter evidence of meaningful contributions, which can reify their value and self-worth (Wong, 2017). The systems and structures in which women live ultimately shape their understandings of self and impact the formulation and expression of their identities (Wong, 2017). All women permanently exist, at least partially, within systems of oppression that impact their mental health and wellness, and for women who hold marginalized or multiple marginalized identities, the force of these systems is magnified (Wong, 2017).

Because life's challenges are ever-changing and evolving, compiling a list of 'women's issues' in counseling is an impossible task. Although some of the concerns adult women bring to counseling sessions may be directly related to biology, sex assignment, or gender, counselors will likely find that when working with women, they encounter as much within-group variability as between-group variability. Gender is merely one component of a woman's identity. Other significant aspects of social location and identity that comprise the total self-concept are class, race, ethnicity, citizenship, religion, ability, spirituality, and sexuality (Wong, 2017). As the shape of our culture and society shifts, so do clients' struggles, and counselors may feel uncertain that they are equipped with the information and tools to serve this population best (Borzumato-Gainey et al., 2009), and so must work to develop and maintain appropriate competencies (Wong, 2017). Based on the current average life expectancy (79 years), the period of adulthood, which begins around age 24 (Newman & Newman, 2018), accounts for the largest segment of human life. From a developmental perspective, there is still much to accomplish (Newman & Newman, 2018).

Although it is not plausible to create an exhaustive list of the challenges women face in adulthood, it may be meaningful to acknowledge some prevalent issues and themes they could confront (Newman & Newman, 2018). Therefore, Table 1 captures some of the considerations consistent with this timeframe. The following itemization (Table 1) serves merely as a guideline to provide possible relevant counseling considerations that clients could encounter. Therefore, in addition to listing salient themes, a second column is provided that includes concepts no less significant, although perhaps less often considered. The depiction of issues within subcategories (either age or consideration type) is not intended to indicate a restrictive representation of how or when they should occur for any individual. Instead, the intention is to assist counselors with expanding their attentiveness in working with adult women.

Table 1*Counseling Considerations Associated with Adulthood*

Age	Prevailing Themes	Additional Considerations
Early Adulthood (24 to 34 years)	<ul style="list-style-type: none"> • Exploring and initiating intimate relationships • Beginning a career • Cultivating lifestyle • Developing a social network and discovering group identity 	<ul style="list-style-type: none"> • Deciding whether to introduce children (pregnancy & childbirth, issues of (in)fertility, miscarriage, adoption) • Job loss • Separation & divorce • Feelings of isolation
Middle Adulthood (34 to 60 years)	<ul style="list-style-type: none"> • Nurturing intimate relationships • Managing & expanding a career • Building network of caring relationships • Navigating household considerations • Finding purpose 	<ul style="list-style-type: none"> • Preservation of passion & intimacy • Remarriage & blended families • Balancing work & personal life • Caring for aging parents • Joblessness & homelessness • Feelings of stagnation
Later Adulthood (60 to 75 years)	<ul style="list-style-type: none"> • Examining life satisfaction • Redirecting energy toward new roles, relationships, & activities • Promoting mental & intellectual well-being • Forming viewpoint surrounding end of life & death 	<ul style="list-style-type: none"> • Experience of illness, disability, or health complications • Finding role in intergenerational relationships • Grandparents as caregivers • Partner loss • Feelings of despair

Feminist Counseling History and Foundations

Although frequently overlooked or considered ancillary to traditional approaches, in itself an overtly undermining message, Feminist Counseling Theory (FCT) is a holistic, multiculturally conscious, social justice theory in counseling that possesses all of the necessary components to be a solid foundational framework for professional counselors to provide appropriate therapeutic support to a range of populations (Israeli & Santor, 2000; Jodry & Trotman, 2008; Levitt, 2010). Quick on the heels of Rogerian ideas of the significance of the therapeutic relationship and view of clients as people rather than diagnoses were the first feminist psychotherapists (Brown, 2018). The confluence of these feminist psychotherapists' lived experiences and encounters with feminist consciousness-raising groups would ultimately manifest FCT (Brown, 2018). At the time of its inception, one of the driving forces was raising awareness regarding the prevalence of unjust societal practices and systemic oppressions, including harms enacted in the field of psychotherapy (Brown, 2018). The outcomes associated with acknowledging and validating these experiences of mistreatment, misogyny, and persecution were overwhelming. As early feminist psychotherapists witnessed the power of their work, their actions became more intentional, and their advocacy efforts grew.

Practical Counseling Applications

A practice built on a solid theoretical foundation, including requisite multicultural considerations and necessary social justice aims, is imperative to the counseling profession. However, though many conventional counseling theories can be adapted for these uses, they were not all constructed with this purpose in mind (Singh et al., 2020). Born out of necessity and deficiency, Feminist Counseling Theory is a corrective to the irrefutable absence of previous therapeutic frameworks representative of anyone other than the dominant culture (Brown, 2018). Feminist Counseling Theory shares with the field of counseling aims

of clients achieving personal goals through holistic, culturally competent interventions. The following explores the tenets of feminist counseling theory and hopes to provide counselors with a practical entry point to the philosophy so that it may be immediately integrated into counseling settings (Brown, 2008).

Feminist Counseling Philosophy

As the findings and teachings of feminist psychotherapists became more widespread and methodical, themes began to emerge as central to their philosophy which became the underpinnings of the theory. Feminist Counseling Theory is organized around fundamental tenets that inform its implementation in practice settings: 1) the personal is political; 2) the counseling relationship is egalitarian; 3) clients' experiences are honored; and 4) diagnosing is reconceptualized (Ballou et al., 2007; Brown, 2008; Brown, 2018; Jodry & Trotman, 2008) These principles are briefly explored below, and approaches for integrating these philosophies into practice are discussed in the subsequent section.

Feminist Counseling Theory informs counselors that the 'personal is political' (Brown, 2018). At first glance, the statement appears to conflate two contexts which often appear in juxtaposition. However, individuals do not exist within a vacuum. Upon further examination, it becomes clear that this principle intends to illustrate the impact and influences of the larger systems (e.g., environment, culture, and society) on those within, including one's personal life and identity (Neville & Mobley, 2001; Wong, 2017). Perhaps the very essence of FCT is the belief that the counseling relationship should be egalitarian (Brown, 2008; Brown, 2018; Jodry & Trotman, 2008). In feminist counseling relationships, clients are the experts in their own lives (Brown, 2008). Therefore, as equals and experts, clients are not only individuals whose accounts are believed but also people capable of making informed choices about their needs and treatment. The feminist theoretical orientation also highlights the importance of honoring and validating clients' individual experiences and places particular emphasis on integrating experiences of oppression and naming their harms (Brown, 2018). Particularly feminist counseling uplifts the stories of those traditionally 'othered' by society and views them as the most valuable accounts of the world (Brown, 2018). Finally, FCT reconceptualizes the definition of mental illness as it rejects the illness model and analyzes various contexts and factors that may contribute to a person's experience of distress (Brown, 2018).

Personal as Political

The personal-political conceptualization is one approach that can improve client outcomes by serving as a liberatory tool (Ballou et al., 2007; Brown, 2018). In addition to examining the interplay of biological, psychological, and societal factors, the feminist framework incorporates the significance of the impact of the spiritual-existential domain in exploring client concerns (Brown, 2018). Recognition of the existence and interplay of these considerations are critical components of culturally competent practice. However, spiritual-existential issues are often afforded little time in multicultural coursework (Rupert et al., 2019). Feminist counseling practices acknowledge the significance of spiritual-existential issues and the various ways they may be brought into the counseling conversation (Rupert et al., 2019) as clients deliberate existence and wrestle with life's complex issues.

Further, because liberation is at the heart of a feminist counseling practice (Ballou et al., 2007), analyzing how power dynamics influence each of these contexts is a critical part of the work. Moreover, encouraging clients to consider such a lens can bring about social change through advocacy and emancipatory empowerment. Counselors can support clients in critically examining the discriminatory systems, roles, and contexts in which they exist (Brown, 2018; Wong, 2017). Through this careful analysis, clients may begin recognizing the impacts of external forces on their health and well-being (Brown, 2018; Wong, 2017). Counselors can further support clients through this process by acknowledging the potential influences on their self-perceptions and supporting them in reframing perspectives about their positionality and accountability (Wong, 2017). Counselors utilizing a feminist approach to care can advocate for social justice and the empowerment of their clients by encouraging social actions and activism that would improve their clients' existence by producing positive change in their lives and communities.

Egalitarian Relationships

To establish egalitarian relationships, counselors must position themselves not as experts but as outsiders who hope to help their clients. Counselors begin the counseling relationship by acknowledging that clients do not know them and are, therefore,

not expected to trust them implicitly (Brown, 2018). In the beginning, counselors must take care to outline the nature of the therapeutic relationship and discuss expectations for each counselor and client as respective participants. They also need to discuss the essence of the client's hopes for treatment and review the work they anticipate doing together. Throughout this process, counselors view clients as experts concerning their experiences and trust their narratives (Brown, 2008).

Counselors can work with clients to support and assist them in reaching their goals, and they should expect to learn from their clients. Along the way, counselors may use appropriate self-disclosure to balance the relationship's power dynamic, successfully build rapport and bolster a balanced working therapeutic relationship where the client feels affirmed and accepted. Counselors should always assume the responsibility for broaching (Choi et al., 2015); this entails but is not limited to acknowledging their identities (Wong, 2017) and privilege, inquiring about perceived barriers to success, and maintaining mindfulness of access and representation throughout their work (including conversational examples, suggested or provided literature, and other resources) (Brown, 2018). Ultimately, clients must determine whether the counselor-client relationship is a good fit and whether the work will continue. The quality of the therapeutic relationship is a critical component of success, as it is the most potent factor contributing to positive results in therapy (Baier et al., 2020).

Honoring Experiences

Early feminist psychotherapists learned of the overwhelming positive implications of acknowledging and validating individual experiences (Brown, 2018), and this method has remained a cornerstone of feminist counseling practice. Client experiences and associated thoughts and feelings are accepted and affirmed by feminist counselors (Brown, 2008; Brown, 2018). Additionally, a feminist approach to counseling practice takes special care to name inequities, oppression, and their harms (Brown, 2008; Brown, 1994, 2018). In particular, feminist counselors value the stories and experiences of those individuals who are frequently intentionally excluded or erased from the narrative of the dominant culture (Brown, 2018). As a holistic philosophy, Feminist Counseling Theory recognizes that it is not possible to obtain a holistic worldview without the inclusion of all perspectives. Therefore, feminist counselors make every effort to recenter the conversation around individuals who are frequently marginalized and discounted (Brown, 2008; Brown, 1994, 2018). Feminist counselors appreciate diversity and recognize how systems of oppression and discrimination have intentionally prevented marginalized and underrepresented populations from achieving broader gains, such as equality, by also limiting meaningful access, financial prosperity, various opportunities, fundamental human rights, and safety (Ballou et al., 2007; Brown, 2008; Brown, 1994, 2018).

On Diagnosing

Feminist Counseling Theory is non-pathology-oriented (Brown, 2018; Jodry & Trotman, 2008). Therefore counselors utilizing a feminist approach to care typically experience ambivalence in diagnosing their clients (Brown, 2018) and would prefer to spend time focusing on the empowerment and strengths of their clients rather than their symptoms (Ballou et al., 2007; Brown, 2008; Brown, 2018). For feminist counselors, diagnosing can pathologize reasonable and logical emotional responses to life experiences (Brown, 2018). Nevertheless, because many feminist counselors find themselves in practice settings that require them to assign diagnoses to obtain reimbursement for their services, they have little choice (Brown, 2018) but to make a selection from the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 2013). However, this medical construct of normal versus abnormal mental health necessitates a conversation with clients about the limitations of diagnosing inside and within the limits of the preordained, patriarchal, colonized establishment. This conversation is about intentionally languaging and expanding the understanding of 'symptoms' and reimagining them as the external and perceivable manifestations of the client's discomfort (Brown, 2018).

Once a clear set of symptoms are established, the best practice for diagnosing is often a dualistic approach. First, diagnoses should be conservative. As counselors take stock of the signs and factors clients describe, they should conceptualize the constellation of symptoms in the most cautious and least limiting way possible to be accurately captured by an available diagnosis in the DSM-5 while respecting the client's holistic experience and autonomy. Next, diagnosing should be collaborative. Once the counselor has developed a potential diagnostic impression, they can have a conversation with the client regarding what they have heard about the presence of symptoms and clarify if their understanding is accurate. Finally, the counselor can share with the client their thoughts surrounding the phraseology from the DSM-5 that is the most accurate representation of their experience and ask the client to weigh in on their selection (Brown, 2018). This dialogue allows the diagnostic process to be person-centered, relationship-based, and transparent.

Discussion

There is a persistent deficit in investigations surrounding the impact of sex and gender on mental health and well-being (Heidari et al., 2016; Howard et al., 2017), even as recent current events serve as overwhelming evidence and reify the imperative focus on the lives and health of women. As a result, whether intentionally or inadvertently, women remain underrepresented, and their unique concerns are insufficiently unexamined in extant research (Heidari et al., 2016; Peters & Norton, 2018). Therefore, the counseling field lacks critical knowledge that has potentially significant implications for current education and practice (Riecher-Rössler, 2017). Until this deficiency is rectified, counselors must care for their clients while making thoughtful and informed choices regarding approaches best suited to meet their needs by promoting mental health, wellness, equity, access, and safety. Uniquely situated to identify and implement culturally and contextually appropriate interventions and techniques with their clients, counselors must commit to a thorough ongoing review and intentional inclusion efforts.

Women's lives may often be spent skillfully navigating the tumultuous intersections of conflicting realities, spaces thick with acceptance and achievement and fraught with rejection and disempowerment. To adequately care for this population, counselors should be equipped with knowledge grounded in a theoretical framework carefully crafted with the nuanced needs of this population in mind. Beneath tenets that examine positionality and power, emphasize equality, respect and recenter 'other,' and denounce medicalization (Ballou et al., 2007; Brown, 2008; Brown, 2018; Jodry & Trotman, 2008), Feminist Counseling Theory also possesses an undeniable undercurrent of social justice, empowerment, and advocacy that runs parallel to the calling of the counseling field. However, for a theory that confronts complex constructs, rather than offering complicated technical methods for mastery, FCT offers sensible, relational strategies that can be immediately implemented in counseling settings to care for clients. Failing to integrate such a valuable framework into a working theoretical knowledge base is a disservice to adult women, among others, and could leave counselors feeling stymied in providing therapeutic support. However, the integration of FCT as a foundational framework can support various clients and supply the benefits, among others, of elevating the counseling practice and deepening the counselor-client relationship.

Limitations and Future Considerations

Although Feminist Counseling Theory has much to offer, and the research indicates the underlying principles of the theory are encouraging (Israeli & Santor, 2000), it is still a widely underemployed framework. Its underutilization as a whole is likely attributable to two primary obstacles. The first barrier, Jodry –Trotman (2008) articulated nearly fifteen years ago, is a shortfall that remains to be addressed, that too few counselors are sufficiently familiar with the theory. This lack of training and experience translates to an inability to understand or adequately implement the framework in practice settings.

The second constraint is a common misassumption that FCT is only an appropriate framework for White, cisgender women. However, feminist counseling is more now than in its emergence as a response to the sexist shortfall in psychotherapy. Influenced by the work of scholars and activists such as Audre Lorde, Angela Davis, Gloria Anzaldua, and Patricia Hill Collins, who centered the identities of Black, Chicana, and LGBTQ women with global perspectives, the feminism and FCT of today recognize the necessity of the inclusion of all aspects and intersections of identity (Wong, 2017). FCT, now long understood as not only appropriate for women (Brown, 2008), is considered a theory of multiculturalism and social justice (Jodry & Trotman, 2008), as it provides a model for compassion and empathy for clients who exist inside a substructure constructed by oppressive architects.

In addition to being an ideal framework for women, FCT is also an appropriate framework for working with couples, families, individuals of any gender, including gender expansive and gender-non-conforming individuals, and children. Therefore, counselors and counselor educators must call for increased training and competency in Feminist Counseling Theory and practice, as integrating feminist approaches will advance the counseling field (Jodry & Trotman, 2008). Like the counseling profession, FCT endeavors to maintain a holistic lens and help clients achieve their personal goals. FCT rejects the illness model, accounts for intersectional identities, and promotes an egalitarian counselor-client relationship that supports intentional collaboration and co-creation (Jodry & Trotman, 2008) and is consistent with the profession's social justice and advocacy mission.

Conclusion

As women carry out their lives amid constructs that intentionally or inadvertently ostracize them, they are continually presented with moving targets of subsistence and success. They must perpetually learn to fit into new spaces and meet new demands. Working to support them as counselors is consistently challenging as well. If counselors hope to meet the complex and diverse needs of this community of individuals, they must equip themselves with an appropriately expansive set of skills and tools. The foundations of Feminist Counseling Theory mirror the underpinnings of modern counseling (Israeli & Santor, 2000) and imitate relevance and gravity in issues of social justice, empowerment, and advocacy while offering practical strategies for approaching the counseling relationship.

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