WIDENING THE LENS:
FEMINIST LEARNING IN COUNSELLING AND PSYCHOTHERAPY

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ABSTRACT

Widening the Lens: Feminist Learning in Counselling and Psychotherapy

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This study examines the formal, informal, and non-formal learning experiences of feminist-identified counsellors and psychotherapists working within the Violence Against Women (VAW) and Gender-Based Violence (GBV) sector of community-based social services in Ontario, Canada. Using critical, feminist polyethnography and intersectional and feminist theories, this study discusses the participants' and researcher's experiences in the field. The participants' narratives contribute to the understanding of intersectional feminist pedagogies in counselling and psychotherapy practices and spaces. Additionally, the study offers recommendations for post-secondary programs, wise practice approaches to intersectional clinical supervision, and a framework for community of practice models of peer supervision.

Keywords: feminist theory, intersectional theory, psychotherapy, social work, adult learning, feminism

PREFACE

As a queer, disabled mother, activist and scholar born of a German immigrant father and German-Jewish refugee mother, I have been afforded Eurocentric white, middle-class privilege while learning, living and loving on the traditional territory of the Michi Saagiig Nishnaabeg.

Knowledge Keeper Anne Taylor of Curve Lake First Nation reminded me that we are treaty people of Treaty 20 and two Williams treaties. ("Remember," she said, "there are two"). We know now, from voices such as Michi Saagiig Elder Gidigaa Migizi-ban/the late Doug Williams (Gidigaa Migizi, 2018), that these treaties were not designed, nor enacted, in a good way, and that the traditional waterways, food sovereignty, land access, and human rights on this land have been forever scarred by centuries of violent colonization, gender-based violence, and genocide.

This is the place where I begin this dissertation—on the land where the Odenabe, *the river that beats like a heart*, has had its rhythm broken by the Trent Severn Waterway on its journey to Nogojiwanong, *the place at the end of the rapids* that sing no more. As Indigenous scholars Drs. Leanne Betasamosake Simpson (2014), Sarah Hunt and Cindy Holmes (2015) tell us, in resistance and resilience, the scars against the land are scars against the body; and in reverse, our pain from interpersonal violence impacts the caretaking of the world around us. It is our responsibility to listen to the stories and give land back, water back, lost dreams back, lost childhoods back, lost bodies back. With this healing intention, I offer gratitude to the teachings that have guided us through the stories in this dissertation. May we hold these stories together to honour Michi Saagiig ancestors and all our relations.

Vielen Dank. Chi Miigwech. With gratitude.

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To Rachael, Aidan and Cohen: thank you for loving and supporting me (endlessly) through this journey.

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To my parents: thank you for raising me to believe in humanity's potential for compassion and equity through stories of social activism, shared and intersectional values, and personal truth.

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To the incredible practitioners who learn and reflect on feminist and intersectional lenses of psychotherapy and social work: remember that despite the difficult and sometimes treacherous path to authenticity in anti-oppressive and anti-racist care work, I see you, I am grateful for you, and I stand with you.

This dissertation would not have been possible without the contributions of courageous, vulnerable and brilliant study participants, Emma, Mandy, Kim, Maddy, Lauren, Bethany, Brenda, Luvnish, and Justin; expert consultants Dr. Nona Robinson, Alison Rodgers, MSW, RSW, PhD student, Karine Rogers, MSW, RSW, Ziysah von Beiberstein; and my own feminist therapist, Patricia Train, MSW, RSW.

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List of Abbreviations and Symbols

2SLGBTQIA+: Two-Spirit, Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual and other gender and sexual minorities and gender-expansive people

ACT: Acceptance and Commitment Therapy

AOP: Anti-Oppressive Practice

ARAO: Anti-Racism/Anti-Oppression

AWRCSASA: Antigonish Women's Centre and Sexual Assault Services

BIPOC: Black, Indigenous and People of Colour

BSW: Bachelors in social work

BWS: Battered Women's Syndrome

CASAC: Canadian Association of Sexual Assault Centres

CBT: Cognitive and Behavioural Therapy

CRPO: College of Registered Psychotherapists of Ontario

DBT: Dialectical Behavioural Therapy

DSM: Diagnostic and Statistical Manual of Mental Health Disorders (DSM-III-R is the third edition, revised)

EMDR: Eye Movement Desensitization and Reprocessing

FCCP: Feminist Counselling Community of Practice

GBV: Gender-Based Violence

GTA: Graduate Teaching Assistant

HPRAC: Health Professionals Regulatory Advisory Council

JD: Juris Doctor

MP: Member of Parliament

MPD: Masochistic Personality Disorder

MSW: Master of Social Work

NAC: National Action Committee on the Status of Women

OAITH: Ontario Association of Interval and Transition Houses

OCRCC: Ontario Coalition of Rape Crisis Centres

OCSWSSW: Ontario College of Social Workers and Social Service Workers

PTSD: Post-Traumatic Stress Disorder

REB: Research Ethics Board

RP: Registered Psychotherapist

RSW: Registered Social Worker

SAC: Sexual Assault Centre

TVIP: Trauma- and Violence-Informed Practice

VAW: Violence Against Women

WAVAW: Women Against Violence Against Women

WSC: White Supremacy Culture

Author's Note

It is important, in this dissertation, to clarify that I am using the terms *feminist counsellor* and *feminist therapist* in parallel and distinct ways. I use the terms *feminist counsellor* and *feminist therapist* to describe those working at feminist non-profit organizations providing services to support healing from gender-based trauma. The term *feminist counselling* has been used in the sector for decades to describe the care work conducted by staff and volunteers, including peer support, crisis support, safety and stabilization techniques, and short-term counselling. The term can also be used by term to identify personal and political beliefs about history, funding, and credentialing within the sector. In Ontario, *feminist counselling* has also been used in funder mandates and reporting to describe the work conducted in feminist non-profit organizations. In my experience, feminist counsellors are often inspired to enter the field through gender and women's studies programs or through lived experience and activism; they may not have graduate-level credentials in psychotherapy or social work, and may be particularly engaged with feminist psychoeducation.

The term *feminist therapist*, in my organizational leadership experience, has been more associated with practitioners engaged with regulated psychotherapy techniques through a feminist lens. In Ontario, feminist therapists often have a Master of Social Work, Master of Counselling Psychology, or equivalent graduate degree, and are registered with an associated professional regulatory college. I have found that feminist therapists, most often, offer longer-term psychotherapy in mental health or trauma-related organizations and in private practice.

In my opinion, both feminist counsellors and therapists offer equally relevant and complementary healing supports for survivors of gender-based violence (GBV), but experience different pay equity challenges, recruitment barriers, and a lack of

recognition for their areas of specialization and expertise. It is essential that I name both these professional titles in this research to fully express the historical and contemporary contexts of their contributions to the field and ongoing advocacy for feminist practice. Additionally, as you will read in the following pages, I believe that feminism is not only a lens used to practice psychotherapeutic modalities, but that feminist therapy is a modality in its own right.

Chapter 1: Feminist Therapy as Care Work

Throw it down (the caution blocks you from the wind)

—Alanis Morissette, *Jagged Little Pill*, 1995

Driving back from Toronto after seeing *Jagged Little Pill: The Musical* (Morissette et al., 2023) in October 2023, I contemplated the ways in which survivors of sexual violence, like me, often bridge care work and activism to both engage in self-healing and offer care to others. The premise of the musical speaks to issues of gender-based violence, 2SLGBTQIA+ inclusion, racism, and families through the score of Alanis Morissette's best-selling 1995 album of the same name. I have learned since that the musical has been critiqued for having *too many* social justice themes (Green, 2021). During the performance, my thoughts ranged from, "Alanis Morisette is an incredible activist to collaborate in addressing so many themes about social justice—just look at all these people sitting here wide-eyed and holding on for dear life," to "she made them pay to get consent education, right on!" to "I think this musical describes my whole life experience of gender-based violence in two hours. I feel so seen and raw." While some spectators walked out of the show, I just sat beside my friend Mariana and wept with a sense of relation to the characters' experiences.

Morissette's 1995 themes mirrored my experience of rape, protest, the HIV/AIDS epidemic, queer fatalism, and white cis-heteronormativity; sitting with the audience I felt both inside and outside of the production and my own existence. During my adolescent years, I felt as conflicted, traumatized, chaotic, and sharp as the title track of this legendary album. Hence, in the 1990s, I began seeking care and

healing of my own jagged little pill[1] of gender-based trauma with what I would learn later to identify as "feminist therapy."

Almost 30 years later, I continue to feel reflected in Morissette (1995) lyrics such as, "You cry, you learn/ You lose, you learn." I believe, like the characters in the musical, that we—the survivors, the activists, the feminists, the care workers, the counsellors of those still dressing their wounds of gender-based trauma—are ready to "throw it down." Within my own family and friends, generations of gender-based violence survivors have shared space and offered reciprocal compassion and nurturing; in my field work, I have witnessed this peer care in community. Our stories are complex and intersectional. Through my own memory work, and with the brilliant and resilient participants in this research study, this dissertation is a "jagged little pill" of truths, critiques, and alarm-raising about care work, feminism and psychotherapy in contemporary Ontario, Canada.

The Shoulds and Coulds of Care Work: A Reflection

Yamikani and Zahrah ask us to look around the room at the member representatives of the Ontario Coalition of Rape Crisis Centres. There are about 30 women, some 2SLGBTQIA+, of different ages and abilities, primarily white-skinned, sitting in a large square formation of banquet tables in a Toronto hotel. It is 2015, and we are learning about anti-racism and anti-oppression from these two passionate, racialized facilitators, in the context of sexual assault response services across the province of Ontario. They are our colleagues in the field; they are engaged in intersectional feminist and collective work; they are deeply frustrated with the lack of

[1] Here, I am using the song lyrics "jagged little pill" to describe my own socio-cultural cis-heteronormative, patriarchal, interpersonal violent and traumatic experiences that are emotionally painful and difficult to swallow.

diversity in hiring at their sister sexual assault centres across the province. Why are we not hiring culturally and ethnically diverse counsellors? Why do we not have culturally and ethnically diverse clients?

Five years later, I am sitting with a Master of Social Work (MSW) practicum student who is feeling frustrated with her clinical supervisor. As a new Executive Director at a sexual assault centre in a small urban centre, I am excited to finally address the lack of diversity in hiring straight on. As a team, we have completed many hours of anti-racism training; we have partnered as a feminist collective with an Indigenous women's support organization; and we attend a monthly feminist counselling community of practice with like-minded organizations. We have done the work; we are, at least theoretically, a 'safe space.'

Yet, this is the second Black MSW student who has struggled in her connection with her white clinical supervisor. Clinical supervision, as I understand it, is a valuable tool of mentorship and peer learning for psychotherapists and counsellors to channel internal bias, refine practice skills, and build professional practice. This student is brilliant, with many years in complementary fields of feminist practice, and has engaged in clinical supervision in her previous career and student placements. It is now clear to me that something is wrong with our organizational culture, and I struggle to identify and contextualize it as a leader. I am witnessing disparity, but I cannot name it. The student then says to me: "My clinical supervisor is not asking me the right questions to reflect on my client work. Does she not even have any Black friends?"

Foundations of Feminist Therapeutic Practice in Ontario

For over 50 years, grassroots feminist movements in Canada have been at the forefront of activism, legal challenges, policy advocacy, and trauma support for survivors of sexual and gender-based violence. Following the Royal Commission on the Status of Women in Canada in 1970 (Canada, 2021), women's and feminist movements of different intersectional identities founded the majority of violence against women organizations we see today; these include shelters and transition homes, sexual assault (rape crisis) centres, and 2SLGBTQIA+ service organizations across most provinces and some territories (Goodhand, 2017; Ready, 2016; Rebick, 2005). Parallel to the growth of these organizations was the development of a framework for feminist therapy in North America (C. Brown, 1993; L.S. Brown, 2018).

Founded in 1977, the Ontario Coalition of Rape Crisis Centres (OCRCC, 2021) describes the tools of "feminist-identified anti-violence support" as peer counselling and other counselling models, counselling modes situated in acknowledging social justice discourse, and advocacy for survivors of violence (Health Professionals Regulatory Advisory Council [HPRAC], 2017, p. 50). This counselling modality was developed in response to "the insufficiency and ill-fittingness of psychiatric and psychological responses to women's experiences of violence and social inequity, and as a corrective to the pathologization and misnaming of these experiences as illnesses and disorders" (Bonisteel & Green, 2005, p. 27).

In the second edition of *Feminist Therapy*, Laura Brown (2018) describes the practice of feminist therapy as "a very young school" (p. 133) founded in feminist politics and philosophies that, as Catrina Brown (1993) agrees, has been consistent since the 1960s, yet expansive in its intersectional and decolonial analysis (Green,

2017). Laura Brown (2016) addresses feminist clinical supervision as she speaks of her early career and how the "dynamics of gender and power" (p. xiii) were rarely discussed in clinical spaces; additionally, her lived experience of homophobia and sexism in psychotherapy supervision demonstrated the "adverse bias" (p. xiii) in the field. Over 45 years after Laura Brown attended graduate school, I believe there continues to be a gap in formal education and in frontline care work. Wider credentialing and legislative bodies continue to be averse to distinguishing feminist therapy from other therapeutic frameworks. Throughout this dissertation, I will share concerns about the ways in which feminist therapy is being adapted and assimilated by these neoliberal policies and practices (Ready, 2016), as well as speak to hopeful opportunities for reclamation and resurgence of this important psychotherapeutic lens.

One instance in which I believe feminist therapy was assimilated occurred while I was working in community development and public education in an Ontario-based sexual assault centre. In December 2017, the Ontario government conducted the final proclamation of the Controlled and Reserved Act of Psychotherapy (Canadian Counselling and Psychotherapy Association, 2020). A decade of lobbying by professional associations, following their push towards the Regulated Health Professions Act, 1991, and the Psychotherapy Act, 2007 (College of Registered Psychotherapists of Ontario [CRPO], "Who We Are," n.d.), led to this final proclamation. For those practitioners who were members of the Ontario College of Social Workers and Social Service Workers (OCSWSSW), this new 2017 Act continued to support the controlled act of psychotherapy conducted by social workers (OCSWSSW, n.d.). Additionally, the Act restricted the controlled act of psychotherapy to five other regulatory colleges: the College of Nurses of Ontario, the College of Occupational Therapists of Ontario, the College of Physicians and

Surgeons of Ontario, the College of Psychologists of Ontario, and the College of Registered Psychotherapists of Ontario. In order to legally practice psychotherapy today, practitioners must now be registered members of one of the six aforementioned colleges.

Two months before the Act was proclaimed in 2017, the OCRCC submitted a letter to the Health Professions Regulatory Advisory Council (HPRAC) requesting an exemption for feminist therapy from the Controlled Act of Psychotherapy. The submission, representing 29 member sexual assault centres (SACs) of the OCRCC—all receiving core funding from the Government of Ontario—argued that although assessment, counselling, and therapy addressing sexual violence is "most commonly understood and articulated via trauma or mental health frameworks" like psychotherapy, SAC services augment a "socially-contextualized analysis of sexual violence" (HPRAC, 2017, p. 49) that is not wholly represented in the Controlled Act of Psychotherapy and are specifically feminist therapy. With integrative models of feminist anti-violence support conducted by peers, counsellors, volunteers, and staff at sexual assault centres across Ontario (a model with core funding from the Government of Ontario), the OCRCC requested an exclusion from the Controlled Act of Psychotherapy consistent with exemptions for spiritual practice and Indigenous persons providing traditional healing (CRPO, 2018, p. 2).

The review panel denied the OCRCC request, thus creating a conflict in treatment approaches and modalities that directly impacts feminist counsellors and survivors of sexual violence in how they can work together to address trauma symptoms, emotion regulation, and body sensations relevant to gender-based harm. To comply with the new legislation and regulations, counsellors working in publicly funded violence against women and gender-based violence centres—including those

who have been working in their roles of over 30 years—must now attain a social work or approved psychotherapy graduate degree, with additional unpaid practicum hours in order to provide ongoing counselling sessions using techniques like narrative therapy. Yet, evaluation programs recognized by CRPO (“Education Programs,” n.d.) do not address the OCRCC member centres' concern contextualizing the critical intersections of sociocultural impacts of gender-based violence, including the dynamics of gender and power, as Laura Brown (2016) pointed to early in her career.

The HPRAC decision was challenging and disappointing to the member centres of the OCRCC. What I came to discover, as an organizational leader and supervisor, was that post-secondary institutions credentialing psychotherapists did not consistently offer intersectional feminist lenses in their syllabi. Training new professionals in the field on gender-based trauma and sexual violence became additional unpaid labour for centre staff and clinical supervisors. I began conducting psychoeducation sessions to enhance the understanding of feminist therapy theory among staff, students, and volunteers. I used terms like “trauma- and violence-informed care,” which Paige Sweet (2021) critiques: “Trauma work is a site of struggle between feminist politics and medicalized social service logics, a struggle that domestic violence workers themselves embody” (p. 9). Although I could support staff in professional development opportunities in psychotherapeutic modalities such as narrative therapy, cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), and somatics, staff still required membership in a regulatory body to use these techniques in longer-term counselling and qualify for liability insurance. With the multiple, complex ways that feminism is understood and activated, and a disconnect between psychotherapy modalities and feminist therapy theory, I wonder—as Catrina Brown (1993) and Hargreaves (2017) have for multiple

decades—how is this lens evolving and resisting through ongoing credentialing and professionalization?

This study explores legislated professionalization on feminist therapy through the voices of those who have studied and identify as feminist counsellors or therapists, most of whom have or currently work in the feminist anti-violence sector (but not exclusively). The questions that I explore in this study are:

- How do feminist-identified counsellors and therapists learn about *feminist theory* (formally, informally, and non-formally)?
- What are the ways in which feminist-identified counsellors and therapists learn about and practice *feminist therapy and counselling* (formally, informally, and non-formally)?
- How do feminist-identified counsellors and therapists engage with *mentorship and supervision* (formally, informally, and non-formally)?

The purpose of this study is to determine how feminist counsellors and therapists develop their practice within and beyond formal psychotherapeutic pedagogy. Using critical feminist polyethnography, I conducted individual interviews with nine practitioners and a group interview with five practitioners to explore their understanding of learning feminist theory, feminist therapy, and counselling, as well as the influence of peers, mentors, and clinical supervisors on their perspectives.

Working from an intersectional feminist framework, the feminist anti-violence sector takes the position that its staff and volunteers, advocates, activists, and educators are agents of change who contribute to the transformation of a violent and patriarchal society by critically examining the systems and institutions that reinforce the social inequality and systemic discrimination (Bonisteel & Green, 2005). The CRPO defines psychotherapy as “primarily a talk-based therapy and is intended to

help people improve and maintain their mental health and well-being" (CRPO, "What is Psychotherapy," n.d.). This definition does not capture the practice of feminist therapy, as founded in feminist theory (OCRCC, 2021) and offered to survivors of sexual violence at Ontario SACs, as, in part, "a holistic, anti-oppression approach that does not focus solely on symptoms or diagnoses" (HPRAC, 2017, p.51). Laura Brown (2018) explains that there has been an ongoing call by feminist therapists for a training institute that offers coursework specific to feminist practice. She believes that "online and virtual platforms for training and consultation bodes well for the distributed, non-hierarchical nature of training in feminist therapy" (p. 136) to accessibly connect voices and identities across geography.

As a former Executive Director of an Ontario-based SAC, and a survivor of childhood sexual abuse, sexual assault, and intimate partner violence, I have witnessed this sectoral struggle as a client, a colleague, and a leader. As a queer and disabled woman exploring intersectional feminist theory (as described by Ahmed, 2017, and Hill Collins & Bilge, 2020), I have also seen how post-secondary students in practicum placements lack formal instruction in feminist theory and feminist therapy, and struggle to integrate anti-oppression and anti-racism into their support of survivors of gender-based violence. Conversely, I have witnessed how clinicians registered with the OCSWSSW, as well as those registered with the CRPO (both qualified to provide psychotherapy), require additional professional development to integrate intersectional feminism into their client practice and supervision of 2SLGBTQIA+ practitioners, racialized practitioners, and Indigenous practitioners (L.S. Brown, 2018). Survivors of gender-based violence, including sexual violence, deserve high quality feminist care that includes diverse, culturally relevant, and client-centred approaches to healing; in other words, they deserve the therapeutic framework

considered best practice within the sector (Bonisteel & Green, 2005; L.S. Brown, 2016, 2018; OCRCC, 2021). This dissertation offers recommendations to consolidate and strengthen feminist theory and feminist therapy practice in post-secondary institutions and therapeutic settings within a Canadian context.

Overview of Research and Positionality

For six years, I was part of a network of feminist-identified practitioners at a sexual assault centre in Ontario. During that time, I also began identifying within the LGBTQIA+ community, divorced my children's father, transformed my understanding of myself as a survivor of sexual violence, and established myself as a GBV educator and activist. I participated at the centre as a researcher, as a public educator, and then as Executive Director; I supervised staff, including feminist counsellors and therapists, and held membership on the Executive of the OCRCC. In addition to this work, I also provided peer crisis support to clients, in a role that aligns with definitions of a feminist counsellor. As a survivor, I have received over 15 years of feminist counselling and therapy for my experiences of childhood sexual abuse, sexual assault, and intimate partner violence. I now continue my relationship with feminist care work as an academic. I have both paid for feminist care work (as defined by Himmelweit & Plomien, 2014) and been paid to provide this care.

In this study, I use an adaptation of feminist ethnography I named in discussion with scholar and friend Dr. Nona Robinson (personal communication, April 2022): critical feminist polyethnography. This adapted methodology uses feminist theory and several critical theories, including critical race theory, queer theory, intersectional theory, and a decolonizing analysis, to breathe ongoing reflective praxis into traditional ethnography (See Chapter 3). To explore feminist practitioners' learning of therapeutic modalities, I sought to engage with participants'

stories as both an insider and outsider, offering the participants as much autonomy and feedback as possible; this includes opportunity for anonymity, review of interview transcripts, and manuscript review. Chapter 2 of this dissertation explores the literature and Chapter 3 discusses my methodology. Chapters 4 to 6 present the participants' stories in a narrative style, using their own words. It was essential to use critical race, feminist, queer, and decolonial theories to present an intersectional discussion of the narratives shared by the interviewees. Through reviews of their interview transcripts, participants were able to engage with the questions on multiple occasions, providing ongoing consent throughout the dissertation process. The experience of using critical feminist polyethnography was a powerful tool for engaging with any personal bias and beliefs, as well as seeking ongoing, enthusiastic participant consent.

In my master's research (Trefzger Clarke, 2019) and doctoral studies, I have explored the intersections of my community-based work with academic literature in education, gender, and social justice within Canadian studies. The work of feminist theory (Ahmed, 2017), to me, has always been an opportunity for imaginings beyond the cis-heteronormative, white-privileged and hegemonic ideals that reinforce systemic oppression and marginalization. Joyce Green (2017) challenges feminist theory to not only interrogate patriarchal power and control through transformative action, but to recognize the impacts of colonial violence on gender, land, culture, and identity. By queering and decolonizing methodology through critical feminist polyethnography, I hope to align this research with the intersectional feminist knowledge of the study's participants (as McNamara, 2009, does). To describe the culture and learning of feminist counselling and feminist therapy in Ontario, Canada, I used formal interviews (See Appendix C), field notes, a group interview (See

Appendix D), an environmental scan (See Appendix A and Figure 2), and document analysis to correlate and juxtapose my findings and convey the sociocultural patterns of this group (Merriam, 2009). Throughout my life, my perspectives and learning have changed, much like those of the participants in this study. The journey of this research was no exception.

Why We Do Care Work: A Story

During the process of this research, I had the opportunity to co-teach a fourth-year social work course, entitled "Feminist-Informed Trauma Practice." I worked with Alison Rodgers, MSW, RSW, a highly skilled, feminist-identifying social worker and supervisor, to design a syllabus that highlighted the lens, theories, modalities, and resources currently available to address anti-oppressive and gender-based themes in trauma care and healing. This course is mandatory and foundational to the Bachelor of Social Work (BSW) program at Trent University. The instructor role was an exciting opportunity given my previous experience supervising social work students—students who want to make a difference, who dream of a kinder, gentler world, and who often have lived experiences of interpersonal violence.

When working frontline, I supervised such students on practicum placements and observed the impact of interpersonal trauma exposure on their hearts and minds, revealing the places where scars of healing were still very tender. What I failed to appreciate was the extent to which social work students were already experiencing this impact in classroom discussions about gender-based violence (Wilkin & Hillock, 2014; Wood, 2021). It is well-understood in the field that we commit to this work precisely because many of us—feminist counsellors, clinical social workers, and psychotherapists included—hold our own stories of gender-based harm. Returning to academia, I realized that the foundations of this feminist care, this community-based

care work for those healing from gender-based violence, have always existed for those who have experienced harm (Wood, 2021), as I detail further in Chapter 2. It has become vital to me, in my personal journey, teaching, and research, to tie these ideas of care work back to the ways in which women, LGBTQIA+ people, racialized people, people living with disabilities, people living in poverty, and Indigenous nations have navigated healing collectively.

In this dissertation, I survey the social work and psychotherapy programs offered at Ontario-based post-secondary institutions and survey their use of feminist language and perspectives in course syllabi. Instructing the Feminist Perspectives of Trauma course has directly intersected with the subject of this research; it was a privilege to interview feminist-identified practitioners while simultaneously teaching BSW students credentialing in this field. Before this research and course instruction, I felt competent in defining feminist therapy, engaging with the values of feminist counselling, and describing what was needed to challenge the Ontario Controlled Act of Psychotherapy to be more inclusive to feminist practice. During my own journey into intersectional feminist solidarity, I have come to understand an expanded transnational feminist theory (Enns et al, 2021), one that goes beyond traditional definitions to include patriarchal and white colonial domination of gender (Ahmed, 2017; Green, 2017). Following this research, I am far more aware of white fragility and saviourism (Saad, 2020), and gender exclusion (Green, 2017) in mainstream feminist therapy practice. Although I recognize the valuable contributions of white feminist counsellors, therapists, and researchers to the field, I also see the privilege of the white voice of complaint (Ahmed, 2021), socio-cultural discomfort of gender and disability inclusion (Benn-John, 2021; Patterson, 2016), and the role of trauma exposure in professional practice and resiliency (L.S. Brown, 2018; Williamson et al,

2021). Lastly, I better see the foundations of lateral harm that continue to disproportionately impact Black, Indigenous, racialized, disabled, and 2SLGBTQIA+ identified social workers and psychotherapists (Benn-John, 2021; Euale Montilla, 2021). I am thankful to the practitioners who shared their experiences of disconnection with what feminist practice presently *is*, and their visions of what it *could be* through a more intersectional lens. In conducting this research, I strived to unlearn bias (one of my jagged little pills) in order to better hear the concerns, gaps in leadership, perspectives of care, wise practices, historical contexts, and ongoing trauma exposure that surround this field of professional practice.

In concluding this chapter, the metaphor of a jagged little pill continues to help me contextualize my professional experience and embodiment of feminism, and my personal evolution. In the next chapter, I outline the historical foundations of feminist theory and how feminist therapy integrates intersectionality and feminism in therapeutic practice, drawing on the literature. The third chapter introduces critical feminist polyethnography as the methodology I use to explore the connections between feminism and learning in psychotherapy and care work. I then discuss the research findings over three chapters, comparing and juxtaposing them to the literature. Finally, I conclude the dissertation with recommendations for post-secondary programs that credential psychotherapy; for the promotion of transnational and intersectional feminism in psychotherapy and social work; and for the development of feminist clinical supervision training in Ontario.

Chapter 2: Constructions and Deconstructions of Feminism

> Women have been driven mad, "gaslighted," for centuries by the refutation of our experience and our instincts in a culture which validates only male experience. The truth of our bodies and our minds has been mystified to us. We therefore have a primary obligation to each other: not to undermine each other's sense of reality for the sake of expediency; not to gaslight each other. Women have often felt insane when cleaving to the truth of our experience. Our future depends on the sanity of each of us, and we have a profound stake, beyond the personal, in the project of describing our reality as candidly and fully as we can to each other.
>
> —Adrienne Rich, *On Lies, Secrets, and Silence*, 1979

In this chapter, I explore a brief history of the white supremacist, patriarchal oppression of women and girls (hooks, 2015) in the nation-state of Canada, and women's resistance through the four waves of feminist movements addressing gender-based violence (GBV) on Turtle Island (North America). I then examine how feminism has grappled with intersectionality and how feminist therapy has grown through that struggle. This leads to a discussion about how those who identify as feminists in social work and psychotherapy navigate professional learning. I conclude this chapter by examining the literature on professional mentorship and supervision in therapeutic practice, as well as their role in feminist theory. Throughout this section, I also contextualize my position by interspersing my own personal stories and reflections within feminist history, my perspectives on feminist therapy, and my exploration of anti-racist/anti-oppressive intersections.

Relearning Feminism Again and Again: A Story

From 2019 to 2020, I ran a group called Feminist Counselling Community of Practice (FCCP) with talented Registered Psychotherapist Mandy Hamu. The FCCP was offered for feminist-identifying counsellors and therapists in Peterborough, Ontario, through our employers: The Kawartha Sexual Assault Centre (KSAC) and the YWCA Peterborough Haliburton. With the participation of, on average, 20 participants from various social service organizations, we engaged in informal and non-formal learning processes. Sometimes, when funding allowed, we invited in experts addressing anti-racism/anti-oppression (ARAO), decolonizing trauma, or psychological perspectives on trauma; other times, we worked on filling knowledge gaps with collaborative and shared learning. We began this year-long process by developing a definition of feminist counselling inspired by the Salal Sexual Violence Support Centre [formerly the Women Against Violence Against Women (WAVAW) Rape Crisis Centre] in Vancouver, British Columbia, Canada (Salal, n.d.). As a group, we discussed our understandings of feminist therapy, wrote our feedback and additions to the initial WAVAW definition, and concluded with the following consolidated definition:

1. Feminist counselling is grounded in an intersectional feminist, decolonizing, trauma- and violence-informed framework.
2. The nutrients of this framework come from best practice knowledge about the effects of gender-based trauma on the mind, body, spirit and surrounding community.
3. Rooted in the history of anti-oppressive, anti-racist understandings, we believe that survivors are not responsible for the violence perpetrated against them.

4. Standing strong, like an oak tree, we push back against the cultural and societal norms of shaming and blaming survivors to place responsibility back on the perpetrators of harm.

5. We reach out and branch our networks to re-connect survivors with community and nurturing support systems.

6. Inspired through survivors' resilience, we support healing through connection, knowing that side by side, survivors grow strong through holding onto these roots together. (L. Trefzger Clarke & M. Hamu, [PowerPoint], November 1, 2019)

When sharing this definition during the group interview process of this research, participants reflected that some of these perspectives no longer reflect current feminist theory (see Chapter 6). For instance, *survivor* and *perpetrator* are terms that activists have long contested for their connections to personal agency and carcerality (Sweet, 2021). However, five years after the development of this consolidated definition, I continue to believe systemic and hegemonic forms of oppression need to be explicitly named in any definition of feminist counselling (Ahmed, 2017; Green, 2017; hooks, 2000). Without these connections, trauma- and violence-informed care risks losing its feminist foundations through degendered and depoliticized neoliberalism (Britt & Hammett, 2024; Sweet, 2021; Tseris, 2013). In the social work course I instruct, we discuss this risk, exploring the identifiers, "the person who *has been harmed"* and the "the person who *has harmed*." We deconstruct the way the word *harm* can describe the interpersonal impact of violence, but can also degender and minimize injury. Anti-oppressive, anti-racist, and feminist language must necessarily be active and responsive to regional and global influences (Ahmed, 2017; Enns et al., 2021; hooks, 2000).

In the last half decade, we have seen a vocal resurgence of white supremacy; increasing social and healthcare disparity escalating since the COVID-19 pandemic; ongoing national and global colonization, war, and genocide; and extreme weather and climate change. These systemic events disproportionately impact those marginalized by gender, age, race, ability, geography, belief systems, and class, and directly correlate with an increase in gender-based violence (Britt & Hammett, 2024; OCRCC, 2021; Wood, 2021). Additionally, technology has enhanced the public's understanding of interpersonal and depersonalized violence, often driven by politically motivated agendas in news media, social media, film and television, and public discourse (Almanssori & Stanley, 2022). Much of feminist theory and its definition reflects on and grows through dialogue about human events and conditions; newer theories include ecofeminism, transnational feminism, transfeminism, and, of course, intersectional feminism (See Figure 1) (Bettray, 2021; Enns et al., 2021). In fact, throughout colonial history on this land, women's and feminist care work for survivors of gender-based violence has occurred under the weight, and because of, patriarchal domination. Much of its growth is a direct result of non-formal learning, such as the feminist counselling community of practice described above, and through informal learning like public pedagogy. Feminism is therefore relearned, again and again, throughout time and connection between land, place, and people.

Western, Colonial, Gender-Based Violence and Public Pedagogy

The story above describes an experience of non-formal learning in a facilitated professional development community of practice. Public pedagogy, on the other hand, can be both non-formal, such as workshops and presentations, or informal, such as how we learn from mass media and sociocultural norms. While exploring the impacts of public pedagogy on sexual violence, Salsabel Almanssori and Mackenzie Stanley

(2022) found that women and girls learn specific sexual violence discourse, as they have throughout recorded history, informally and non-formally through social and complex cultural contexts. For instance, Deuteronomy 22:23-29 speaks directly to the expected behaviour of a rape victim (The Kings Bible, n.d.), illustrating the three discourses of refusal, deviant perpetrator, and *not that bad* (Almanssori & Stanley, 2022) that continue to stigmatize and mythologize the experiences of survivors of sexual trauma. Many other religious texts also describe sexual violence as a tool of war and genocide that creates societal dysfunction (Kalmanofsky, 2017; Kamionkowski, 2021).

Witnesses to early colonial gender-based violence on Turtle Island (North America) wrote of how EuroWestern patriarchal norms of purity and sexuality explicitly exploited and traumatized Indigenous women through rape, forced marriage, forced prostitution, and sexually transmitted and blood-borne diseases (Feinberg, 1996; Prentice et al., 1988). Carol Cooper points to the introduction of alcohol, increased enslavement, and maltreatment by white colonial husbands as escalating factors in violence against Indigenous women during the fur trade (1996). Stirbys (2008) reminds us that in many pre-colonial nations, women leaders were integral to governance, law, and social order that intersected directly with public pedagogy; documentation of Indigenous women's leadership in community and trade, in pre-colonial and early colonial interactions on Turtle Island, is also highlighted by Green (2017) and Mitchinson et al. (1996). Through these historical examples as sites of informal public pedagogy, women's understandings of relationships, body, emotion, race and class, and creativity have transformed, and been oppressed, over time and place (Mitchinson et al., 1996; Trefzger Clarke, 2022c).

Kim Anderson (2000) describes how violence against women has weaponized men (and some women) with colonial-patriarchal-sociological conditioning that has enforced cultural chauvinism on this land for hundreds of years. Through institutional forces such as missionaries, colonizing governments, educational indoctrination, early evolutionary science, and morality movements, systemic and scientific oppression disseminated by public pedagogy led to the founding of psychiatry and eugenics (Anderson, 2000; Mitchinson et al., 1996). After confederation in Canada, morality was policed through mechanisms like the Indian Act, public education, immigration policies, and laws against severe deviancy, in order to control property rights and citizenship (Hoy, 2018; Newman & White, 2013). The resulting racist, sexist and classist eugenics project was supported by The Cult of True Womanhood (Mitchinson et al., 1996), as well as some of Canada's most prominent maternal feminists (Newman & White, 2013) and suffragettes, including Emily Murphy and Nellie McClung who were famous for the Persons Case (Belshaw, 2016; Moss et al., 2013). Sites of learning, including schoolhouses and residential schools, were ideal spaces for enforcing eugenic socio-cultural and colonial gender and racial expectations by teachers, nuns, and clergy (Anderson, 2000; Mitchinson et al., 1996; Prentice et al., 1988).

In addition to the legacy of gender-based violence used as a tool of cultural assimilation and genocide against Indigenous children in residential schools (Hargreaves, 2017; Kennedy-Kish et al., 2017), the white supremacist colonial project spread across Canada in law beyond the Indian Act. Relevant to the founding of feminist theory and therapy, the eugenics movement travelled up the west coast of North America and was realized through legislation, such as sterilization acts in Alberta and British Columbia, and sterilization practices in Ontario. These practices

were used to institutionalize predominantly Indigenous and immigrant women, including “fallen women,” sex workers, LGBTQIA+ people, and those with developmental disabilities and unlimited terms of incarceration (Moss et al., 2013). This type of inequity was witnessed and courageously challenged in the late 1800s by Matron Flora Ross, who confronted sexist and racist asylum administration in New Westminster in British Columbia (Kelm, 2024). During the first half of the 20th century, the legislated psychiatric term “feebleminded” was used to pathologize women’s mental and intellectual capacity in order to enforce conformity to sociocultural expectations (Belshaw, 2016). It was clear through public discourse and formal learning that the freedom and lives of women and racialized, disabled and queer others, who did not conform to normalcy as determined by church and state, were at risk (Belshaw, 2016; Kanani, 2011). Maternal and liberal white feminists, including Emily Murphy and Nellie McClung, dominated the narrative of women’s organizing for decades during what is commonly called the first and second waves of feminism (Belshaw, 2016; Brodie, 1994; Kennedy-Kish et al., 2017; Newman & White, 2013; Rebick, 2005). Indigenous, racialized, and disabled people, and members of the LGBTQIA+ community, spoke out against many of these white feminists who were not allies to the intersectional struggles caused by colonialism, gender-based violence, eugenics, and psychiatry (Anderson, 2000; Combahee River Collective, 1977; Hill Collins & Bilge, 2020; Rebick, 2005). Transnationally, sexual violence against women continues to be endemic (Enns et al., 2021), and the legacy of harm remains catastrophic (Green, 2017; Hargreaves, 2017; Trefzger Clarke, 2015, 2019).

Giving Voice to All Women's Oppression

In order to ensure domination over resources and land, colonial invaders focussed on dismantling women's leadership—both Indigenous women and early settler women—through violence, legislation, and dehumanization (Anderson, 2000; Prentice et al., 1988). Colonial patriarchy, in the institutional forms of marriage, the medical industrial complex, the church, and conservative hegemony, continues to exert control over women's bodies through a politics of morality (Sangster, 2018). Tools such as eugenics legislation amplified the oppression of the Indian Act and other human rights violations that policed women's rights to reproduction; for instance, the use of hysterectomies for conditions such as "neurasthenia, neuralgia, hysteria, convulsive disease, melancholia and even insanity" continued throughout the 20th century (Prentice et al., 1988, p.146).

Alison Prentice et al. (1988), Allison Hargreaves (2017), and Joyce Green (2017) describe how many First Nations were matriarchal and matrilineal societies where women-led families and communities thrived through equitable and collective care, and women's voices were respected. As colonial violence persisted over centuries, women resisted silencing, oppression, and gender-based violence through traditional expressions of female sociability, care, and cooperation, across geography and settlement in Canada, using strategies like art and craft making, collective cooking, reproductive control, birth attending, and long-term family visiting (Prentice et al., 1988). These sites of collectivity created spaces for informal learning on gender, safety, poverty, and social isolation were also evident within the co-operatives, radio programming, and study clubs of Canada's foundational adult education movement: The Antigonish Movement (English & Irving, 2015; St. Francis Xavier University, 2024). In parallel, women in Europe and its colonies sought

equality, challenging the traditional "women's gender role expectations of domesticity" (Bruckert & Law, 2018, p. 66), as well as psychological and emotional subservience. In Canada, the anti-slavery and suffragette movements (Prentice et al., 1988) made way for maternal, liberal, social, lesbian, radical, Black and Third World feminist movements, as well as Indigenous women's activism that advocated for the Royal Commission for the Status of Women and social welfare funding across Canada in the 1970s (Rebick, 2005; Sangster, 2018). In her book, *Ten Thousand Roses: The Making of a Feminist Revolution*, Judy Rebick (2005) argues that, unlike the United States, "women's liberation in Canada started with an alliance between older feminists and young radicals" who made sure that "the interests of working-class women were part of the movement" (p. xii). She also observes that "through the efforts of women of colour and Aboriginal women," there were periods of a multiracial women's movement (p. xii).

The silencing of women's voices and oppression of their human rights have been recorded over millennia: in Western philosophy, such as Pericles in 431 BC (Tyrrell & Bennett, 1999); in the arts, such as Shakespeare's *Titus Andronicus* (Tronicke, 2015); in literature, such as Chaucer's *Legend of Philomela* (Allen-Goss, 2020); and even when speaking of one's own victimization, as illustrated in Denise Handlarski's (2009) discussion of South Africa's Truth and Reconciliation Commission. Handlarski (2009) describes the way that women's testimony was not linked to their names or was erased altogether from the final reports, unlike the survivor voices of men.

English and Irving (2015) describe how women have learned through survival, resistance, and collective struggle to change and reconstruct their relations with oppression and gender-based violence. In 1970s Canada, the volume of women's

voices was heard through the women's liberation movement and second wave feminism (Weinman, 1968), where the hegemonic control of reproductive freedom and "consciousness-raising sessions" about rape, sexism, and bodily autonomy were held in tension with a "freedom to express and enjoy" sexuality through sexual liberation and safe abortion access (Litt, 2016, p. 17; Newman & White, 2013; Rebick, 2005).

Deb Parent, a former staff member of the Toronto Rape Crisis Centre, described her first attendance at the Canadian Association of Sexual Assault Centres (CASAC) meeting in the summer of 1981 as "the first time we began to articulate a definition of violence against women that included racism, classism, sexism, homophobia, and ableism" (quoted in Rebick, 2005, p.83). It was lobbying and organizing from the CASAC, and the decades of feminist movements, that solidified changes to federal legislation in Bill C-127, *An Act to Amend the Criminal Code in Relation to Sexual Offences and Other Offences Against the Person*, in 1983. Until the early 1980s, a husband had property rights over a wife's body (Goodhand, 2017); a woman's testimony under oath could not be trusted; and, unless a woman immediately reported a penetrative sexual assault to police, her claim would be invalidated (Tang, 1998). In 1985, additional law reform included changing the definition of "rape" to "sexual assault;" adding "no means no" to section 273(2) of the Criminal Code regarding sexual consent; and enacting the 1992 rape shield law in Bill C-49 that protects victims of sexual assault from being cross-examined on their past sexual history (Tang, 1998). Although these issues were addressed in the Criminal Code of Canada, in parallel to the Canadian Charter of Rights and Freedoms, this progress in women's rights faced immense patriarchal backlash and violence.

One of the most tragic examples of the resistance to women's legislative rights in Canada was the assassination of 13 female engineering students attending École Polytechnique on December 6, 1989, in what is now called the Montreal Massacre. As women's rights increased, the violence of white supremacist capitalist patriarchy (hooks, 2015) reached a crescendo in killer Marc Lépine's suicide letter: "You're women. You're going to be engineers. You're all a bunch of feminists. I hate feminists" (quoted in Eglin & Hester, 1999, p. 255). For Monique Simard, a student on Lépine's list to kill, "December 6 was the event that most marked the generational difference in terms of feminism in Quebec" (quoted in Rebick, 2005, p. 227). Rebick (2005) describes how the tragedy brought together aging activists who formed the Fédération des Femmes du Québec (FFQ) and other established feminist anti-violence organizations across Canada, as well as young women born after the Royal Commission. Sweet (2021) describes patriarchal backlash intersecting feminist activism and state legislative action as "traumatic citizenship," which requires those who survive violence to "make medicalized claims for personhood and state recognition based on the experiences of psychological trauma" (p. 4).

Feminism, in its third and fourth wave iterations, continues to be at odds with itself. As Newman and White (2013) describe, feminism at the end of the 20th century became more self-reflexive, addressing the complex and multiple intersecting identities of race, gender, class, sexuality (Crenshaw, 1991; Hill Collins & Bilge, 2020), which created a more expansive category of woman and understanding of equity. The ongoing challenge to a more globalized and intersectional understanding of feminism through the fourth wave includes the complexities and critiques of bodily autonomy *for some*, including abortion rights, Islamophobic and evangelical Christian debates about modesty and women, and autonomy of pronoun and name changes for

trans and non-binary youth (Enns et al., 2021). These discussions have been moderated in North America, in part, through social media sites like Tumblr of the early 2000s, Instagram, Twitter/X and TikTok, providing forums for collective feminist learning, action, and activism. Almanssori and Stanely (2020) describe the #MeToo movement and its discursive methods through digital communication as a site of sociocultural critique, counter-discourse and resistance. In 2015, bell hooks observed: "[the] feminist movement continues to be one of the most powerful struggles for social justice taking place in the world today" (p. xi). This sentiment is echoed by Sara Ahmed (2017, p.1) who emphasizes that the sensation of feminism—"how we pick each other up," (p. 1) and how we "kill joy" by becoming the problem at the dinner table—is a pathway to hope. Newman and White (2013) concur, asserting that a new generation of feminists are revoicing and redefining the phrase, "the personal is political" (p. 667).

Breaking the Silence: "Feeble-Minded" to Feminist Therapy

Throughout Canada's colonial history, hegemonic patriarchal systems have adapted and reinforced coercive control of women's bodies through gender-based violence. Following women's expanded gender roles into the workforce during World War II (Newman & White, 2018), women's bodies again "required" domestication to promote the return of males as heads of households and industry and "to create a stable middle class" (Brodie, 1994). New methods of consumer marketing, cultural enforcement of gender roles, and medical interventions dominated social norms to disempower women's calls for safety from domestic violence, equal pay, and reproductive freedom (Rebick, 2005). From over-prescription of benzodiazepines (Boscoe et al., 2018) to personality disorder diagnoses (Kennedy-Kish et al., 2017), women's experiences of sexual and domestic trauma were labelled as mental

disorders for convenient political myth and patriarchal agendas (de la Cour, 2013). Like so many stories from the survivors of medical institutionalization (Viscardis, 2020), including “deviant” or “hysterical” Indigenous, racialized, and disabled women in the early 20th century, female psychiatric patients of the 1950s and 1960s continued to disclose high rates of sexual harm from incest and domestic violence (de la Cour, 2013). Prominent psychiatric hospitals continued to disregard patient experiences of childhood sexual abuse and sexual assault into the 1990s in Ontario (Firsten, 1991). Kanani (2011) argues that the politics of colonization have shaped psychiatry; both psychiatry and social work are grounded in morality, normalcy, and patriarchy (Kennedy-Kish et al., 2017). In her paper presented at the Annual Meeting of the American Psychological Association, Jeanne Marecek (1975) states that “although the political arena of the mental health profession is ripe for feminist activism … the power base in both psychology and psychiatry is male.” In fact, survivor stories of sexual violence from inside medical and educational institutions, such as Huronia Regional Centre (Rossiter & Clarkson, 2013; Viscardis, 2020), Ontario Hospital in Cobourg (de la Cour, 2013) and Indian Residential Schools (Anderson, 2000), demonstrate that the provincial and federal governments and the medical industrial complex were complicit and engaged in perpetuating sexual violence and medical control over women’s bodies. Marecek (1975) corroborates sexual violence and bias in “mental asylums” in the United States (p. 12). Evans et al. (2011) and Britt & Hammett (2024) agree that the critiques of Freudian theory dominating psychiatric techniques and the research into women’s experiences of mental health in the 1970s ignited the movement towards a feminist perspective of therapy.

In no way did this time of feminist resistance lower the incidence of sexual violence. By the 1970s, Violence Against Women shelters nationwide were collectively organizing and grassroots feminist volunteers were founding rape crisis centres (Goodhand, 2017; Rebick, 2005). These healing spaces were facilitated by staff and volunteers who were often available 24 hours a day to provide survivors of intimate partner violence or sexual violence with support for safety planning, reporting to police, attending the hospital, sheltering, and emotional processing (Rebick, 2005).

Funding for these spaces followed the 1970 Abortion Caravan and the release of the Royal Commission on the Status of Women report (Rebick, 2005). In 1971, the Canadian government, led by Prime Minister Pierre Elliot Trudeau, released an action plan to address unemployment, launching the three-year Local Initiatives Program (LIP) and the Opportunities for Youth (OFY) program, which provided start-up funding for many of the anti-violence (VAW/GBV), LGBTQIA+ and Indigenous non-profit community services still active today (Goodhand, 2017). Jill Vickers (2000) explains:

> Federal Liberal governments promoted national unity through civic projects based on bilingualism, multiculturalism, and individual rights; English-Canadian feminist organizations like the National Action Committee on the Status of Women (NAC) then became clients of the federal government and supported an activist, centralizing nation-state. (p.130)

In Ontario, the provincial government formally recognized advocacy for women's labour and human rights by establishing the Women's Bureau in 1963, which was later renamed the Ontario Women's Directorate in 1983 (Archives of Ontario, n.d.). In the 1970s, the Ontario Association of Interval and Transition Houses (OAITH) and

the OCRCC were established with funding support from the state to coordinate the organizing of women's anti-violence and feminist counselling services across the province.

Sweet (2021) explains that parallel to the establishment of feminist-led anti-violence services, feminist psychiatric activists, like Dr. Lenore Walker, were challenging terminology being considered for the revised third edition of the *Diagnostic and Statistical Manual* (DSM-III-R) to describe the experience of survivors of domestic violence: Masochistic Personality Disorder (MPD) versus Battered Women's Syndrome (BWS) as a sub-type of Post-Traumatic Stress Disorder (PTSD). Carolyn Zerbe Enns (2002) points to Naomi Weisstein in the late 1960s, Inge Broverman and colleagues in the early 1970s, and Phyllis Chesler's 1972 book *Women and Madness* as influential to the critique of patriarchal practices in mental healthcare through their positionality as female psychologists and academics. "Many second-wave feminists were interested in *using* the state to expand the boundaries of women's citizenship," describes Sweet (2021, p. 39). Sweet then goes on to explain how feminist organizers specifically challenged psychiatric pathologization by placating neoliberal and neoconservative policymakers, negotiating a pathway of state-funded "recovery" from gender-based violence through "trauma" counselling: "[Feminist organizers] continued to insist that their counselling models were therapeutic *but not psychotherapeutic*, that they were counselors *but not therapists"* (p. 57). Britt & Hammett (2024) and Enns (2002) agree.

Rebick (2005) credits the critiquing of psychiatry and psychology through a feminist lens to the founding of women's studies programs in 1970s Canadian university faculties. The establishment of women's studies also contributed to the interdisciplinary growth of sociology and social work programs (Eichler, 2006;

Kennedy-Kish et al., 2017). Women and gender studies programs provide distinct perspectives and nodes of activism in "feminist sociology, history of women, women in literature, feminist city planning and feminist jurisprudence" (Eichler, 2006). An instructor at Carleton University in the 1970s, Helen Levine (Levine & Schneider, 2008) describes the evolution of her identity from a Marxist to radical feminist through the opportunity to instruct a social work course called "Status of Women" that focused on violence against women, psychiatry and madness, motherhood, aging, and women's work. bell hooks (2015) describes her own frustrating experience of taking a women's studies course in the 1980s that lacked intersectional, racialized voices, and her efforts to challenge white feminist narratives towards a more inclusive and diverse feminist theory. From consciousness-raising to political organizing, homemaking groups to academic programs, women's activism and care work has shaped much of the human rights policies and feminist counselling we see across North America in the 21st century (Enns, 2022). Levine (2008) reflects on the evolution of women's studies within the social work program: "Feminist counselling in my life and work was one thread that went from community to university and back to community. … I considered feminist counselling to be part of my political work" (p. 59).

Feminist Therapy Meets Intersectionality

Lisa Boucher (2018) states: "Intersectionality has had an undeniable influence on feminist theory" (p. 24). But, as Kanika Bell (2017) and Jacqueline Benn-John (2021) describe, a gap remains when it comes to research of Black women's mental health. In coining the term *intersectionality*, Kimberlé Crenshaw (1991) successfully developed a metaphor and legal argument that could be replicated for multiple and diverse experiences of oppression and marginalization. Often referred to as the

grandmother of intersectionality, Angela Davis (1981) points out that much of white women's understanding of human oppression has been on the backs of Black women; the legal case on which intersectionality was coined is just one such example. In the 1990s, organizations like the American Association for Multicultural Counseling and Development began to develop guidelines to recognize the complexity and competencies needed to address multicultural and social justice praxis (Ratts et al., 2016; Singh et al., 2020). Much of the framework comes from the call of Black and racialized feminists like the Combahee River Collective (1977), Patricia Hill Collins and Sirma Bilge (2020), Cherríe Moraga & Gloria Anzaldúa (1981), bell hooks (2000), Audre Lorde (2007) and Adrienne Rich (1979), Angela Davis (1981), and, later Sara Ahmed (2017), who have advocated for a more inclusive feminism that recognizes the experiences of racialized, disabled, and gender minority (e.g. non-binary and trans) bodies and experiences. As Black feminists highlight, even with "the introduction of feminism to the mental health fields … the Black woman is decidedly absent" (Bell, 2017). Throughout colonial history on Turtle Island, EuroWestern culture has historically enslaved, chronically assaulted, pathologized, and denied personhood to Black and Indigenous people (Anderson, 2000; Feinberg, 2016; Green, 2017), augmenting ethnostress. In the footsteps of Sara Ahmed (2017), in order to question everything, including our colonial past and present, we must dismantle and reassemble everything.

In its struggle to be prioritized for state funding across North America, feminist anti-violence organizations in Canada, and Ontario specifically, have had to demonstrate competencies towards intersectional services for gender-based violence (violence against women and gender expansive identities, Indigenous women and girls, seniors, LGBTQIA+ people, racialized and immigrant women, for instance)

without financial increase for core services (Boucher, 2021; OCRCC, 2021; Ready, 2016). Sweet (2021) believes anti-violence advocates entered into this "professionalization of trauma" with the hope that "trauma theory [would] construct a sympathetic victim in court" (p. 69) and align with mental health granting opportunities (Brill & Hammett, 2024). Despite some socio-cultural plausibility in the courts of middle-class white women as victims of violence (Rebick, 2005), Sweet (2021) emphasizes that Black and racialized women, people living in poverty, disabled people, and 2SQ-LGBTQIA+ people continue to be seen as less worthy or credible victims due to white hegemonic systemic oppression. Feminist therapy theory considers this oppression to be foundational to the distress and trauma that impacts healthy development within a person's sociocultural context (Conlin, 2017). Enns (2002) concurs, highlighting that a feminist therapist must centre "variables such as race, culture, class, sexual orientation, and gender" (p. 801) towards a commitment, personally and professionally, to social justice and equality. Unfortunately, the freeze on funding promises and the dismantling of the Ontario Women's Directorate in 2018 (Archives of Ontario, n.d.) during the transition of provincial party leadership created a deficit mindset for feminist anti-violence organizations as they entered into the COVID-19 pandemic on the heels of the #MeToo movement (OCRCC, 2021). Laura Brown (2006) reminds us that "the most subversive thing that feminist practice still brings to the table … is the belief that the civilization we know as racist, sexist, heterosexist, classist, neglectful, colonizing, occupying, and violent is the problem." In reflection of the global context of gender-based violence, Enns et al. (2021) believe that feminist therapy has gone through a reckoning of its focus on white, middle-class women. The scholars recommend a movement towards transnational feminist therapy, which offers a stronger foundation for self-awareness among practitioners through

cultural humility, decolonization efforts, feminist and multicultural theories, ecological knowledge, and organizational frameworks, as well as ethnocultural models and views on personhood and social structures (Enns et al, 2021). Conlin (2017) also recommends that feminism, more than ever, engage in central therapeutic components: first, the personal is political; second, the therapeutic relationship is egalitarian; and third, diverse representation within the field. With a more enriched understanding of sociopolitical and cultural contexts, colonialism, and history, feminist therapists who embrace intersectional theory are better able to support "internal and external sources of distress" (L.S. Brown, 2018; Richmond & Zollo, 2022).

MILCK, #MeToo and Me on December 28, 2023: A Story

Do you remember waking up on November 9, 2016, to a different world—a world where Donald Trump was the 45th President of the United States? My conscious and active journey towards feminism was still so tender. I was newly out of the closet, recently divorced, and in the midst of losing relationships with friends and family. Meanwhile, I was receiving care from transmale feminists, liberal and radical feminists, and Black and Indigenous feminists. My transformation had sparked a feminist reckoning with my mother, a flower child of the 1960s; we were evolving together in our activism against political horror. What could we do? She began to make art; I began to organize. Two months later, indie singer MILCK sang the song "Quiet" at the 2017 Women's March in Washington, DC, with a choir of diverse women wearing pink pussy hats (Balingit, 2017). To this day, the song about speaking up against gender-based violence, and the memory of over a million women's resiliency, touches the deepest and most tender memories of solidarity from sexual trauma.

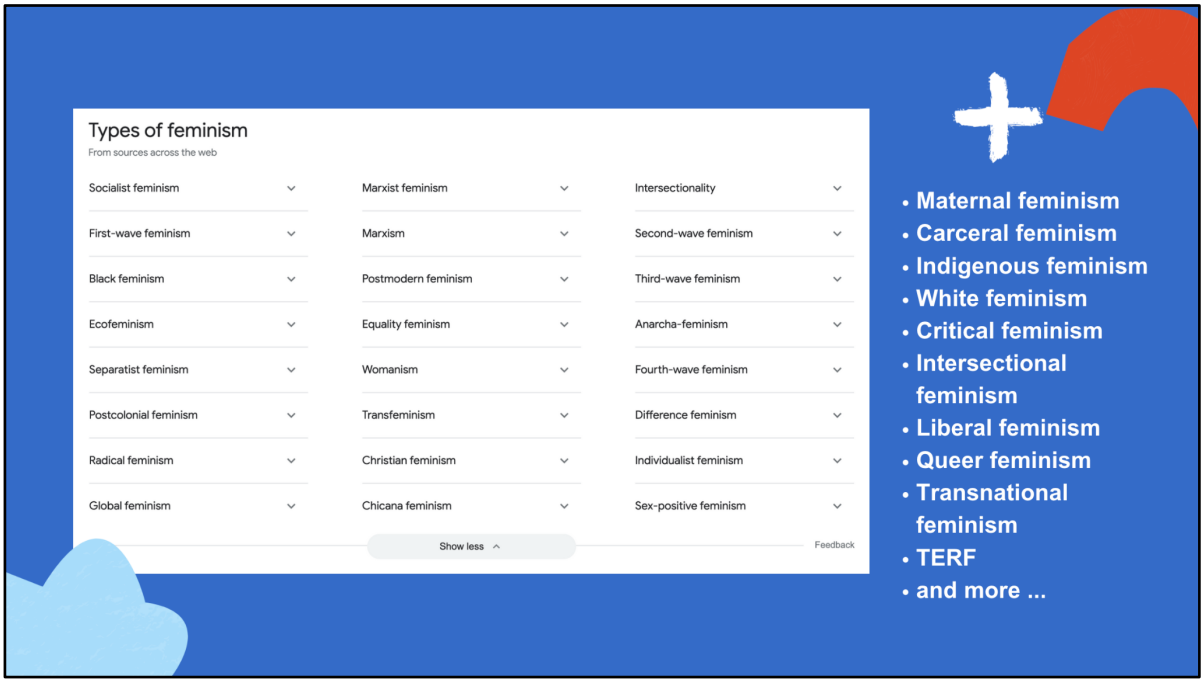
As I reflect on my own experience, I remember the voices that inspired me as I learned about feminism. Yamikani Msosa, former public educator at Ottawa Sexual Assault Support Centre and current executive director of Ottawa Coalition to End Violence Against Women, invested in my learning of anti-oppressive/anti-racist frameworks and queer pedagogy. Two of my transmale friends, Drew Whatman and Cole Leptick, forgave my *oopsies* and *ouches* over and over again as I stretched into intersectional perspectives. And then there were the public figures of the #MeToo and #TimesUp movements who gave me permission to own my story out loud and in public: Tarana Burke, Ke$ha, Jane Doe, Amanda Nguyen, Emma Sulkowiz, Alyssa Milano, Ashley Judd, Andrea Constand, Rihanna, Robin Dolittle, Julie S. Lalonde, Mandi Gray, Kathryn Borel, Carla Ciccone, and Chanel Miller. I visited schools, educating students about healthy relationships and consent; I shouted into a megaphone at Take Back the Night marches in Peterborough and Haliburton; I spoke at December 6th National Day of Remembrance and Action on Violence Against Women events in Cobourg; I provided peer counselling and feminist leadership at a sexual assault centre; I advocated at a provincial scale; and I conducted interview after interview with local radio, newspaper, and television media. I became a spokesperson for feminism. I began teaching about feminism. I could no longer keep quiet. I became, as MILCK says, a "one-woman riot" (Milck & AG, 2015).

My journey into feminism both ripped me apart and glued me back together. When I instruct workshop seminars for the first-year gender studies course, "Introduction to Gender," I take students through a conversation of the many types of feminism that exist [see Figure 1]. During the exercise, it becomes evident that feminism itself struggles with its own intersections of ideology, values, and theories (Hargreaves, 2017). Unfortunately, these contradictions pose a risk that feminism will

continue to be misunderstood or rejected. With multiple forms of feminism existing simultaneously, sometimes in conflict and sometimes in coexistence and collaboration (Dr. Lisa Boucher, personal communication, February 17, 2024), I wonder where care work, feminism, and psychotherapy will interact and intersect in contemporary practice?

Figure 1

Types of Feminism PowerPoint Slide



From "Introduction to Gender" seminar (Trefzger Clarke, 2024) including Google Search on Types of Feminism, retrieved September 2024.

Professional Learning in Social Work and Psychotherapy

In 2008, the OCSWSSW published the results of a psychotherapy questionnaire offered to its social worker members as it monitored the evolving regulation of psychotherapy in Ontario. At that time, social workers frequently mentioned their use of feminist and psychoanalytic psychotherapy, along with trauma, narrative, solution-focused, and other modalities (OCSWSSW, 2008). L.S. Brown (2018), in the second edition of *Feminist Therapy*, explains that "feminist practice is

psychologically derived from the realities that lie outside, beneath, and at variance from the visions of the dominant patriarchal mainstream" (p.4). From a different but complementary perspective, Chaplin (1999) connects to the ancient wisdom of women throughout history to define feminist counselling as more than "just a technique or style" (p. 3); she believes the practice is enhanced by the attitude, values and thinking of practitioners in their work. As Evans et al. (2011) argue, "for feminist therapy, then as now, consciousness without action does not produce lasting results" (p. 13).

Gillian Procter (2017) speaks to the dynamics of power in counselling and psychotherapy, a structure feminist theory often addresses in literature on therapist-client relationships. Enns (2002) describes this practice as "enumerating positive, proactive responsibilities regarding cultural diversities and oppressions, power differentials, overlapping relationships, therapist accountability, and social change responsibilities" (p. 804). Unlike other forms of psychotherapy, feminist approaches honour rapport and resiliency through boundaried, appropriate self-disclosure that validates and normalizes perspectives (Proctor, 2017; Richmond & Zollo, 2022). Grounded in peer support models (OCRCC, 2017; Sweet, 2021), feminist therapy acknowledges that, as in other forms of professional and structural hierarchy, an expert/authority power differential between provider and client creates a space for harm and miscommunication. Intersectional and feminist theories enable practitioners to self-reflect on power dynamics. Richmond and Zollo (2022) recommend that therapists engage in activism, ongoing learning, as well as supervision and consultation to address bias and conflicts. As more service organizations transition to trauma- and violence-informed care, Hardner and Wolf (2022) advocate for feminist-informed practices precisely because they address power imbalances and social

justice. Evans et al. (2011) and Enns (2002) note that there is neither a single founder nor a single true method of feminist therapy; yet there are common beliefs that transcend all modes of practice. These include: an understanding of classism; an inclusive sociocultural context of gender oppression; a recognition of environmental, social and political power conditions and stressors on gender; and the importance of economic and psychological autonomy for women (Ballou & West, 2002; L.S. Brown, 2018; Enns, 2022; Evans et al., 2011). Key moments in the development of a feminist therapeutic practice include: the leadership of psychologists Phyllis Chesler, Jean Baker Miller, and Naomi Weisstein in the 1970s, who sought to address the sexism they experienced in graduate school; Lenore Walker's 1985 advocacy that introduced battered women's syndrome into the DSM-III-R; and the establishment of a Code of Ethics for practice in 1996 by the Feminist Therapy Institute (L.S. Brown 2018; Vasquez & Vasquez, 2017). As the model or lens of feminist counselling evolves, the tenets of anti-oppressive work remain central and adaptive. Both in the literature and through non-formal learning opportunities, the goal remains to critique hegemonic social structures for their role in perpetuating discrimination and oppression, in line with intersectional feminist theory. Laura Brown (2018), a leading voice in feminist psychotherapy, explains that "feminist therapy began as a protest and as a revolutionary experiment in transforming the face of psychotherapy practice" (p. 147). She continues by asserting that the practice must remain integrative and radical, emphasizing egalitarianism and empowerment to facilitate ongoing reflection on intersectionality and address the distress and resiliency that clients experience (L.S. Brown, 2018).

Ontario-Based Organizing for Feminist Therapy

Dozens of feminist-based service organizations, including Violence Against Women shelters and Rape Crisis Centres, were founded in Ontario's non-profit sector in the 1970s and 1990s, funded, in part, by the provincial government. As Leona English (2006) describes, these organizations "play a significant role in the development of a collective feminist consciousness and increased learning and employment opportunities for women" (p. 85). English (2006, 2011; English & Irving, 2015) identifies these sites of learning from an adult education perspective as spaces for informal and non-formal learning, as well as for social action learning. These feminist spaces for healing and learning also navigate tense relations with state funding; as Boucher (2018) describes, these spaces can at times be "restrictive" (p. 35) and at other times supportive to "progressive goals" (p. 35) in provincial and federal government leadership (OCRCC, 2021; Ready, 2016). English and Peters (2011) believe that tension in feminist organizing is also seen when new women with different identities join existing membership groups. *Founder's syndrome* (p. 164) refers to ideological conflicts; for example, a preference to move from the term *violence against women* (VAW) to *gender-based violence* (GBV), or a rejection of exclusionary perspectives, such as trans-exclusive radical feminism (TERFism). A lack of critical self-reflective practice in feminist organizing contributes to barriers to the political and social advancement of the sector.

In its advocacy for exclusion from the Controlled Act of Psychotherapy, the OCRCC posits that formal post-secondary curricula in topics like gender, women's and social justice studies, and some social work and clinical psychotherapy, also challenge the ideology of credentialing and professionalization of feminist therapeutic practice (HPRAC, 2017). This is echoed by Sweet (2021), Hardner & Wolf (2022),

Tseris (2013), and Britt & Hammett (2024), who point to how the popularization of the trauma- and violence-informed care framework in social services has forgotten the framework's foundation in feminist theory and social justice activism.

Carol Latchford (2006) describes her experience of working in a violence against women's shelter in Toronto, referring to feminist and anti-racist policies and the ways that credentialing deterred workers with lived experience from disclosing in the workplace:

> A critical component of my job consisted of in-house feminist training or consciousness raising that was ongoing and reflective of change. I was not expected to know it all. I observed, absorbed, and was mentored by women I respected—and with respect. … We strived to acknowledge issues of power, privilege, and agency and there was room to fall forward when we erred. I watched and learned as women were empowered. … The Mike Harris era undid much of what we had accomplished and the doors of our shelter revolved even more as our waiting lists grew. … I saw [the old guard] replaced by women with talk not walk, and watched collectively run shelters fall. One after the other. We modified our structure to stay current and in compliance with government funding. (p. 7)

Latchford believes that current models of crisis intervention counselling and crisis management do not address the intersectional nuances of gender-based violence; in fact, she shares that "clinical social work approaches have further contributed to what are experienced as paternalistic, medicalized and patronizing work styles and ethics" (p. 9). In my own leadership and non-formal training role in the sector, I experienced the same disconnect between post-secondary theoretical learning and feminist learning in the field (as similarly experienced by Britt & Hammett, 2024; Hardner &

Wolf, 2021; Wilkin & Hillock, 2014; Wood, 2021). Specifically, many practicum students and applicants for positions at the sexual assault centre lacked an intersectional understanding of sexual- and gender-based harm.

In March 2015, the Ontario government launched a funded action plan and media campaign called "It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment" (OCRCC, 2021; Ontario, 2015). Variations on this plan had been released in 2011 and earlier, but with no funding plan. This document explicitly supported the need for stable funding for SACs to provide specialized feminist counselling services to survivors of sexual violence and harassment. Language in the document from then-Premier Kathleen Wynne acknowledges the crisis of violence against women and gender-based violence against people of all genders, ages, abilities, and races, and specifically against Indigenous women, Two Spirit, and LGBTQIA+ people. However, the document does not explicitly mention feminist therapy, and this disjuncture remains relevant in the ways in which the Controlled Act of Psychotherapy (CRPO, 2018) minimizes this specialized treatment practice (Ontario, 2015). Both OCRCC and OAITH define their work as an integration of feminist and anti-racist/anti-oppressive perspectives (HPRAC, 2017; OAITH, 2010).

OCRCC (2017) recommendations for counselling model competencies at their member organizations and advocate for the "specialized expertise" (p. 1) of SAC staff and volunteers, including feminist counselling, peer counselling, and narrative counselling. They acknowledge that "sexual violence cannot be separated from a broader social context" and that "conventional biomedical understandings of trauma and mental health" (p. 1) do not account for the ways in which women and gender minorities experience victimization and marginalization. At the same time, geographic, human resource, governance, and funding barriers mean that OCRCC

member centres themselves have struggled to adopt the same progressive and intersectional language at the local centre level. In addition, provincial funding mandates separate service monies by binary gender and different Ministry mandates, creating further gaps for service seekers.

In Ontario, the disjuncture between psychotherapy and feminist perspectives continues to be addressed by academics at the Centre for Research & Education on Violence Against Women & Children at Western University, who offer non-formal professional development opportunities for care work and psychoeducation (Baker, Campbell & Straatman, 2012). Additionally, Mandy Bonisteel and Linda Green (2005) and the Assaulted Women's and Children's Counsellor/Advocate Program at George Brown College continue to advocate for feminist perspectives in addressing interpersonal violence through a formal post-secondary certificate (note that this program has been cancelled during the 2024-2025 school year). Most recently, OCRCC (2021) has advocated and developed training to build intersectional competency for feminist counsellors, including Black and Indigenous voices, voices of colour (Euale Montilla, 2022) and the Trans Solidarity Project (OCRCC, n.d.). OAITH hosts the Violence Against Women Training Hub for shelter workers, and both OCRCC and OAITH have collaborated with Building a Better Wave (BBW), the Ontario Network for VAW Coordinating Committees, when BBW has been adequately funded by the Government of Ontario. As Enns (2002) and Catrina Brown (1993) explain, feminist therapy literature has been most extensively explored in workplace equity, gender-based and family violence, and trauma-related coping, such as eating disorders, addictions, depression, anxiety, and dissociative disorders. The field of research continues to support the validity of feminist therapy; but in my experience as a hiring manager, counsellors, therapists, peer workers, and

administrative staff continue to experience systemic pay inequity, job insecurity, and biased credentialing compared to other mental health professionals in Ontario's social services sector.

Within these complex and ideological challenges, how does feminist counselling and therapy thrive in the 21st century? What is the contemporary role for feminist non-profit organizations and feminist counselling services, given these ongoing inequities? And what is the advocacy role for feminist therapists working in private practice or other social services? As a manager in the field, I found that opportunities for mentorship, clinical supervision, and a community of practice were critical to ongoing feminist therapeutic praxis.

Mentorship and Supervision in Social Work and Psychotherapy

Feminist-identified counsellors and therapists, like all psychotherapists and social workers, are engaged in a dynamic of power with their clients (Britt & Hammett, 2024; C. Brown, 1993, 2018; Hardener & Wolf, 2022). In fact, Sarah Conlin (2017) describes the primary goal of feminist therapy as "empowerment" (p. 79). The *Multicultural and Social Justice Counseling Competencies* framework (Ratts et al., 2015) recognizes that in the supervisor, counsellor, and client triad, "marginalized and privileged statuses are complex; intersectional; and, moreover, fluid" (p. 43). Although feminist practice explores concepts of egalitarianism in the therapeutic alliance that Laura Brown (2018) describes as "empowered consent" (p. 98), Gillian Proctor (2017) warns that cultural norms and unconscious bias, including paternalism, can influence the therapeutic relationship. Non-formal peer mentorship and clinical supervision are, therefore, important ethical and accountable feminist practices to encourage reflexivity (Ballou & West, 2002; L.S. Brown, 2018; Hardener & Wolf, 2022; Proctor, 2017). In 1996, the Feminist Therapy Institute published "The

Feminist Therapy Institute Code of Ethics" which recommends supervision, along with "self-evaluation, peer support, consultation, continuing education and/or personal therapy" within the document's fourth section on the topic of Therapist Accountability (Feminist Therapy Institute, 1996). Porter and Vasquez describe this style of supervision as a "co-vision" (1997) that considers: intersections of collaboration; personal disclosure; power and authority; advocacy; and gender, culture, and class of practitioner and client.

"Because most Women of Color seeking feminist therapy will probably be in therapy with White women therapists," writes Oliva Espín in 1993, "it is incumbent on the White feminist therapist to be aware, educated, and actively involved in dealing with the influence of racism in her life to counter the existence of these forces in herself and in her therapy with Women of Color" (p. 106). In the co-vision of feminist clinical supervision, it is also imperative that the supervisor-supervisee relationship be collaborative in navigating bias and sociocultural influences for ethical and accountable practice. Yet, Kennedy-Kish et al. (2017) warn that in hierarchical organizations (including most feminist non-profit services due to the provincial and federal not-for-profit acts and funder requirements), clinical supervision by management can become easily divorced from the experiences of front-line workers and client struggles (Hardner & Wolf, 2022). In addition, Jeanne Marecek and Diane Kravetz (1998) explain that "just as there is no single definition of feminism nor one kind of feminist, there is no single meaning of feminist therapy, but rather a multiplicity of ideas about principles, processes, and therapy goals" (p. 35). When perspectives on feminist theory and organizational hierarchy impede on the trust and vulnerability described in ethical and accountable supervisor-supervisee relationships, a limitation is created (Benn-Johns, 2021; Jones et al., 2019). The example of my own

leadership struggle, described in Chapter 1, demonstrates how both the personal and political positionalities of a feminist therapist influence their professional understanding of race and culture.

In one of the few texts on feminist models of supervision in psychotherapy, clinical and forensic psychologist Laura Brown (2016) envisions feminist pedagogy as a "liberatory project" in which both the "supervisor and supervisee join together to think critically about dominant cultural norms in the practice of psychotherapy" (p. 5). Additionally, from a decolonizing trauma work perspective, Rene Linklater (2014) calls for exploring strategies beyond Western approaches to recognize the multiple colonial harms that are not acknowledged in psychiatry, mainstream healthcare, and social work. This call is echoed by three of the Truth and Reconciliation Commission of Canada's calls to action for the health sector (numbers 21 to 23; 2015, p.3), regarding the harmful impacts of colonization on the well-being of Indigenous Peoples. An intersectional feminist clinical supervisor can be integral to this consolidated learning. Implicit bias can be automatic and uncontrolled, and even for those who practice counter-stereotypic thinking, peer mentoring and clinical supervision can support de-biasing of clinical decision-making and diagnoses (Sukhera, 2023).

Degges-White et al. (2013) describe the process of feminist supervision as collaborative, empowering, and strengths-based. They outline six main objectives of feminist supervision:

1. respect the unique goals of each supervisee;
2. raise supervisees' awareness relating to their own characteristics, values, beliefs, and behaviors in relation to gender;

3. create a space that facilitates supervisees' discussion of stereotypes, discrimination, and socialization;
4. emphasize that the personal is political, including the impact of counselling on clients' impacts on society;
5. model respect and fairness for supervisees; and
6. incorporate psychoeducation. (p. 96)

In addition to supervisor-supervisee meetings, group and peer supervision can be effective opportunities for consciousness raising and collaboration outlined in feminist theory and practice if the group dynamic is mindful of equity (L.S. Brown, 2016; Degges-White et al., 2013; Hardner & Wolf, 2022). In her autoethnography exploring feminist supervision as a supervisee, Hannah Heitz (Heitz & Rappaport, 2023) speaks to the ways in which "feminist supervision principles, like activism and advocacy, [foster] authenticity and growth within the supervisory and therapeutic relationships" (p. 92).

In the Feminist Community of Practice described at the beginning of this chapter, feminist-identified counsellors and therapists were able to discuss historic and local contexts for feminist practice and psychoeducation collaboration. As Etienne Wenger (1998) describes, the meaning, learning, and practice of feminist psychotherapy, in partnership between social work and counselling psychotherapeutic perspectives, increases the potential of practitioner identity, sense of belonging, and practical skills. Reflecting on informal learning between feminist therapists, Blumer et al. (2010) discuss the role of mentorship in developing feminist language, processing self and collaborative reflection, engaging in feminist-based actions, and fostering a sense of mutuality within mentoring relationships. Fifty years after Lerman (1974) wrote, of feminist therapy, that "it is a new field, created largely, I think, by the

demand for it", the practice continues to have ongoing gaps in the literature, skill-building for feminist clinical supervision, peer supervision, and mentoring (Blumer et al., 2010). Vikki Reynolds (2014, 2019), who is well-known for addressing social and justice worker "burnout" and considering collective care in feminist therapeutic work, emphasizes that as feminist clinical supervisors enter into this form of mentoring relationship, the co-creation of trust and critique should be both dignifying and useful. Just as clients are mentored to engage in self-compassion and care, so too could an environment of collective and collaborative care for clinical learning nurture a culturally rich and inclusive space for feminist therapeutic healing (Hardner & Wolf, 2022; Wood, 2021).

Summary

In its constructions and deconstructions in geographical, political, and socio-cultural contexts, feminism continues to strive for inclusion and ethics. Feminist evolution is reflexive and vulnerable, and those who identify themselves as feminist counsellors and therapists often journey through unlearning and relearning over time. Much of this learning is informal or non-formal, and more recently, in conflict with Western and colonial understandings that reproduce violence, such as whiteness and mental health pathology (saneism). Informal and non-formal opportunities for feminist learning, such as public pedagogy about gender-based violence, attempt to disrupt the silence of women's and 2SLGBTQIA+ people's experiences of harm and healing.

Historical and contemporary patriarchal and hegemonic oppression pushes against marginalized voices, continuing to pathologize, criminalize, and dismiss movements toward healing modalities that recognize the intersections of interpersonal and systemic violence. The literature across North America demonstrates that within

the fields of social work and psychotherapy, there is tension between collective care, ethics, funder mandates, and perspectives on feminist leadership and hierarchy. This has led to a de-gendering and depoliticizing of trauma treatment through trauma- and violence-informed care frameworks (Britt & Hammett, 2024; Sweet, 2021; Tseris, 2013). Casey Ready (2016), who worked for decades in the sector, explains that because of this underfunding and pressure to individualize services and decentre analysis of systemic oppression, women's work in feminist spaces continues to be underpaid and unpaid (See also Beres, Crow & Gotell, 2009.) In Ontario, feminist therapists, academics, and organizers offer non-formal workshops and professional development, as well as informal organizing and communities of practice to build knowledge hubs fluent in feminist therapeutic perspectives that encourage peer connections, mentorship, and a healthy environment for clinical supervision (Blumer et al., 2014; English 2011; English & Irving, 2015). Examples of these include the Building a Better Wave (Ontario Network for VAW Coordinating Committees), the new YWCA Canada Anti-Gender Based Violence Staff Network, and the OCRCC community of practice for racialized feminist counsellors.

In the next chapter, I describe how I arrived at critical feminist polyethnography as an intersectional research methodology to engage with intersectional and feminist theories, interviews with study participants, and the literature. This methodology assisted me in navigating conversations about feminist learning and mentorship with feminist-identifying registered social workers and psychotherapists currently practicing in Ontario. Their stories enrich the literature on the intersections of feminist identity, funding, and equity for feminist non-profit organizations, feminist therapy in private practice, and the perspectives of decolonizing and anti-oppressive/anti-racist frameworks on clinical supervision for

feminist counsellors and therapists. In order to ensure authenticity of voice and meaning, critical feminist polyethnography is self-reflective; therefore, it involves revisiting these narratives at multiple points throughout this dissertation.

Chapter 3: Learning Through Reflexivity

> Many of us live in borderline zones that have yet to be socially acknowledged or defined. Each situation demands and/or emphasizes different identity markers so that one is constantly encountering an array of possible "selves." (Silverstein, 1999, p. 70)

In "Beyond Selves and Others: Embodying and Enacting Meta-Narratives with a Difference," Cory Silverstein (1999) describes that living an experience that is both in "binary opposition" and "the meta-narrative of colonialism," feminists can become "fragmented" by conceptualizing their identities through both their differences and in wholeness (p. 71). In my exploration and experience of seeking intersectional, feminist ideals while working in feminist non-profit models (funded through governmental mandates) in an era of credentialing care work, I resonate with this embodied fragmentation. As Silverstein suggests, I have looked to feminist ethnography for an orientation of "body, space and social structure" (Silverstein, 1999, p. 71) within a culture group of feminist therapy for which I have the utmost respect, empathy, and curiosity.

This study explores the formal, informal, and non-formal ways feminist-identified counsellors and therapists who work with survivors of sexual and gender-based violence engage with feminist identity and feminist pedagogy in Ontario, Canada. To reflect on the learning experiences of these feminist practitioners and share my own stories from the field, I employed an adapted methodology of feminist ethnography, drawing on feminist theory and critical theory through an intersectional framework. Through the modification to this anthropologically based methodology (Creswell & Creswell, 2018; Merriam, 2009), I sought to contribute a decolonizing

analysis (Silverstein, 1999; Tuhiwai Smith, 2012) of this qualitative research tool. More importantly, as Silverstein inspires, I endeavoured to reorient the experience of feminist therapy in its differences and wholeness, in its dimensions and iterations.

An ethnographic study describes "human society and culture" (Merriam, 2009, p. 27). As I explored the opportunities of feminist ethnography, I sought to be rigorous about the ethical and equitable structures it could address; as Simpson (2014) describes, I wanted to explore both the "process" and "context" (p.7), for the study participants as well as for my own learning. To be self-reflexive and intersectional in this methodology, I introduced the term *critical feminist polyethnography* (Trefzger Clarke, 2022a; Trefzger Clarke, 2022b) [See Figure 2] to clearly acknowledge feminist theory (Ahmed, 2017), intersectional theory (Hill Collins & Bilge, 2020), critical race theory (Hill Collins & Bilge, 2020), queer theory (Bettray, 2021), and autoethnography (Merriam, 2009) for my insider-outsider perspective. As feminist, intersectional, critical race, and queer theories are dynamic movements and orientations (Silverstein, 1999), I employed critical feminist polyethnography to explore how feminist practitioners learn about and consolidate their understanding of feminism, without fragmenting, in the context of counselling and therapeutic practice.

In order to contextualize my study, I conducted a document analysis of Ontario-related political and policy briefs and funding pathways, as well as an environmental scan [See Table 2] of the post-secondary programs that credential feminist counsellors and therapists to work in the field (e.g. Bachelor of Social Work, Master of Social Work, Master of Counselling Psychology) and qualify those individuals to gain membership in either the OCSWSSW or CRPO. I specifically looked for courses and syllabi that provide instruction in feminist theory, feminist therapeutic practice, and/or anti-oppressive and anti-racist education. As an insider-

outsider to this work, and as a former executive director and supervisor at a sexual assault centre, I hypothesized that little instruction in those modalities has been taught at the post-secondary level. Therefore, I used the critical feminist polyethnographic approach to ground my data collection, facilitate self-reflection, and reorient myself again and again.

Field Notes: Friday, August 4, 2023

My Research Ethics Board (REB) application has been approved, and the first participant I was hoping to speak to sent in her consent forms, which is so exciting. I was worried about sending my request to the Ontario Coalition of Rape Crisis Centres (OCRCC) and Ontario Association of Interval and Transition Houses (OAITH), wondering if they would approve sending it to their members, but OCRCC got back to me within two days and was happy to send it.

The second participant to contact me is a young, white, qualifying psychotherapist, and that is an interesting perspective. She works just outside of the Greater Toronto Area (GTA), and although I'm curious about her learning experiences, I'm equally interested in her thoughts of intersectional learning and her experiences of supervision. This might provide a contemporary baseline for post-secondary learning right now.

The third participant to contact me is a racialized male psychotherapist newly working at the centre that strongly supported the psychotherapy act (2017). Really interesting! OAITH must have sent the research call out too. He qualified as a Registered Psychotherapist (RP) through a post-secondary institution that I have had some experience with, and I'm curious about how they teach feminist theory or pedagogy. I am very interested to hear his story about identifying as feminist as a racialized, cis-male therapist. This opportunity will offer an enriched set of

perspectives. I thought I knew who would offer to participate in the study–I was wrong. My advisor asked me if I thought that a male would apply, and I didn't! Pushing how I understand feminist therapy has already begun.

Out to See: The Story of Critical Feminist Polyethnography

I understand myself to be a radical and intersectional feminist seeking transnational feminist perspectives. Although my feminist identity continues to evolve, at the time I took the graduate course, "Discovering Feminist, Decolonial Research" with Dr. Karleen Pendleton Jiménez, I thought I had intersectional feminism completely figured out. The humbling of graduate studies can be overwhelming in tsunami-like waves.

I felt confident, since first describing my research focus back in 2021, that I would use a feminist ethnography for my research methodology. I understood that anthropology is ripe with feminist critique (Bhavani & Talcott, 2014; Davis & Craven, 2023; Junqueira, 2009; Lather, 2001; Pillow & Mayo, 2014; Schrock, 2018), and that I would need to connect some critical and reflective practice synonymous with intersectionality and critical feminist theory. Dr. Pendleton Jiménez pushed me to consider how to address the critiques of feminist ethnography from the 1980s and 1990s. And … I had to demonstrate my research methodology to her as part of my coursework in a non-traditional format (Trefzger Clarke, 2022b). I wrote down my goals:

> I am looking to study a culture group–Ontario-based feminist counsellors and therapists who have worked in the VAW sector–to better understand how they learn about feminism. I am an insider/outsider to this group. This group has multiple, intersecting and complex identities (Trefzger Clarke, 2022b).

As I explored the critiques of feminist ethnography (Bhavani & Talcott, 2014; Davis & Craven, 2023; Junqueira, 2009; Lather, 2001; Pillow & Mayo, 2014; Schrock, 2018), I, too, concluded that I needed a more reflexively ethical framework. On a walk with my friend and scholar Dr. Nona Robinson, we discussed the ways in which insider/outsider positionality is not described by autoethnography or ethnography alone. She suggested that I add the prefix *poly* in order to connect feminist ethnography with critical theories that support an intersectional framework, such as critical social theory (Finlayson & Rees, 2023), critical race theory (Hill Collins & Bilge, 2020), queer theory (Bettray, 2021), critical feminist theory (Ahmed, 2017, hooks, 2015), intersectional theory (Hill Collins & Bilge, 2020), critical disability theory (Piepzna-Samarasinha, 2018), decolonizing theory (Green, 2017), and transfeminist theory (Bettray, 2021). Dr. Robinson also joked that the prefix *poly* is a fun nod to queer theory (i.e. being in multiple consensual relationships simultaneously).

The expanded nature of the methodology felt overwhelming at first. In my research, I would need to consider the process and context of my participants' learning. What I understood so far was that in this expanded methodology:

a. Critical = an intersectional examination and resistance to white, EuroWestern, patriarchal and hegemonic power structures;
b. Feminist = an analysis and active movement towards gender equity and parity;
c. Poly = a prefix for connecting radical, queer, and trans approaches to research (putting myself into the work); and
d. Ethnography = Ethno (culture) graphy (writing), exploring and representing humanity and human cultures through writing.

Despite this expansion, I felt the methodology needed a more conceptual framework that considered a decolonial analysis, consent, reciprocity, and community consensus (Green, 2017). My wife, scholar Dr. Rachael Nicholls, reminded me that this methodology would be a dissertation in itself. My mother, Marlene Herbst Loth, MSc, an artist and scholar, taught me a lesson in theoretical physics and chaos/complexity theory, enabling me to describe my methodology through organizational change in space and time. This helped to create a better mental picture of being an insider and outsider to this research, as my positionality had changed through leaving the sector and entering graduate school. In exploring the terms bifurcation and iteration (Bartlett, 2019), I was able to see how perspectives change not only over time, but also through changes of social location, privilege, and external factors (like politics). By connecting this methodology to chaos theory in nature and social organizing (as described in the work of adrienne maree brown and the Emergent Strategy Collective, 2017), critical feminist polyethnography felt complementary to perspectives of ecofeminism (Hillock, 2024) and social justice theory (Niblett, 2017). But was it decolonial?

Sitting with my Anishinaabekwe friend, scholar, and nurse practitioner, Lesa Fox, the final analysis came ashore. Lesa encouraged me to think beyond linear static research, and to delve into Indigenous methodologies to prioritize consent, storytelling, and ongoing feedback of researcher and participant knowledge at multiple stages (Green, 2017; Kimpson, 2005). She encouraged me to build trust, reciprocity, and iteration with the participants through this process. I also looked to Article 7 of the United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007), and the Truth and Reconciliation Commission of Canada's Calls to Action (2015) regarding child welfare, education, health, and research to better understand

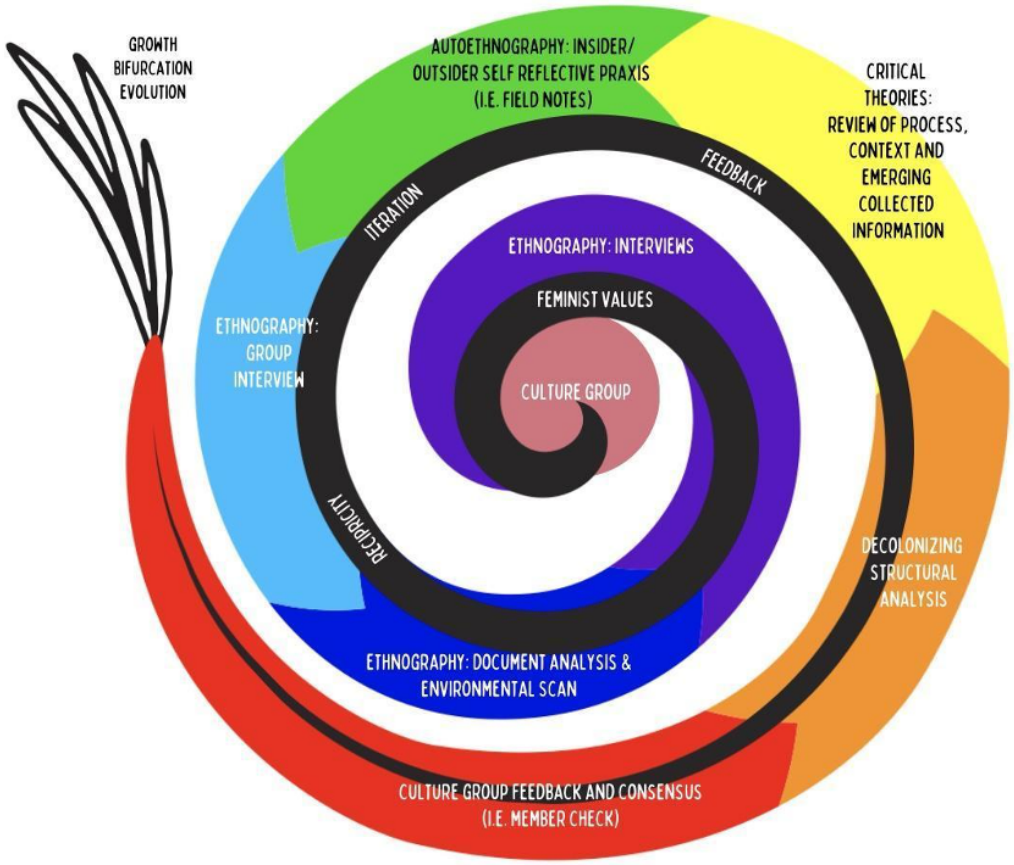
how to evolve this methodology parallel to the ethics framework of the Tri-Council Policy Statement (Canadian Institutes of Health Research et al., 2022).

And so, I experienced critical feminist polyethnography as one of the most beautiful experiences of feminism in action as these incredible friends and family members gathered together to dig me out of the sand and propel me towards my methodology assignment for Dr. Pendleton Jiménez's class. What happened next, in terms of the non-conventional design of the methodology (see Figure 2 below) became an exciting opportunity to frame process and context through nature itself.

I was inspired by the nautilus, a three-dimensional shape that represents, to me, poly-dimension and critical aspects of adaptation. The nautilus, itself, is an incredible sea creature that represents the golden ratio or divine proportion that occurs throughout nature and is replicated in the human world (Barlett, 2019). This creature propels itself through the sea by managing the pressure of water and air through its chambered shell structure, creating ongoing feedback and movement through space and time. The nautilus is a living creature that grows and responds to the evolution of its environment, maintaining a constant relationship with its changing seascape. It feeds back into itself and iterates to propel itself forward through time; its golden ratio represents the exponential possibilities of equity (Barlett, 2019). To survive and thrive, the nautilus must be in constant equilibrium and consent with its embodied self. To me, this model was deeply feminist, intersectional, multi-dimensional, and inclusive. Through this model, I could envision, for instance, the ways that the four waves of feminism are dynamic and in constant feedback and iteration. I could better understand the ways that Black feminism and transfeminism have bifurcated from white liberal feminism and trans-exclusive radical feminism. This nautilus metaphor became what Silverstein (1999) describes as a meta-narrative "with difference" for

how we "enact," "inscribe," (p. 82) and re-imagine feminist phenomena. I developed this methodology in the hope that it would guide myself, and the study participants, to engage in an embodied and reciprocal experience towards cultural consensus. Feminism, and its research, is responsive to ongoing change; that is its greatest possibility.

Figure 2: Critical Feminist Polyethnography



Note: This visual representation of c*ritical feminist polyethnograph*y demonstrates the centring and reflexivity of the culture group in the decolonial and intersectional process of this ethnographic methodological adaptation. This approach returns to the culture group, at three moments – post-individual interview, post-group interview, post-chapter writing – to explore and discuss different aspects of the research, and to build consensus. (Trefzger Clarke, 2022b)

Rationale for Research Approach

To explore how feminist-identified counsellors and therapists engage in their identity and learn about feminist theory and pedagogy, I used a transformative framework (Creswell & Creswell, 2018) of critical feminist polyethnography as my study methodology. Traditionally, an ethnography explores a cultural or social group to describe and interpret its values and practices (Bloomberg and Volpe, 2012; Creswell & Creswell, 2018; Davis & Craven, 2023; Merriam, 2009); in the tradition of feminist ethnography (Davis & Craven, 2011, 2023; Lather, 2001), the researcher is also a participant-observer in this process. I sought to build on Jane Edwards's structure of the critical feminist autoethnography (2018), where she explored past, present, and future possibilities within higher education, to develop a critical feminist polyethnography (Trefzger Clarke, 2022a, 2022b) in which I:

1. demonstrate the importance of feminist, intersectional, critical race, critical disability, queer and transfeminist theories to ethnography (Ahmed, 2017; Bettray, 2021; Davis & Craven, 2023; Hill Collins & Bilge, 2020; hooks, 2015; Piepzna-Samarasinha, 2018) and secure this methodology within feminist theory (Ahmed, 2017; hooks, 2015); and
2. describe the ways in which autoethnography (insider-outsider), intersectionality (Hill Collins & Bilge, 2020) and decolonizing (Green, 2017; Silverstein, 1999; Simpson, 2014; Tuhiwai Smith, 2012) frameworks develop a more equitable and ethical methodology for myself and the participants.

In using the prefix *poly* to encompass ethnographic research beyond the participants and inclusive of the auto, or self, I have queered the methodological structure from linear to expansive (Edwards, 2018; Patterson, 2016). By this, I mean the

methodology is more responsive to insider-outsider, dynamic complexities of intersecting identities. In addition, analyzing the data using intersectional feminist lenses of critical race theory and queer theory helped to better explore the gaps in a workplace sector largely populated by white, cis-heterosexual women.

The term *"critical feminist polyethnography"* is a response to Schrock's description of the problematization of feminist ethnography in feminist literature from the 1980s to the 1990s (2018), as well as the calls from Junqueira (2009), McNamara (2009), and Simpson (2014) for greater reflectivity in the methodology. Bhavnani and Talcott (2014) also offer recommendations from the perspective of feminist global ethnographers working in development. To be accountable and ethical, I followed Schrock's analysis of the core imperatives of feminist ethnography, honoured Edwards's (2018) use of critical feminist autoethnography, and responded to the attention Craven and Davis (2013) require for diversity and relevancy of participants and researchers, and the ongoing examination of power dynamics.

Specifically regarding OCAP (First Nations Information Governance Centre, n.d.), I will addressed, ethically, the OWNERSHIP, CONTROL, ACCESS and POSSESSION of the Indigenous knowledge disseminated by Indigenous-identifying study participants through consent in participation, data storage, the ability to use their own names or a pseudonym, change their confidentiality status at any time during the research, and provide a member check before publication (Canadian Institutes of Health Research et al., 2022). This has been built into the design of this methodological adaptation and is echoed by Silverstein (1999).

Statement of Research Problem

Feminist counselling and therapy practitioners enter the field through different educational and credentialing pathways. In this study, I explore, with participants, how feminist practitioners enter the field, how they work with survivors of sexual and gender-based violence, and how they integrate feminist approaches through formal, informal, and non-formal learning. Additionally, I gather their stories about feminist learning in their personal and professional lives, and share my own as an insider/outsider member of the culture group.

Research Context

The setting for my research is Ontario, Canada, a region that publicly funds services for victims of intimate partner violence, sexual assault, and other crimes. Violence against women and rape crisis supports in Ontario began in the early 1970s through second-wave grassroots feminist organizing (OCRCC, 2021). Using Ontario as an example of a region that allocates governmental funds to support feminist counselling and therapy, this site presents an excellent location to explore a culture group through critical feminist polyethnographic methodology.

The key informants for this study all identified as feminists and had experience working with survivors of sexual and gender-based violence. The participants in the study have familiarity with, or had worked at, a VAW shelter or transition house, a sexual assault or rape crisis centre, or have an association with these funded services through community-based, hospital or post-secondary institution counselling programs. I sought to understand the different pathways in which the nine participants in this study, who worked with survivors of sexual or gender-based violence through different organizational mandates, engaged with their feminist identities through

formal, informal, and non-formal education. Pathways included grassroots activism; professional advocacy; formal post-secondary learning, including social work, psychology and psychotherapy; workplace mandates or private practice; and communities of practice, mentorship, professional development training, and workshops.

Research Timeline

I sent research participant invitations in June 2023 to OCRCC and OAITH for distribution, as well as through collegial networks. I conducted my research with registered MSW and RP professionals from August 2023 to December 2023. I closed the recruitment process after two months, between September and November 2023, with nine completed individual interviews. I provided the participants with an opt-in group interview in December 2023, following the individual interviews to reflect together on the research questions. Five participants returned and gathered for the group interview. I analyzed and consolidated my research and literature findings from January 2024 to May 2024.

Overview of Data Collection

The purpose of this study was to determine how feminist counsellors and therapists develop their practice within and beyond formal psychotherapeutic pedagogy. I examined the literature [see Chapter 2] on feminist theory; feminist pedagogy; the history of feminist organizing for healing; feminist therapy; feminist psychotherapy models for clinical supervision; and communities of practice. It was important to explore feminist theory and feminist therapy theory with the definition of the Controlled Act of Psychotherapy in Ontario (see below) (CRPO, 2018). In my professional experience, I encountered a disorienting dilemma (Mezirow, 1990) in

reconciling my understanding of feminist therapy theory with the changes to psychotherapy legislation.

In the recruitment of study participants, potential participants were required to self-identify as feminist counsellors or therapists, and also have membership with the OCSWSSW or CRPO. In this way, I was able to qualify participants as being able to perform the act of psychotherapy as described by the Controlled Act of Psychotherapy, which took effect as of December 30, 2017 (CRPO, 2018). Psychotherapy is also defined by the Registered Health Professionals Act in Ontario, which describes the practice as:

> treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning. (OCSWSSW, n.d.)

Participants who completed the consent form and participated in the first interview for this study held the following demographic identities:

Table 1: Demographics of Study Participants

Professional College	**Gender**	**Age**	**Self-Identity 1**	**Self-Identity 2**	**Self-Identity 3**	**Self-Identity 4**	**Ethnicity or Culture**	**Years in PSI Studies**	**Years in Practice**
OCSWSSW	Non-binary	29	2S-LGBTQ+	Neuro-divergent	Survivor of GBV	Non Binary/ Two Spirit	Ojibway and Irish	10 years	5-10 years
OCSWSSW	Cis-Female	46	Mother	Lives in Northern Ontario			White - Celtic	12 years	20-25 years
OCSWSSW	Cis-Female	41	Disabled				African	14 years	10-15 years

CRPO	Cis-Male	30	Educator				Irish	10 years	under 5 years
CRPO	Cis-Female	57	Ghana and Cameroon Ancestry				Jamaican	3 years	over 30 years
OCSWSSW	Cis-Female	65	Mother	Survivor of GBV			White	6 years	over 40 years
CRPO	Cis-Male	26					South Asian - India	4 years	under 5 years
OCSWSSW	Cis-Female	27	Middle-class	Hetero-sexual	Able-bodied		Métis	5 years	5-10 years
CRPO	Cis-Female	37	Mother	Hetero-sexual	Middle-class	Chronic injury	Moroccan and White	6 years	15-20 years

To make connections within the data collection, I engaged in a four-step process for this qualitative study to self-reflect on my process and connect theory to practice:

1. I conducted a document analysis.
    a. I analyzed Ontario-related political and policy briefs and funding pathways.
    b. I reviewed the professional membership standards of regulatory bodies associated with feminist counselling and therapy.
    c. I completed an environmental scan [See Table 2] of feminist content of Ontario-based post-secondary institution programs related to developing competency in feminist therapeutic practices.
2. I conducted 60-minute individual interviews with nine feminist-identified counsellors and therapists with diverse identities about their journeys towards feminist theory, as well as how they learned about feminist therapeutic practices.

a. These interviews were semi-structured and took place via Zoom video calls or in-person.

b. The interviews were sound recorded and then transcribed with the assistance of Otter.ai.

3. I conducted an opt-in 90-minute group interview to reflect together (Wenger, 1998) on the research questions with a deliberate practice tool used in communities of practice (Webber, 2016).

    a. The group interview reflected the interview questions.

    b. The group interview was sound recorded, and I transcribed the audio transcripts using otter.ai.

4. I wrote field notes for a process of observations and reflective practice (Bloomberg & Volpe, 2012).

Table 2: Environmental Scan

Post-Secondary Institution	**BSW**	**MSW**	**Ph.D.SW**	**MA Equiv. for RP**	**Explicit Feminist Perspective**	**Feminist Content Observed**
College Registration	**OCSWSSW**	**OCSWSSW/CRPO**	**OCSWSSW/CRPO**	**CRPO**	Feminist/ Feminism Used in Text	**Pathway/Stream Course**
Algoma University, Bachelor of Social Work	x				x	SWRK3206AE, SWRK2107AE, SWRK3806AE
Carleton University, Bachelor, Master and PhD of Social Work	x	x	x		x	SOWK 4303, SOWK 5011
Lakehead University, Bachelor and Master of Social Work	x	x			x	HBSW-Women Studies Pathway

Laurentian University, Bachelor of Social Work and Master of Social Work	x	x			x	SWRK-5106EL, SWRK-3026EL, SWRK-4726EL
Laurentian University, School of Indigenous Relations, Bachelor of Indigenous Social Work	x					N/A
McMaster University, Bachelor, Master and PhD of Social Work	x	x	x			none explicitly (AR/AO and trauma yes)
Toronto Metropolitan University, Bachelor and Master of Social Work	x	x			x	SK 8212
Trent University, Bachelor of Social Work	x				x	SWRK4001
University of Ottawa, Bachelor, Master and PhD of Social Work	French only	French only	Bilingual		x	SVS 5535
University of Toronto, Master and PhD of Social Work		x	x		x	SWK 4624H, SWK 4403H, SWK 4512H, SWK 4619H, SWK 4620H, SWK 4623H, JPW 2118H, JSL 4423H
University of Waterloo, Bachelor and Master of Social Work	x	x				none explicitly (intersectional)
University of Western Ontario, Bachelor and Master of Social Work	x	x				none explicitly

University of Windsor, Bachelor, Master, Master/JD, and PhD of Social Work	x	x	x		x	BSW-Women Studies Pathway
Wilfrid Laurier University, Bachelor, Master and PhD of Social Work	x	x	x			none explicitly
York University, Bachelor, Master and PhD of Social Work	x	x	x			none explicitly
ADLER Graduate Professional School, Master of Psychology				x		none explicitly
Athabasca University, Master of Counselling in Counselling Psychology				x	x	GCAP 633
Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy, Diploma for Child and Adolescent Psychoanalytic Psychotherapist				x		none explicitly
Canadian International Institute of Art Therapy, Art Psychotherapy Diploma				x		none explicitly
Centre for Training in Psychotherapy, Diploma of The Centre for Training in Psychotherapy				x		none explicitly
CREATE Institute, Diploma in Expressive Arts Therapy				x		none explicitly

Gestalt Institute of Toronto, Diploma, Five-Year Training Program in Gestalt Psychotherapy				x		none explicitly
Martin Luther University College (formerly Waterloo Lutheran Seminary), Wilfrid Laurier University, Master of Arts in Theology – Spiritual Care and Psychotherapy				x		none explicitly
Ontario Association of Jungian Analysts, Analyst Training Program				x		none explicitly
Ontario Institute for Studies in Education, University of Toronto, Master of Education in Counselling Psychology – Counselling and Psychotherapy				x	x	Specialization in Women and Gender Studies
Ontario Psychotherapy and Counseling Program, Diploma in Psychotherapy with focus on Psychodynamic Therapy				x		none explicitly
Saint Paul University, Master of Arts in Counselling and Spirituality				x		none explicitly
Toronto Art Therapy Institute, Graduate Level Diploma in Art Therapy				x	x	Art Therapy and Mental Health, Art Therapy for Eating and

						Body Image Concerns
Toronto Centre for Psychotherapy and Counselling Education, Certificate in Psychotherapy				x		none explicitly
Toronto Institute of Contemporary Psychoanalysis, Diploma in Psychoanalytic Psychotherapy				x		none explicitly
Toronto Institute for Relational Psychotherapy, Diploma in Toronto Institute for Relational Psychotherapy				Closing		none explicitly
Toronto Institute of Psychoanalysis, Certificate of Graduation as Psychoanalyst				x		none explicitly
Toronto School of Theology (Knox/Emmanuel College), University of Toronto, Master of Pastoral Studies, Spiritual Care and Psychotherapy Certificate				x		none explicitly
Transformational Arts College, Spiritual Psychotherapy Program				N/A		none explicitly
Tyndale University, Master of Divinity – Counselling Major – Clinical Stream, Master of Arts in Clinical Counselling,				x		none explicitly

Doctorate of Divinity and Clinical Counselling						
University of Guelph, MSc Couple and Family Therapy Program				x	x	FRAN*6940 FRAN*6870
Université de Hearst, Diplôme d'études supérieures en psychothérapie				French		none explicitly
University of Ottawa, MEd/MA in Counselling Psychology				x	x	EDU 7240
Vancouver Art Therapy Institute, Graduate Level Diploma in Art Therapy				x		none explicitly
Western University, Master of Arts in Counselling Psychology				x	x	explicit in the description
Yorkville University, Master of Arts in Counselling Psychology				x		none explicitly
Mennonite New Life Centre of Toronto, Bridge to Registration and Employment in Mental Health				x		none explicitly

Research Sample, Consent, and Trust

Building trust and relationships in the lens and modality of feminist therapy is integral to all aspects of the work. To ensure an intersectional representation of feminist counsellors and therapists, I recruited within groups where I had built trust previously. I conducted semi-structured interviews with nine key informants who had

worked at some point during their career at Ontario government-funded spaces that may or may not have explicit feminist mandates, but had close association with a feminist-led non-profit counselling organization. In my research sample, I was looking for varied years in the field, varied understandings and experiences with formal, informal, and non-formal feminist theories and pedagogies, diversity in sexual, gender, and/or racial identity, years of practice, and knowledge of clinical or peer supervision as a supervisor or supervisee. I provided the participants with an opportunity to review their transcribed interview to ensure the validity and trustworthiness of the data (Creswell & Creswell, 2020).

Feminist counsellors and therapists were informed of the study via a letter of invitation, which included an email describing the research intent, and were invited to sign a letter of consent (see Appendix B). The purpose of the research was explained to the participants: to better understand the pathways–through formal, informal, and non-formal learning–toward feminist theory and pedagogy as it relates to counselling and therapy. People who consented to the Zoom video or in-person interview submitted a consent form [See Appendix B] indicating that they had all their questions answered and were participating voluntarily. They could choose to use their names or participate anonymously with a pseudonym, and could make that choice at any time up until the research was complete. The invitation letter highlighted that participants could withdraw from the research at any time, without penalty. If they opted out partway through the interview, they could consent to the interviewer's use of all, part, or none of the interview; no participants opted out of the interview process. Participants were also invited to opt in to a group interview to reflect on the research questions following individual interviews; five did so. The interview questions [See

Appendix C] were designed to support the participants in giving voice to their experiences and describing their learning.

I committed to the trustworthiness of the research by addressing ethical concerns such as obtaining informed consent from participants, maintaining participant confidentiality, offering and honouring anonymity and pseudonyms (where chosen). The data has been reliably digitally secured with password protection for five years; any paper documents have been stored in a locked file cabinet for one year, after which they will be shredded. I ensured credibility by offering participants choice and consent in anonymity for this study, conducting a group interview and member checks with the participants to acknowledge researcher bias, and enhancing the critical feminist polyethnographic approach with field notes and connections to theoretical literature to explore different perspectives on learning. I explained my role as both a researcher and a cultural insider to the participants and asked them to speak freely about the research topic, assuring them of confidentiality. By designing this trustworthiness in the data collection and analysis, I have ensured that the study results are credible, dependable, and transferable to address knowledge gaps for counsellors and therapists engaging in feminist theory and feminist therapy.

Field Notes

I kept field notes (as described by Merriam, 2009) throughout the research, including those preceding and during the interview phase. I oriented myself by recording my impressions and reflections throughout the research phase and into the dissertation writing. I noted my thoughts and experiences of listening to the participants' practice and self-reflection following the interviews.

Data Analysis Methods

I employed critical feminist polyethnography to code the participants' narratives for themes and patterns related to learning and theory, as well as to conduct critical and decolonizing structural analysis, document review, and member checks (Bloomberg & Volpe, 2012; Merriam, 2009).

Limitations and Delimitations

My research problem was developed through observation during a community-based work experience. Although I have reviewed the literature and engaged with critical and feminist theory, I continued to employ the rigour of critical feminist polyethnography to address my biases. The feminist-identifying counsellors and therapists represented in this study as key informants represent a range of experiences in the field. Although they offer only a subsection of the diversity of counsellors and therapists in Ontario, within the study, there was a range of representation of feminist perspective. My research structure and questions required rich and descriptive data rather than generalizations derived from quantitative methodologies; critical feminist polyethnography is well-suited to record and share this knowledge. Finally, there are a limited number of academic voices over the past 50 years who have written on the practice and possibilities of feminist therapy compared to other psychotherapeutic frameworks; therefore, my literature is limited to those who have written on this topic, as well as the participants, to guide analysis and recommendations.

Summary

The methodology explored in this chapter assisted me in exploring "borderline zones" (Silverstein, 1999) of nuances between social work and psychotherapy accreditation, trauma-informed and feminist lenses, and rape crisis and violence

against women movements. The complex phenomenon of credentialing and legislation of feminist therapy has occurred in many hegemonic EuroWestern institutions and governments, but the real-time experience of that professionalization in Ontario has not been well described. Using critical feminist polyethnography, I augmented the voices of those who identify as feminist counsellors or therapists sharing their experiences. Additionally, I chose to describe my self-reflective journey of the 2017 legislative process through critical and decolonizing theories. I use the metaphor of a breathing nautilus to describe my own reflective praxis, as well as the self-reflection of the participants through the review of their transcripts and interviews in context. This praxis involved various critical analyses, member checks, field notes, document analysis, an environmental scan of post-secondary credentialing, and peer interviewing.

In the next three chapters of this dissertation, I bring the participants into conversation with one another through intermingling the answers from their transcripts. I then share my own reflections on the study questions and provide an analysis relating back to the Ontario-based experience of legislating psychotherapy and the literature described in Chapter 2.

Chapter 4: Sensing and Becoming Feminist

Feminism is sensational. (Ahmed, 2017, p. 21)

In this chapter, I lift the voices of the feminist therapeutic practitioners who participated in this study, as we explore together the experiences of finding feminism, learning about feminist therapy, and integrating feminist theory into professional practice. In her book, *Living a Feminist Life* (2017), Sara Ahmed speaks to the sensation of feminism and its embodied knowing long before one has the language to describe gender-based inequities and violence, and their intersections with race, class, ability, and sexuality. Ahmed says: "A feminist life is how we get in touch with things" (p. 42), which is to say that the experience is visceral and bumpy, like revealing the tender skin under an itchy scab, again and again. "I find it hard now," Ahmed explains, "to disentangle this violence from my memories of becoming a feminist" (p. 72). As survivors engaged in care work, our wounds and healing are tied to this experience of exposing oppression and resisting it through collective feminist action.

During the individual interview phase of this research, I spoke with nine practitioners–Bethany, Brenda, Emma, Justin, Kim, Lauren, Luvnish, Maddy, and Mandy–about their experiences in learning about feminist theory and therapy, applying that knowledge, and engaging with ongoing learning. In this chapter, I share their sensational journeys of feminist learning—their stories of sensing and becoming feminists as they begin to explore the field of feminist therapeutic practice. Then, following the pathway of critical feminist polyethnography, I review these narratives and discuss the ways in which the participants' experiences intersect with the literature of feminist learning; feminist theory; intersectional theory; critical race

theory; queer, transfeminist and disability studies; and a decolonizing lens. I offer insights into different learning theories and demonstrate how they interconnect theoretically and in practice through the participants' stories. As Ahmed (2017) reminds us: "It is through the effort to transform institutions that we generate knowledge about them" (p. 93). In the following chapters, we collectively share experiences and creative solutions, through a conversational narrative, in the hopes that other care workers resonate with our words and are inspired to engage in transforming the institution of feminist therapy.

Participant Voices: Learning Feminist Theory

The Sensation of Feminism Through Others, in Ourselves

Question 1: How did you become interested in feminist therapy?

When asked about how she became interested in feminist therapy, Lauren answers:

> I was raised by a feminist. My mom is a feminist and became a therapist later in life. In my early training, in the 1980s, there was a male professor of psychology who had a team of students doing community-based counselling with a feminist analysis in Southwestern Ontario.

She goes on to explain that the purpose of the project was to train community members in feminist counselling techniques: "It was a pretty hippy dippy project at the time." As she describes, by having both men and women trained through a feminist lens, the project would "enable peer support in a much wider way." Lauren was their teenage participant who was trained in play therapy. "They used the words: encounter and countering." These words from the training have remained with Lauren

throughout her career. “They taught us to speak what was on our mind, teach each other, check our privilege, and hear when someone was angry with you.”

Lauren went on to work in children’s mental health, including in an institutional setting: “It was a step in the door for me to understand what counselling looks like and how to bring in a feminist focus.” After moving to Alberta, Lauren received in-house feminist counselling training for child and youth mental health that led to her first college diploma. As the sector movement to credentialize grew, Lauren reflects that with and without a degree or diploma, “people bring all kinds of strengths and insights from lived experiences to offer support to others in a safe and grounded way.”

“I became interested in the purpose of our presence here,” says Kimberly. “Since I was a kid that interest has always been within me.” She describes an early and innate curiosity and care for those around her, even those who cause harm: “I can’t tell you when it started, but it has always been there for me. I now understand we call that ‘feminist.’”

With decades of experience in mental health and psychotherapy, Kimberly might not actually call what she does ‘feminist therapy.’ She explains:

> I am interested in understanding people and learning with them. I understand that there are names for it, but I call it ‘meeting a person at the place where they are and learning about the skills and resources that brought them there.’

With her clients, Kimberly explores “the strengths, power, and the majesty that rests within them regardless of the circumstances, situations, and pain they have encountered.”

“When I studied psychology and political science at Trent University, I didn’t know yet what a social worker was,” explains Brenda. “Clearly, I was trying to create

my own thing." Brenda grew up in a small town in northern Ontario and was the first person in her family to go to university. Following undergraduate studies, she began working with clients with diagnoses of schizophrenia and bipolar disorder, through a medicalized hospital-based model, on an Assertive Community Treatment Team. "I was helping folks transition from very long stays in the hospital (many times years long) to living back in community," Brenda elaborates. In addition to vocational rehabilitation, she started working with expressive arts. After 10 years, she moved to another community in northern Ontario to become the executive director of a sexual assault centre. During her time at the SAC, she completed her MSW and fully integrated into a feminist and trauma-informed counselling model. In order to better lead her organization, Brenda completed a postgraduate certification in clinical supervision at Smith College School of Social Work. After leaving the SAC, Brenda trained in and became certified in Eye Movement Desensitization and Reprocessing (EMDR). Currently working on a holistic health and colonial trauma certificate at Laurier University, she has also started a PhD in Canadian Studies at Trent University. "A friend once said to me, education is the only thing that can never be taken away from you," says Brenda. "I guess I took that seriously!"

"Feminist therapy wasn't a thing that I was aware of, early in my career," says Mandy.

> I stumbled into it because in order for me to be genuine and authentic in my person and how I show up with people at their most vulnerable, I need to engage with them in a feminist way. It wasn't a conscious decision or a training path or a list of outcomes. It wasn't like … oh, I want to practice DBT so I need to understand the structure of DBT. Instead, I understand, and understood, that if I am going to be my authentic self to show up for other

people, I need to come from a feminist position or lens. It was a feeling about how to do practice ethically.

Mandy explains that much later in her career, she found like-minded therapists and connected to them and their perspectives "like a life raft." She describes: "We would provide peer supervision for each other, support each other and lovingly challenge each other in all the right ways." For Mandy, engaging in feminist therapy was about learning and leaning on others with the same values, and "knowing they were your people to go to when you needed help with the hard stuff of therapeutic practice."

Emma considers feminism to be her identity, the lens through which she perceives the world, and an integration of a lifetime of experiences. She was introduced to feminism in her first year of university but did not align with the movement until third year when she took a feminist course. The course was taught by a racialized person who spoke about the third and fourth waves of feminism, in which Emma could see herself reflected. Prior to that, she had only experienced white feminism, and found it challenging to relate. During the course, Emma reflected on the intersections of racism and feminism, and acknowledged that it has been a part of the movement. Learning about the third and fourth waves provided her with a much richer discovery and discussion.

"My first experience of feminist practice, in social work specifically, was here at university in the BSW program. It was a required course in order to graduate," explains Maddy, who studied at Trent University. "It was an amazing course. I was in the first two cohorts of the new social work program, and there were kinks that needed to be worked out, but it was so different from other classes we had." Maddy goes on to explain that her professor would have students bring yoga mats to practice

somatic work at the end of each class: “We reflected on readings and theory, but we also stepped out of the box.” Through different discussions and activities, they learned how body scanning can be triggering for those who live with trauma from violence: “The intersectional reflections were amazing.”

“For a long time, I only knew what feminism is as a theory, by its definition,” explains Luvnish. “When I first started working with my organization [a sexual assault centre], I really got exposed and understood on a deeper level about feminism.” Luvnish felt his mind open up to the barriers people face every day, and he experienced a change of perspective. “I am learning on this journey,” he says, “growing and learning.”

“Well, I think I've always considered myself a feminist,” contemplates Justin. “Through university, it was just something that really made sense to me. But I think where perhaps a switch was flipped was when I really dove deep into psychotherapy for eating disorders.” Justin trained as a schoolteacher before studying psychotherapy; he is now enrolled in a PhD program. He explains:

> As I'm sure you know, statistically, anorexia is much more common for women than men, right? I came to the realization that I really want to focus on supporting clients with eating disorders. I feel like you can't be a psychotherapist for clients with eating disorders if you're not feminist in a way, if that makes sense.

“Most of my life I wanted to become a counsellor,” explains Bethany. Her journey began with a struggle to find post-secondary studies that were a good fit. When she found gender studies, sociology and social work, she “finally discovered what it is to critique coloniality and ableism, neoliberalism and systemic inequity” from an Indigenous perspective. She then became intrigued by feminist therapy.

In reflection

In exploring these participants' experiences of finding feminism, I as an insider/outsider researcher resonate with the embodied sensations of discomfort and frustration with the status quo long before understanding the language, theory, and sensation of feminism. In fact, unlike the interviewees, it took me over three decades to identify as a feminist, although friends, family, and colleagues have reflected back to me my feminist work and politics preceding my personal transformation. I was working at a sexual assault centre when I discovered feminist theory, and could make connections between my values, politics, and career trajectory to see myself, in both my personal and professional life, as a budding feminist killjoy (Ahmed, 2017). Up to that point, I had been deeply entrenched in a cis-heteronormative white nuclear family construct that disconnected me from feminist activism. Coming out of the closet, working in the anti-sexual violence sector, and meeting incredible feminist and 2SLGBTQIA+ activists exposed me to possibilities outside of the socio-cultural norms.

A Lens in Which We Can Name Power and Inequity

Question 2: How do you define feminist therapy? For you, is feminist therapy a lens through which you practice psychotherapy/social work and/or a set of techniques?

In considering her definition about feminist therapy as the lens in which she practices, Mandy clarifies:

> When I say feminist lens, I don't mean the way that the public uses it, like feminism can be taken on and off like sunglasses. If you're a feminist therapist, you mean 'lens' like the lens of our eyes that informs how we see the world. It is more intuitive and difficult to define. There's a push to

> standardize psychotherapy, but that's hard in feminist therapy because feminism looks differently now than it did 10 years ago or 50 years ago. It's not a set of rules or techniques developed by a white man 100 years ago. I support people in struggle in the here and now, and I have to challenge my own privilege, current and historical, to do that work. So, I think feminist therapy is responsive, and I am always a learner.

Mandy describes her approach to clients:

> When I introduce myself to clients, I talk a little bit about my own cultural heritage and privileges to explain my positionality. I explain that I will try very hard to see them in the context of their intersections, but I might mess up sometimes. I think it's important to put on the table that I am not an expert in their life, and that it is not my role to chart a course for them. But that I will sit beside them, we can walk together, I will make observations, and if we're walking in circles, I am going to prompt them to think about patterns. I might suggest an alternative path to try walking. In feminist therapy, I believe that the client's path is their own; each step forward in progress is their accomplishment; that they are doing the work. You need to be very conscious of the power dynamic that exists in psychotherapy between therapist and client. That is a big responsibility to consider when someone is sharing their most vulnerable, shame-filled, guilt-ridden, horrific, emotion-filled traumas, memories and recollections.

One of the most important tenets of feminist therapy for Mandy is an analysis of structural inequality. She explains:

> If I hear someone take ownership for a structural system atrocity that they have no control or power over, I will challenge them on it. If it's really

> capitalism they're just trying to survive in, or the voice of patriarchy they're echoing, I'll remind them to consider what is 'theirs' and what is surviving in a system that is toxic and harmful. What are the things we have agency over? Being a feminist counsellor means being vigilantly aware of power and interested in ways to claw that power. Then you can place those skills into the hands of people who need them and help them learn how to use them.

Kimberly identifies with the "edges and the lines," so that she can freely explore the different ways to offer psychotherapeutic work. She explains:

> I know DBT, I know CBT, I can yank out that label and apply it accordingly. But human beings don't actually exist in a box, or at least the humans who come to me, the humans I'm interested in helping. I'm interested in working with humans who don't fit nice and tidy in the box because I don't.

When you are "alienated, ostracized and separated from 'the right way and place to be,'" Kimberly says, "it's a place where humans can't thrive, it was not designed for us." Although she uses the tools of CBT, DBT, narrative therapy, and even motivational interviewing, she prefers to assess the best approach for each unique client, and that changes over time.

Kimberly has been exploring the work of South African psychologist Ncazelo Ncube and Tree of Life Therapy. She is inspired by how Tree of Life Therapy (Ncube, 2006) intersects many models, including narrative therapy, but also explores "our ancestral intuitive understanding of healing and development." She feels that people who come to her practice are "so stuck trying to fit into the molds, and there's so much liberty in discovering that you're absolutely majestic outside of the mould made for you." She continues by explaining that the human experience we aspire to have now was only designed for 'select groups'; she sees an insistence to attain a

standard practice in North American culture, and she is interested in breaking that standard with her clients.

"The lens of feminist understanding is very subjective," explains Lauren. "I'm bringing my subjective self. As a white woman, I have experienced violence and I also hold privilege, so my experience is not the same as yours." When counselling, she says that she focuses on her clients, validating their life path and the ways they have found support: "People's lived realities can be so different from one person to the next."

Gender analysis and discussions of privilege began early in Lauren's career. She often worked with male therapists in children's mental health, and realized that the layering and nuance of feminist therapy is complex. "We are our lived experience, our identity, our privileges and oppressions, and what equality means is a recognition that we all have learnings and pathways where we can meet as equals."

Justin says of his reflection on feminist therapy and its definition:

> Every client you work with, you have to move differently. You need to treat them differently and so I think feminism looks different depending on that client you're working with. We might explore their different experiences with gender roles and how gender plays a role in their relationships.

For Justin's practice, "feminism is more of a lens like equity is a lens." He continues, "I am interested in making the therapeutic space more equitable, and how we are setting clients up for success outside of our space by better understanding the barriers to equity they are facing."

In considering a definition and perspective on feminist therapy, Brenda says:

> I think feminist therapy is a lens and approach—more of an analysis than a concrete tool. There are so many wonderful tools out there, and they are in the

> hands of the clinician who uses the tools as they relate to the lens or analysis they hold as a practitioner. That's where the real magic happens in terms of feminist therapy.

For Brenda, feminist counselling is the art; the tools are the science. Both, she says, are incredibly important.

Maddy explains that when she engages in trauma work, it is her role to create space "because there have been times, especially for Indigenous women, where they haven't had any space." In defining feminist therapy, Maddy looks to intersectional theory:

> Intersectionality is everywhere, but it is often unrecognized. In feminist practice, you move with and beyond the ways we work with women and explore justice. You begin to connect it to other modalities, like 'clinical ones,' to build better spaces, therapeutic relationships and outcomes.

As a Métis woman, Maddy has connected feminist practice to a holistic lens, influencing how she sets up her space, how she begins, how she reflects, and how she identifies intersections: "I think about how people sit on couches and chairs, accessibility, safety. I look to safety from the intersection of colonization. I also think about pacing, how a client leads their journey and especially in trauma work."

Luvnish describes feminism as a promotion of gender equality: "The continued existence of gender inequality, between male, female or transgender people, still seeks more impactful change." He recognizes the spaces he has been privileged to learn in are female-dominated, and he sees a responsibility in learning about feminist theory and making a difference. Luvnish says:

> You can practice a lot of techniques within a feminist lens, but when I'm practicing psychotherapy, I am specializing in trauma and working primarily

> with clients who identify as female and have been victims of sexual or domestic violence. I incorporate feminist theory to make connections with clients to help them move forward.

For over a decade, Emma worked through hospital-based mental health models. She also rarely saw herself reflected as a racialized person; when she did, it was in a disparaging way. “It’s like your body is labeled as deviant,” she explains. She began to use intersectional theory to unpack her experiences in the mental health field: “the way women are perceived, racialized women are perceived, disabled women are perceived, and especially, how racialized, disabled women are perceived.” She could see the ways in which perception and engagement in the work was a conscious choice:

> I need the work to speak to the experiences of the communities I work with. I don’t want them to feel a specific way because the system perpetuates ‘isms’ and racist microaggressions. I had a strong drive to create a space for myself and for the folks I work with that was intersectional and feminist.

Emma goes on to say:

> I define feminist therapy grounded in third and fourth feminism and as intersectional. People’s experiences are equally valuable, and I want to make sure I give voice to the voiceless. We’re so often written out of the literature. Experiences are denied to us or minimized.

For Emma, third and fourth wave feminists and theorists, like bell hooks, Kimberlé Crenshaw, Angela Davis, Micere Githae Mugo, and Tarana Burke, have been influential in how she sees the world through a collective lens: “I want to recognize the collective lens while recognizing the ‘isms’ and discrimination as well!” Emma continues:

> It's a framework in which you choose, consciously, how to engage with the world. It is anti-racist, challenges oppressions, and calls for liberation of all. But it's also a lens that critically examines how your values influence the decisions you make. When it becomes a tool, it becomes a problem, because you can turn it on or off.

"Theories are colonial," says Bethany, in describing her experience in academia. "They need a binary to define themselves … a set of laws, rather than beliefs." For Bethany, "feminist therapy intentionally resists forms of oppression, othering, and binaries in a person's life." She believes that "hope brings people to wholeness, as does empowerment and self-discovery." She explains that feminist therapy supports the whole person in processing their autonomy, their human dignity, and self-perception.

In reflection

As a researcher attempting to queer and decolonizing feminist ethnography, I resonate deeply with Bethany's comment that "theories are colonial." As Dr. Karleen Pendleton Jiménez described to me: "Colonial powers take over ideas, especially abstract ones like the word *theory*. People have been led to believe that only the [theorist] who explicitly says it and uses the word theory is valid; it's just someone with an idea about how the world works (often related to some struggle they had in their own lives)" (personal communication, November 16, 2024). The sensation of feminism is experiential and embodied; applying that lens takes personal positionality, self-reflection, experiences of inequity, and modelling of both feminist therapy application and feminist activism. These five components are expressed to varying degrees by all the study participants. The ability to define feminist therapy and demonstrate praxis directly correlates to the participants' intersectional identities

and engagement with ongoing informal and non-formal learning. It was transformational for me to see feminist therapy in action at a sexual assault centre, and as a common theme in debriefing sessions. I also give credit to my late therapist, Mary DeSouza, and my current feminist therapist, Patricia Train, MSW, for helping me engage with feminist praxis as a lens for psychotherapy. Additionally, in the reflections of defining feminist therapy by the research participants, both Kim and Emma's narratives highlighted that the Black feminist voices writing about psychotherapy across the North American continent often reproduce EuroWestern labelling. In particular, Kim's example of the Tree of Life framework demonstrates other voices, from the Global South, that could assist in tearing down the Masters House, as bell hooks describes (2000) with other tools.

Asking Difficult Questions and Witnessing Inequity

Question 3: What was your experience with feminist therapy before you entered the profession?

"My first experience with feminist therapy was through a sexual assault centre in Ottawa," explains Emma. "I had worked in health care and community settings at that time, and the ways I saw the medical model treat rape patients bothered me." At the SAC, Emma observed:

> Folks were given space to tell their stories without any medical language. The first person I supported was a survivor who was nonverbal and a wheelchair user. She shared her story with me on a simple communication device that was created by her teacher when she was younger.

Emma believes that in our current society, this survivor's story "wouldn't matter" in the medical and criminal justice systems given the barriers that currently exist for

non-disabled bodies. Based on her experience, she imagines that, if the survivor had gone to the hospital to report her experience of sexual assault, hospital staff might document her experience, but also note that she was in a wheelchair and nonverbal in a way that would cast doubt on her story. Between biases about disabled people's experiences of harm and the barriers of the criminal justice system, it would be very difficult for this survivor to testify and receive justice. For Emma, it was very empowering to see a space created, through a SAC, where there was room for this survivor's story and all survivors: "That's where the healing happens, right? In community?"

Having conducted therapeutic work with sex offenders, practiced for decades mental health services, and held several leadership roles, Kimberly's practice has evolved over decades. She leans into lifelong learning, practice, and mentorship to bring together her own ancestral story from Ghana and Cameroon through Jamaica to Canada, to help her resonate and hold empathy with the people whose healing and trauma recovery she supports:

> I have had some personal experiences in therapy as a teenager and in my 20s, but the therapists were older white men. I had this sense that I wasn't going to get what I needed if I explained the complexity of my experiences, and so I felt I needed to communicate my struggles as concisely and succinctly as possible to get service.

For Mandy, meeting other therapists who shared her perspectives on intersections of gender, race, disability, and class, while working together in youth mental health services, helped her to define her lens on power, oppression and psychotherapy. "There weren't feminist therapy classes 15 years ago," says Mandy,

but she does recall a professor in her master's program who specialized in working with people with borderline personality disorder:

> She was asked by a bunch of colleagues why she was so successful with this particular group of clients, and the professor replied, 'I just love them.' The professor thought she'd have her credentials stripped away right then, but it was the only time I got a glimpse from any professor that someone could be brave enough to name it … that you make a decision to provide the unconditional love, acceptance, and respect your clients have not received elsewhere in their lives, and you can do this professionally and with boundaries. You use the concept of warm, unconditional positive regard. That's love.

Bethany studied and travelled globally, engaged in missionary work, and was transformed, as she describes, "in really hard ways." She says: "I was asking questions that most of the students or communities were not asking, such as, 'Why do we demonize queerness?'"

Growing up rurally, Maddy found the people in her community challenged her vision of being a social worker. Her middle sister shared a lot of her university learning in criminology and gender and women's studies. "Our conversations helped me in my own academic career, and I look up to her and her strong values," says Maddy, going on to explain that her family were involved with her every step of the way. "I feel my connections with my family are rooted in Indigenous culture, and they helped me through whatever was going on."

"I've worked in both medical and non-medical perspectives," says Brenda. "But from a medical perspective, I felt I was lacking the language for some of the things I witnessed." She offers an example: although the community treatment team

was a group of compassionate colleagues who really cared about their clients, there was one client, in particular, whose case was particularly difficult for the multidisciplinary team. In looking back, Brenda sees now that the intersection of sexual trauma and severe mental illness was causing symptoms that the medical system could not address 20 years ago. In hindsight, she feels there were many others who, like this client whose symptoms created treatment complexities, fell through the gaps due to a lack of research and resources. When she started working through a feminist counselling lens at the sexual assault centre, Brenda recalls feeling really uncomfortable with the medical model. A deeper understanding of trauma and its symptoms changed everything for her. She elaborates: "We know that a trauma-informed perspective comes out of feminist tradition. Trauma is the root."

In reflection

Prior to having language for feminist-based activism and advocacy, I worked in community development for harm reduction and developmental services, similar to Emma's experience. Both sectors allowed me to directly witness discrimination and helped grow my passion for naming injustice. As Brenda says: "In the medical perspective, I felt I was lacking the language for some of the things I witnessed." One experience that stays with me is when I witnessed the unethical treatment of a client living with an intellectual disability who clearly demonstrated a transgender identity. Ongoingly, outcomes facilitators (support workers) blocked this client from openly sharing their gender expression. When I contacted Human Resources about this human rights violation, I suggested the client be introduced to local LGBTQIA+ resources. Neither the agency nor the staff was willing to engage in training or provide the client with affirming services. My fury about this injustice only increased when the same outcome facilitators counselled a pregnant woman who lived with

cerebral palsy, to put her child up for adoption. Rather than supporting this client to become a mother, the family and agency truly believed the client would not be able to care for her child. I left the agency soon after in protest. At the root of each of these incidents was a question of bodily autonomy. At what point does the state claim interest in gender expansiveness and reproductive rights? Well, as covered in Chapter 2, control over gender and reproduction is a long-standing tradition in the nation-state of Canada, enacted systemically and systematically in healthcare. Today, we need feminist theory and activism to address inequity in human rights just as much as we did 50 years ago.

Formal Learning and Building a Feminist Lens

Question 4: How did you choose where to study your profession? Did it meet your expectations?

When Bethany returned from post-secondary school abroad, she recalled that people often told her she should explore social work. She explored Gender Studies and Sociology at Memorial University of Newfoundland before entering the Bachelor of Social Work program. Unlike her experience at Bible College, Bethany felt her perspectives were invited and applauded. She describes: “I was able to explore my Indigeneity in different ways than I had ever been allowed before.” In addition, she was able to put language to her own experience of sexuality and attraction.

“My dream job is working in sexual violence counselling, trauma therapy, and community Indigenous work,” says Bethany. “If I hadn’t done the Gender Studies courses before my BSW, I would have had a hugely different experience.” Through the gender studies curricula, she was able to better understand the “systemic spiritual, mental, emotional, tangible traumas that are colonial, neoliberal and hierarchical.”

Bethany describes the value of working through the trauma of growing up with inequitable perspectives and unhealthy understandings of the world that led her to study at Bible College: “Being able to sociologically analyze my perspectives and critique them through theories presented in Gender Studies helped me have a firmer, healthier foundation for social theory and analysis.”

Following her Honours Bachelor of Arts in Psychology and Political Science, Lauren met her partner and became a parent. But, as she recalls of the 1990s, “the big system of capitalism” impacted their lives as she started bumping into credentialism. She began working in child protective services and supported marginalized mothers in housing projects across Toronto to learn parenting skills. “It was poverty, racism, and domestic abuse,” she recalls. “I was advocating all the time.” Lauren could see the direct links of oppression to mothers’ mental wellbeing, but without a master’s degree, she was unable to ignite the systemic change she was seeking. She explains:

> I wanted to work with policy. I wanted to make a difference in how the whole thing was operating. I saw this in Toronto and Alberta. But my professors were some of the most tense and anxious people I’ve come across … The pressures of academia were all over their faces and bodies.

During her graduate studies, Lauren was able to get a practicum placement in the public sector, where she witnessed some strategic, feminist work around pay equity, which she found very exciting. She also had a placement in employment equity and race relations, challenging racist employment policies with the City of Toronto, and working with a team of MSWs to support women in municipal trades jobs. She witnessed many women in male-dominated public service workplaces experience “tremendous harassment and assault,” especially by service users.

Luvnish says that he did not learn a lot of direct feminist content in his undergraduate or Master of Counselling program. Instead, he has been committed to learning more about feminist therapy through the Learning Network at the University of Western Ontario's Centre for Research Education on Violence Against Women & Children. During his master's studies with an online university, Justin was able to continue working in the teaching field. He wanted to continue working in his full-time job simultaneously. For him, it was "exactly what I needed at that time in my career and in my life."

Maddy found that her undergraduate BSW experience was a good foundation for structural social work. She began her MSW in the social justice and diversity stream, but felt she would learn more clinical skills in the mental health and health stream: "I feel grateful to have made that switch so that I could learn CBT and narrative therapy techniques."

Emma explains of her journey to study psychotherapy:

> At the time I applied for my MSW, I worked at the Centre for Addiction and Mental Health (CAMH). A lot of the doctors, nurses, and social workers at CAMH studied at University of Toronto. University of Toronto is an interesting space. It's colonial and what they're teaching, social work, is colonial. You have to do a lot of unlearning after you graduate, once you have that piece of paper. Issues of racism and homophobia exist in social work.

In terms of feminist content within the program, Emma remembers an instructor, a white-identified feminist, who became defensive when faced with Emma's anti-racist understandings of third and fourth wave feminism: "I said that part of recognizing the feminist movement is recognizing equally it has issues. For a very long time, feminism didn't acknowledge racialized and disabled bodies. We needed to

carve out spaces for ourselves." In order to reconcile with history, Emma says it is important to recognize that, for a long time, feminism was an oppressive movement to other feminist bodies that were not able-bodied, white and cis-heterosexual. "Whose voice mattered more?" Emma asks.

Kimberly does not see her experience in post-secondary education to be as transformative as the learning she has had through client care. "My clients," she explains, "are my biggest teachers about holding space." Having worked in secure treatment, she has seen the impacts of profound trauma and learned ways to ask for consent in sharing space with those who have experienced deep wounds. "I learn to hear how my client speaks; and they learn to speak how I hear," Kimberly describes. She reflects on working with a gifted four-year-old client who was hungry for knowledge and conversation:

> You learn these strategies on the job, in relationship, in communication with the individual coming to you for help. You draw on whatever is within you and around you to bring resources to this person and yourself. In the end, you are able to create unbelievable space for someone and hold that space with them; they get to keep that space.

In reflection

Although the University of Toronto had undergraduate courses in Women's Studies in the 1990s, I was on a different pathway to becoming a physiotherapist. After two years in the Sciences, I pivoted to my passion for English, German, and French, missing the opportunity to engage in feminist theory. Almost 20 years later, my interests and career returned to social justice and feminist public pedagogy through career development and my Masters of Adult Education. Like many of the

older participants in this study who had been in therapeutic practice for more than a decade, I gained informal and non-formal feminist knowledge through mentors, workplaces, professional development, and community. The opportunity to now instruct "Feminist Perspectives on Trauma" in the Trent University Bachelor of Social Work program seems novel, and it is. Although several social work programs across the province now include feminist theory in their course outlines, it continues to be a newer addition to many programs. Graduate programs in counselling psychology (see the Environmental Scan in Chapter 3) continue to lack the acknowledgement and expression of feminist foundations to trauma- and violence- informed care, as Brenda described earlier. Brenda, Lauren, and I all benefitted greatly from the opportunity to learn from leadership in Ontario's Rape Crisis Centres movement. Like so much feminist knowledge, it was through mentorship and advocacy that we grew in our politics and activism.

Planting Different Seeds for Different Gardens

Question 5: What other modalities/therapeutic techniques do you practice?

While considering the different modalities she practices and how they intersect with a feminist lens, Brenda explains:

> My best friend is a beautiful, wonderful, strong, empowered feminist, and her go-to modality is CBT. She can weave CBT in a way that I just can't. It's clumsy in my hands. The clinical supervision program was steeped in psychodynamic counselling, and I have a great appreciation for it. I also appreciate narrative counselling. All of those relational perspectives, paired with EMDR really resonate with me. There's so much room for the person's own adaptive information processes to take place. Then the healing emerges. I

> can plant some seeds. I know that if a feminist analysis is appropriate, and we've talked about certain things, I can plant seeds and a cognitive interweave, if needed, to keep the processing going. EMDR is my favourite. It's so powerful and magical. It's also a somatic therapy and that's also important.

In addition to CBT, Luvnish says he finds his clients engage in effective insight through cognitive processing therapy (CPT). As well, he uses acceptance and commitment therapy (ACT), solution-focused therapy, and is being trained in eye movement desensitization and reprocessing (EMDR). "EMDR is one of the most effective interventions for trauma," he explains.

Justin also reflects the efficacy of facilitating CBT with his clients:

> I see a lot of clients with eating disorders, so their process is long term. There's no quick fix. So, I feel drawn to CBT. However, the longer I work with a client, I'll move into an interpersonal psychotherapy approach. In the research, CBT can be effective for eating disorders, but the psychodynamic modality is making a surge in eating disorder treatment.

Mandy recalls a study brought up by one of her professors that stated the therapeutic alliance, versus the specific therapeutic modalities, is responsible for the majority of heavy lifting in clinical change. For her, this validated the idea that effective therapy can be eclectic and client-centred, and that her professional discretion and skill helps build a positive therapeutic alliance. "If I am not engaging naturally and authentically with my clients, they are not going to report a significant change or progress," she clarifies. "I am actually required, from an ethical standpoint, to show up as myself and walk with clients, informed by different therapeutic modalities, with their unique needs at the centre." Mandy explains further:

> I use evidence-informed strategies versus evidence-based strategies because evidence-informed are based on three pillars: empirical evidence, clinical judgment, and client experience. If you are oblivious to the power dynamics of psychotherapy, you can be an agent of harm. Feminist therapy considers the deeper ethics of intersectionality, anti-oppression and anti-racism, and this should be central to practice and recognized by the professional college for psychotherapy. In fact, this is critical for all of the regulatory professional colleges who are part of the Controlled Act of Psychotherapy.

As a Métis woman and social worker, Maddy reflects on her use of narrative therapy:

> I like narrative therapy and the idea of working with people's stories, it feels really trauma-informed. Sometimes the person has never told their story before. Sometimes there are pieces that we can reframe together. I have done trauma-specific therapy training and have adapted DBT for trauma; I find that core models are important for folks, but it's important to look outside the model too.

Having worked in child and youth psychotherapy, adult mental health, and at an eating disorder clinic, Maddy experienced a variation of mentorship and supervision, from support for narrative therapeutic techniques to more rigid practices with eating disorders. She is now working in clinical counselling with Indigenous people, and feels her past experiences and cultural connections have helped build practical knowledge. She reflects: "I also like to work with art, including rocks and flowers, to help people build stories about the hard and soft times in their life story. Sometimes verbal narratives can be ableist. Sometimes trauma narratives have no words."

Bethany explains the techniques she engages with:

> CBT is limited, and then there is CBT-trauma. DBT is also limiting, and then there is DBT-trauma. I don't necessarily appreciate solution-focussed or motivational interviewing because they are so boxy; they assume that people think and process the same way. We don't always have to see a problem as needing fixing, it can be a problem that needs processing.

Bethany describes seeing clients as their whole selves: body, mind, soul and spirit. "When we experience trauma," she explains, "it impacts all of those things. So, when we work at healing trauma, we need to engage in all of those things as well." Although she currently practices compassionate inquiry through an Indigenous feminist lens, she warns that "we cannot rest healing on just one modality." Bethany sees clients as leaders in their own healing processes, and she remains mindful of power dynamics between counsellor and client. Although she supports the client to decide what their healing process will be each step of the way, she continues to practice through an anti-oppressive, anti-colonial, and anti-racist framework. "Ableism can also impact someone's experience of trauma, recovery and resilience," she says. "I am always ready to explore my biases on another's journey and how it may impact their healing process."

After moving north of the Greater Toronto Area, Lauren joined the board of directors of the local sexual assault centre. After leaving child protective services, she stepped down from the board to work full-time as director of the centre; she ran a small private practice and consultation as well. Over the years of her therapeutic practice, she has used trauma-informed mindfulness. A term underutilized in psychotherapy, she emphasizes the importance of understanding trauma-related symptoms when working with survivors of sexual harm. "We need to recognize how trauma manifests in the body, in all the different ways, and the sometimes unhealthy

coping strategies we might use to moderate those sensations, images, thoughts, dreams and beliefs," she explains. She also uses modalities like DBT, somatics, and attachment-informed EMDR through a feminist analysis to support clients living with complex trauma and dissociation. As a feminist psychotherapist, Lauren describes her work as "an eclectic set of techniques" that integrate systemic power relations and intergenerational harm with her clients' individual experiences.

In both her own practice and the agency she works for, Lauren also feels a strong commitment to decolonizing therapeutic support. Together with her Anishinaabekwe colleague, they explore "braiding together the Western understanding of trauma with Indigenous healing and cultural resurgence." Lauren explains: "White feminism and colonial violence are inextricably linked, reinforcing the patriarchy. It is no wonder Indigenous women, girls, and Two Spirit folks experience the most violence."

Emma explains that she is drawn to narrative therapy because it critiques oppressive systems in both the client's and therapist's lives. Expanding on Eurocentric resources, Emma highly values sharing book recommendations that address anti-racist psychotherapy directly; she suggests *Afrocentric Social Work* by Delores Mulling et al. (2021), *Decolonizing Therapy* by Jennifer Mullan (2023), and *Acceptance and Commitment Therapy* by Steven Hayes et al. (2011) as three essential reads about therapeutic practice. Her current favourite book is *How We Show Up* by Mia Birdsong (2020), which encourages the reclamation of family, friendship, and community within social justice movements. Emma is interested in reading about collectivism, self-care, community care, and moving away from individualistic language.

Traditional therapeutic practices in Western societies tend to focus on the individual, but Emma prefers to address collective healing as well. She has recently been drawn to healing circles and peer groups and has been attending a drumming circle. Emma explains that drumming can be a powerful way for racialized survivors to process their emotions, through guided instruction, to grow together collectively through somatic communication. The drumming group works together as if they have one heartbeat, which is an embodiment of collective healing. “I am curious to understand how Indigenous and African/Black women have coped and healed throughout history,” says Emma. “For me, traditional African djembe drums have a healing effect. I am eager to learn how Indigenous African women have utilized the rhythm of the drumbeat to assist in trauma healing.”

In reflection

As an executive director of a sexual assault centre, I was responsible for liaising with a contracted clinical supervisor and for providing organizational supervision. With that opportunity, I began to identify an increasing number of gaps in the feminist learning of clinical, counselling and administrative staff, student interns, and volunteers. Responsible for the staff’s continuing education, I worked with my colleagues to build a series of training modules, supervisory matrices, and a community of practice. An MSW intern (the same one who challenged me with the question she asked of her clinical supervisor: “Does she even have Black friends?”) introduced me to Dr. Leo Edwards. When Leo facilitated a session on intersectionality and Acceptance and Commitment Therapy, I truly began to understand the ways in which a certain psychotherapeutic modality can be particularly effective and culturally relevant to clients experiencing systemic oppression. Yet, as I began to have discussions with clinical and counselling staff about the ways they weave in and out

of CBT, DBT, narrative and somatic therapies with clients (through a feminist lens, of course), the COVID-19 pandemic hit and impacted the centre through new challenges, like online and phone therapy. Despite calls for more investment in gender-based violence services as interpersonal violence escalated during pandemic lockdowns, the provincial government poured millions of dollars into online CBT programs. It felt that, following the OCRCC advocacy to address the Controlled Act of Psychotherapy, feminist therapy was once again deemed a nonviable investment for Ontario legislators.

Creating Emotionally and Physically Healing Spaces

Question 6: How do you set up your therapeutic space to express your feminist politic?

Although Lauren has moved a lot of her therapeutic work online due to the COVID-19 pandemic, she describes her therapeutic space as comfy, filled with blankets, and a soft couch. She says she's received critique for not hosting a 'clinical' space for therapy. She explains how she begins a trauma-informed session:

> I invite the client to sit where they want first, and I will then choose a seat. I never sit in an office chair. In our group work, we always have food for participants because we don't assume people are fed when they come to us.

Lauren describes the centre space as filled with Indigenous art, welcoming signs for the 2SLGBTQIA+ community, and other signals that the sexual assault centre is an inclusive, non-hierarchical space.

Justin describes his own way of beginning:

> I take a lot of time to get to know the client, their history, their background, and past traumas … something most therapists do, and I make a point to spend

> time there. If I'm working with a woman diagnosed with an eating disorder, for example, she may be high performing in her career, but gender might play a role in her career. Taking time to understand how this shapes her life, at least eight hours each weekday or more, is important.

Kimberly used to see her clients in-person at her office, but she has never been comfortable "behind the desk." She says: "I like softness, blankets and creating a sense of home, a place where I have space and people feel at home." Since the COVID-19 pandemic, Kimberly has been working from her home office, offering online therapy in a space where she has built practice and confidence, and where she can be more physically comfortable navigating her disability. She sees a different type of vulnerability with online practice, but it has worked well for her population of clients who, she has observed, come to their sessions "as they are." "There is something about online therapy," Kimberly explains. "I have been able to meet clients online who I worked with in-person before, who are now diving into things they haven't shared before. If you are comfortable and feel safe, you can more deeply unpack. It's special." She feels that it is an honour to be invited into places with people (her clients) to "help them unpack and untie things they don't feel comfortable talking about with anybody, even themselves."

> Luvnish describes his practice space at the sexual assault support centre: Physical environment is very important for clients to feel safe, including the person they're speaking to, a space without bias or judgment. I make sure we are in a quiet space, free of distractions. I encourage clients to be in tune with their thoughts by prioritizing positive energy in the space. We have a couch in the space, they can take their shoes off, jacket off, whatever makes them comfortable.

During the pandemic, Brenda moved away from having an office space: “I built a beautiful little cabin in my backyard that holds my practice.” Brenda greets her clients at the back gate to walk them through her gardens. She says:

> The space is rooted in place. It just happens I live close to a lake and so we have water in the west, which is important to my own spirituality, and sunlight through the cabin from the east and south. I have a wood-burning stove as the presence of fire is important to me, and the cabin is designed to hold me, others, and our work together. It is a space created with such intention, care, and supportive energy. Is this feminist? The container is everything, and it not only holds my clients, but it holds me, too.

Emma is very intentional about how she creates her therapeutic space:

> I use a lot of green nature with plants surrounding me in my office. I have materials and imagery that validates LGBTQIA+ people, Black people, and other calming things. I focus on calm and serene. Safety and relaxation are important for calming the nervous system. More importantly, it is also in the way we talk about their experiences and the language that is used in sessions; we acknowledge systems and structures, we do not shy away from talking about people's intersectional identities.

Mandy describes the therapeutic space she creates as a space of comfort: “It’s my job to be a container that holds every story that every person who talks to me shares, and I am going to hold the story forever.” Whether facilitating an in-person, online or phone session, Mandy creates an environment where her clients can share their experiences of survival and not feel they have to protect her from their stories of harm: “I can handle it; I can contain it.” Mandy reflects that she doesn’t work in a physical space in the same way anymore since the pandemic. From providing one

client who needs to walk while participating in therapy to those who seek an office visit, it is more important to her how the client's body relaxes and engages in space.

Mandy describes working with youth clients:

> I painted the room a calm teal colour and had different types of seats. It was interesting to see how clients would sit maybe close to the door for a sense of being able to escape and then see them move more into the room after a few sessions out of comfort. I wouldn't put my degrees on the walls because … credentialism. I would have images that youth would connect with … like Marvel Universe versus DC … so we could talk about who they identify with. Superheroes and superpowers are great opportunities to talk about external and internal power. I would have fidgets, toys, and art supplies.

Mandy continues, by reflecting on confidentiality:

> Confidentiality is a big deal, especially in a small town. I set up my space by explaining how I protect my client's identity. I also discuss my limitations to confidentiality and let my clients know my responsibilities to every human being on this planet if they are in danger of hurting someone or being hurt. Being trauma-informed is inherently feminist so I am very intentional with how I take notes. In general, I capture important themes to help me support the client moving forward with the understanding and caution that my notes could be subpoenaed.

"I am a huge advocate for doing things outside of colonial confinement," Maddy says. "Working with Indigenous folks, it can be therapeutic to go for a walk and be on the land. That can be so healing. We have a traditional space here." By integrating Indigenous worldviews with Western models and feminist trauma

psychotherapy, she encourages clients to be the guides in their healing journeys. She explains:

> I could sit with them and tell them the model I'm going to use with them, but that can take away choice. I think that my role can embody how social work could be and should be. My professional designation is more than therapist, I work in different intersections of wellness and I can be a catalyst for clients.

In reflection

In my personal and professional experience, creating accessible and inclusive spaces has been a cornerstone in feminist therapeutic practice. Like all the study participants describe, components such as comfortable furniture, pillows and blankets, welcoming natural art, refreshments, and multiple seating options are just some of the physical aspects of creating a more trauma- and violence-informed space through a feminist lens. While at the sexual assault centre, I had the opportunity to work with a large network of feminist-aligned organizations engaging with youth resiliency, funded through Public Health Agency of Canada and coordinated through the Knowledge Hub at the Centre for Research & Education on Violence Against Women and Children at the University of Western Ontario. As Luvnish discussed earlier in this chapter, the Knowledge Hub has grown to become foundational in the professional development of feminist-led perspectives on anti-gender-based violence and anti-sex trafficking strategies. Through the network, we were introduced to different perspectives and resources for trauma-informed spaces. As an organization, we took those principles into practice when moving the centre, realizing important barriers that feminist-led organizations face. Sexual assault centres are continually underfunded by the Ontario government, in the face of escalating rental prices, making it difficult to offer trauma-informed spaces; physical space considerations

such as accessibility, free parking, safe(r) location, kitchen and private washrooms, wall thickness for confidentiality, and access to natural light are just a few of the costly requirements for such spaces. Yet, similarly to the commitments expressed by the study participants, the centre's board and staff continued to prioritize creating a welcoming and healing therapeutic environment for survivors of sexual violence.

Discussion

In this discussion, I will bridge the participants' stories of discovering feminist theory and therapy with critical and educational literature. The powerful narratives shared by the participants remind me of the glory and tension of collective gathering at OCRCC meetings. Feminist counsellors and therapists are brave, deeply intuitive, and extraordinarily generous. Coming into feminism is a journey, sometimes with invitation or mentorship, and sometimes through survival. Although the *her*story of feminist therapy begins within feminist coalitions of the 1960s and 70s (Rebick, 2005), we can trace the foundations of feminist peer support and counselling across time and place. From the stories shared by the research participants, I can sense the ancestral legacy of care work, including intergenerational communal child-rearing, ceremonial practice for puberty and menstruation, and women's organizing for spinning, weaving and quilting described in mythology and historical references (English & Irving, 2015; Pinkola Estés, 1995; Prentice et al., 1988). Davis and Craven (2023) believe that "feminist research holds the possibility of building coalition knowledge … developed through relational practices, including collaborations, supporting movements or communities, and incorporating participants" into the research project itself (p. 206).

I remember feeling feminism long before I had language to connect my sense of injustice to a theory; this reflects the sensing experience (Ahmed, 2017; hooks,

2000; Valenti, 2010) expressed by research participants Kimberly, Brenda and Mandy, in particular. Several of the participants discovered the language of feminism during post-secondary studies (formal education), but they too struggled with systemic and racist oppression long before they could define it. The participants expressed varied exposures to feminist thought in post-secondary courses, highlighting curricula focused on women and gender studies, social justice, political studies, and specific courses in feminist therapy. Consistently, the feminist therapists and counsellors expressed their commitment to feminist praxis through four themes: personal positionality, self-reflective practice, personal experiences with inequality and oppression, and mentoring of feminist therapy and activism.

Of Social Learning Theory, Albert Bandura (1971) says: We witness, in non-formal learning settings, the ways that rights-based values and moral structures construct the socio-cultural norms around us; our own behaviours are influenced by this cause and effect, whether conscious or unconscious, long before we are introduced in formal critical education. He explains: “Virtually all learning phenomena resulting from direct experiences can occur on a vicarious basis through observation of other people's behaviour and its consequences for them” (p. 1). Strongly challenged by critical race theory (Hjerm et al, 2018), Bandura’s description of learning, and its critique, demonstrate the ways in which we might navigate prejudice and social exclusion based on our own survival safety. For the participants in this study, witnessing inequity and oppression played a crucial role in their feminist growth. Carol Gilligan (2001) maintains that women experience these rights-based values and moral structures through a lens of patriarchy, discrimination, and oppression. Finlayson & Rees (2023) agree. Though sometimes critiqued as essentialist, and certainly not the experience of all women, Gilligan’s perspective

connects with some of the participants in this study as well as Bandura's claim that, "People are generally less affected emotionally by the adversities of strangers than by the suffering and joy of those close to them and on whom they depend" (1971, p. 14). I believe this resonates for the participants in this study who articulate their experiences of feminism through both embodiment and witnessing. For several of the feminist counsellors and therapists interviewed, lived experiences including childhood and relationship adversity, community-based practice, discrimination and oppression, and listening to clients' resiliency created opportunities for critical reflection and transformative learning (English & Irving, 2011; Mezirow, 1990), especially regarding the medical models of psychotherapy and psychiatry. I, too, resonate with the power of witnessing and mentoring that contributed to an embodiment of feminist politics, and recognize that my intersectional experiences of both marginalization and privilege intersect with my understanding of morals and values.

When I reflect on feminist learning, especially in the context of adult education, I always return to Leona English and Catherine Irving's (2015) work for clarity. They explain that throughout the waves of feminism, there has been a tension between the political emphasis of empowerment for some or all women, and the values of neoliberal individual achievement that are founded in capitalism and white cis-heteronormative patriarchy (Ready, 2016; Rebick, 2005). Many scholars emphasize the ways that the violence against women sector in Canada has been influenced by neoliberal and neoconservative policies, and struggles to keep feminist critiques of cultural differences, national identity, and economic impact of gender at the forefront (Bonisteel & Green, 2005; Boucher, 2018, 2021; English and Irving, 2011, 2015; English & Peters, 2011). Lauren, Brenda, and Kim, who have worked in mental health for decades, also speak to these struggles as they built their careers

towards a feminist lens. Nothing makes these tensions clearer for me than the drastic change in hegemonic support after the 2018 Ontario election when leadership transitioned from Liberal to Conservative, stalling progress on sexual violence action plans, *It's Never Okay: An Action Plan to Stop Sexual Violence and Harassment* (Ontario, 2015) and Sexual Violence and Harassment Action Plan Act (2016).

Listening to the participants of this study gives me much hope for the evolution of feminism across generations and genders. All nine feminist therapists and counsellors could name and speak to equity and parity for women and gender-expansive people. Equally, they could ethically and professionally express their role in supporting those healing from gender-based trauma and concurrent health impacts. Euale Montilla (2022) explains: "Working from an intersectional lens means being conscious that all systems of oppression are connected, often operating together and exacerbating each other, thereby impacting everyone's individual experiences of injustice and oppression" (p. 14). I am intrigued by the ways in which the research participants engaged with the language of intersectionality, coloniality, anti-racism, and binary gender (Crenshaw, 1991; Hill Collins & Bilge, 2000; hooks, 2000). It became clear to me that identity is important to each of the participants; the frequency of intersectional analysis in their narratives was proportional to those living with diverse identities themselves, especially at the intersections of race, Indigeneity, disability, cis-womanhood and/or 2SLGBTQIA+ identity. Indeed, the critique of the colonial feminist theory and therapy itself was key to participants' practice; this demonstrates, to me, that engaging in decolonizing self-reflexivity augments culturally relevant and responsive feminist therapy.

> Feminist anti-oppression and anti-violence supports developed originally as a reaction to the insufficiency and ill-fittingness of psychiatric and

> psychological responses to women's experiences of violence and social inequity, and as a corrective to the pathologization and misnaming of these experiences as illnesses and disorders. (Bonisteel & Green, 2005, p. 27).

All participants spoke to the multiple lenses and modalities they explore to support psychotherapeutic care work with clients. Those with lived experience of systemic oppression additionally emphasized prioritizing authenticity, witnessing and critiquing of medical models, decolonizing clinical frameworks, seeking new modalities that integrate well through a feminist lens (e.g., somatics and holistic treatments), and valuing peer mentorship. All study participants discussing feminist therapy in practice recognized their positionality as it impacts the role of the therapeutic alliance, consent and confidentiality, relationship building and utilizing multiple modalities or techniques through a feminist lens, as appropriate for each unique client. Additionally, all were committed to creating spaces—both in-person and online—that are trauma-responsive and reflective of clients' identities. Examples include natural elements such as plants, as described by Emma; comfortable elements, such as couches and blankets as described by Kim; and calming elements, such as art and accessories, such as a woodstove, as described by Brenda. These feminist-aligned, trauma-informed considerations help to address ongoing barriers for survivors of sexual violence, in particular, as they consider reaching out for professional support (Baker, Campbell & Straatman, 2012). I sense, though, that moving from institutional settings to private practice allowed, for some, more freedom to practice feminism, while becoming equally challenging to charge for services versus offering publicly funded care.

In terms of additional adult education opportunities, several practitioners engaged in non-formal workshops and professional development sessions specifically

on feminist therapy and trauma-responsive care in addition to their post-secondary degrees. Racialized, mixed-race, and Indigenous practitioners described seeking out culturally specific knowledge and meaningful traditions as opportunities for cultural resurgence and joy (Bell, 2017; Euale Montilla, 2022). Two white-identified practitioners also actively sought out decolonial perspectives and Indigenous understandings of healing from trauma (Linklater, 2014). I have experienced these types of workshops and sessions myself; the content provided by feminist instructors was integral to my self-reflective practice as echoed by study participants.

Several of the feminist therapists discussed the role of peer mentorship, including opportunities for debriefing cases; this discussion continues throughout the findings in the subsequent chapters. Many could also articulate definitive philosophical and practical differences between medical models and feminist therapy, which became more or less restrictive depending on the organization, policies, and funding. This mirrors Laura Brown's (2006, 2016, 2018) perspective on the tension between medical models and feminist theory in psychotherapy, and English and Irving's (2015, 2011) acknowledgements of funding precarity for women's organizations. Several therapists interviewed had moved from a healthcare institution or non-profit social service into private practice in order to work more flexibly in feminist and holistic ethics (Hardner & Wolf, 2022; Reynolds, 2014). English and Irving (2015) warn that the "precarious nature of funding for women's organizations causes grave problems and appears often to erode the solidarity and mission of feminism" (p. 24). In fact, the Ontario Psychological Association (2023) speaks to a fifty percent increase in demand for psychological services across the province for mental health services, with much of this demand now being met by private practitioners. Bonisteel and Green (2005) stress that in neoliberal times,

"individualization prepares us for corporatization, that is, for the privatization of services and supports that were previously available as part of the welfare state" (p. 29).

English and Irving (2015) believe that "in embodying a philosophy and politics of feminism, feminist organizations are forced to move beyond nonprofit goals of care and service and toward social transformation" (p. 14). For several of the research participants, navigating feminist therapy within and beyond institutional and social service structures is intrinsically connected to their journey of informal learning, whether on topics of gender inequity or the intersections of race, Indigeneity, class, ability, and sexuality. Several participants also spoke to challenging socio-cultural norms, such as Bethany's experience with Christian pedagogy and missionary work, and Brenda, Kim, Maddy, Mandy, Lauren, and Emma's experiences with medical models of psychotherapy. Participants described specifically to the ways in which they moved beyond pathologization toward a curiosity about the impacts of intersectional trauma (Britt & Hammett, 2023). All feminist therapists interviewed named the critical importance of providing unique and multi-modal therapeutic techniques, through a feminist lens, for each client's healing journey, a skill I saw navigated by several clinical therapists and counsellors I worked with in the sector. This client-centred, mixed-modality approach challenges psychiatric perspectives on one-modality-fits-all services, which have enjoyed significant funding opportunities through provincial mental health initiatives during the COVID-19 pandemic (Office of the Premier, 2020). Umbrella framing of therapeutic modalities is in direct contrast to feminist therapeutic practice. Although the Ontario Psychological Association (2023) acknowledges that Ontarians are proactively seeking support from clinicians based on intersectional criteria of gender,

language, and ethnicity, there remains a disrupted connection between these intersectional criteria and government recognition of feminist therapeutic approaches that overtly challenge racism, sexism, classism and ableism (Britt & Hammett, 2023).

In the next chapter, I explore the ways in which the feminist therapists and counsellors featured in this study learned about feminist theory and therapy while practicing in the field. I learn about their experiences of informal and non-formal learning through mentorship, peer supervision, clinical supervision, and professional development opportunities while working with organizations and moving into private practice.

Chapter 5: Feminist Learning, Collectively and Collaboratively

> Gender and feminist insights help those in such areas of practice [health, nursing, business] think about their work as having a critical and social transformational goal, not just a self-actualizing one. (English & Irving, 2015, p. 117)

In conversation with the feminist therapists and counsellors interviewed in this study, I began to explore the ways in which they understood their feminist lens and learning with others in practice. If feminist activism is as important to the movement as therapeutic modalities, how is this knowledge shared? This chapter reflects on the ways participants experienced collective feminist learning in organizations or in private practice, through peer and clinical supervision, and professional development opportunities and mentorship. English and Irving (2015) explain that feminist pedagogy highlights the power of questions through "the use of inclusive teaching styles that challenge" and stretch for "societal impact and change" (p. 106). Feminist therapy and practice, and feminist organizing, have always been primary sites for adult education so understanding this learning helps to preserve, and extend, feminist knowledge (L.S. Brown, 2006; English & Irving, 2015; Hardner & Wolf, 2022; Wood, 2021). Additionally, by studying this adult learning, we can gain a deeper understanding of the impact of neoliberal policymaking in Ontario and the hegemonic push for private practice counselling services over publicly funded social services (Ready, 2016). Both the Ontario College of Social Workers and Social Service Workers (OCSWSSW) and the College of Registered Psychotherapists of Ontario (CRPO) have specific guidelines for supervision and continuing education; yet these two colleges differ on the requirements (informal and non-formal learning); the

CRPO has mandatory requirements, and the OCSWSSW has recommended, but optional, requirements. In fact, it was a CRPO-registered psychotherapist in my workplace who, having required time to participate in a local, yet small, group supervision community of practice, inspired my research into this non-formal opportunity. I wonder about the ways in which collective learning influences the feminist lens in therapeutic practice: in public or private practice, with or without supervision, and in relation to the OCSWSSW and CRPO. According to bell hooks (2000), it is critical to continue feminist education for the movement's survival. What does this ongoing, informal feminist collective learning look like, and is it transformational for practitioners?

A Note on Feminist Clinical Supervision

When exploring feminist counselling and therapy, as with other social services like nursing, policing, and teaching, we need to consider the role of formal and informal mentorship for learning. Feminist clinical supervision, specifically, is a professional role that is critical to feminist inquiry and self-reflective practice (L.S. Brown, 2016; English & Irving, 2015; Hardner & Wolf, 2022; Jones et al., 2019). The goal of clinical supervision is both administrative and educational—a practitioner with expertise in the field typically offers mentorship through regular discussion to support the development and refinement of therapeutic skills, and assess quality assurance (Betteridge, 2012; CRPO, 2024; Jones et al., 2019). While the OCSWSSW acknowledges that they cannot mandate clinical supervision due to budgetary restraints in many social service organizations, they do strongly recommend supervision for "clinically complex issues associated with assessment, intervention and evaluation of client interventions and critical self-reflection which should accompany such work" (Betteridge, 2012, p. 2). The CRPO (2024) clarifies that

clinical supervision is different from managerial supervision, and outlines specific characteristics and purpose: their registrants are required to engage in individual, dyadic, or group supervision (including peer supervision) at their own cost or the cost of their organization. According to feminist psychologist Laura Brown (2016), "the goal of feminist supervision practice is to invite trainees to see how their practice upholds or subverts oppressive gendered norms in psychotherapy practice and in the larger social context" (p. 5). Carolyn Zerbe Enns, Lillian Comas Diaz, and Thema Bryant-Davis (2021) build on Brown's transnational feminist perspective on psychotherapy that leads to more empirical data regarding its intersectional and interdisciplinary efficacy; they recommend a feminist practice framework, critical for clinical supervision, including exploring the "attitudes and actions linked to cultural humility, knowledge foundations for practice, and interventions and skills" (p. 229).

Participant Voices: Collective Learning for Feminist Practice

Merging Feminist and Medical Perspectives of Care

Question 1: What are other ways in which you learned how to integrate feminist therapy into your counselling and/or psychotherapy practice?

"When I worked in the medical model," Brenda explains, "I always felt I had to be this ideal of what it meant to be professional. But authenticity is critical to trauma work. People who have been injured by others have a pretty sensitive bullshit metre. I have to be sturdy in myself." She continues by explaining that the idea of professionalism is very patriarchal:

> When I supervise new graduates, I can see them struggling with the idea of professionalism. With this work, you have to be able to connect with intuition in both theory and practice. It's a dance of learning skills, internalizing them

> and using them in a way that is authentic. Authenticity is key, and I think that, in this setting, is something that grows with time and practice.

"I believe in the person-centred approach, similar to CBT, early on," Justin notes. "It helps me to figure out who the client is, their history, their traumas, the things they value, their cultural background. This approach, from Carl Rogers, is influential in my work as well."

Connecting with other people is important to growing Emma's therapeutic practice. "The matriarchs, the people in my life, the friends," she lists. "These are people who help you to learn and grow, these moments aren't structured but they are feminist interactions. I enjoy working with people who are curious." In addition to exploring African drumming, Emma engages in morning yoga practices.

> Connecting mind, body and spirit through movement practices is important to develop self-awareness and ground. … Mindfulness in nature can play into learning. It's about observing and paying attention to cycles and seasons. We are stewards of the land. There is a big oak tree outside my window and sometimes I sit in front of it, I reflect on its experiences, observe the bark … how thick it is, and I try to pay attention to those things.

"I'm in need, as a therapist, of wisdom, guidance, and spaciousness to hear and hold," Kimberly says. "When a person gives me a (sometimes awkward) offering and permission to hear them so that they can hear themselves, I love that. I offer a place to unpack. We navigate the learning and wisdom together, and we walk away different than how we enter."

In reflection

My experience with the power of feminist collective knowledge arose through mentorship with centre staff, as well as province- and nation-wide opportunities for non-formal learning with coalition colleagues. I really did not understand what Emma describes until I undertook years of self-reflective work— the matriarchs, survivors and friends in my own circles were intertwined with my feminist politic. My feminist politics were stewarded within the OCRCC membership, for instance, through listservs that connected public education staff across the province to share resources outside of the three annual collective meetings. Friendships and understandings blossomed through shared experiences of navigating similar, difficult work. I relate to Brenda's sentiment in that I played a game of catch-up in feminist theory and ethics after meeting SAC founders and service providers who had worked in the field for decades. I often felt not feminist enough. Although I had rich opportunities through the OCRCC, with a focus on public education, prior to 2020, feminist therapists and counsellors in the member centres did not have working groups or a community of practice with their provincial colleagues for debriefing and collective learning.

Mentoring through Relationship and Values-Alignment

Question 2: Did you have an influential or inspirational mentor(s)? If so, what made them inspiring or influential?

Following graduate school, Lauren and her family moved up into central north Ontario where she continued to work in child protective services. "I worked with a wonderful feminist supervisor," she describes. "She was amazing, and we were able to do good interventions to help mothers have the resources they needed." One of Lauren's most influential mentors is also a close friend. Having studied together in the

MSW program, they found each other again at the sexual assault centre. This friend, who had Finnish ancestry and an understanding of Scandinavian social services and social safety nets, married an Odawa man from Manitoulin Island. Lauren and her friend worked in collective spaces, learning to braid Indigenous and Western ways of knowing and healing as they practiced psychotherapy and leadership in anti-violence work.

Bethany was strongly influenced by her instructors at MUN who committed to intersecting Indigenous themes with gender studies. Professors inspired her to become more confident in her abilities to think and gain skills. They taught Bethany that her perspectives on trauma and resiliency would look different to others depending on their own contexts. Her professors "were very good allies although they weren't Indigenous. …They taught me how to be a compassionate human being."

One of Maddy's supervisors introduced her to techniques like EMDR, somatics, and tapping, to enhance integrated approaches to healing. Maddy recalls: "Skills like DBT are useful to clients who are experiencing chronic hospitalization, but it's also healing to explore new strategies for coping longer term." She describes another supervisor, a psychologist in a hospital setting, who had a "profound view and made [her] think outside of the box." Maddy describes: "He spoke to trauma and colonization, his reports were intersectional, and he challenged the DSM a lot."

Mandy points to a former colleague, now a friend, who has been very influential in her career. "She is fantastic and the best therapist in the city," she says. "I was so fortunate to work with her. It was really powerful, in peer supervision, to have her support on challenging cases." She describes that her colleague was stronger than her clinical supervisor at asking "vulnerable, reflective questions" and offering "sophisticated, complex responses."

"My coworkers and my boss!" exclaims Luvnish in answer to the research question. "They have been my guides, support me to incorporate feminist theory, discuss the struggles and challenges I hear about, and help me feel part of the team." He explains that there is a gender-based violence team and a clinical team at his workplace. Although on the clinical team, Luvnish feels comfortable accessing the support and guidance of his colleagues working on the gender-based violence team: "My coworkers make themselves available anytime, sharing resources, and are incredible mentors."

Kimberly finds the work of Resmaa Menakem—embodied anti-racist education and somatic abolitionism—very compelling. She has also been deeply engaged with Dr. Joy DeGruy's theory of Post Traumatic Slave Syndrome, as well as the decolonizing therapy work of Dr. Jennifer Mullan (2023). For Kimberly, there have been many inspirational mentors; with 31 years in practice, she listens for the voices navigating similar journeys to her own.

"I have had different mentors for different aspects of my learning," says Brenda, "but my time with the Ontario Coalition of Rape Crisis Centres (OCRCC) was very helpful. I learned a lot and it was trial by fire." She clarifies: "I have immense respect for all the people around that table. They were incredible and I learned a lot."

Emma, too, cites that many people are influential in her life, especially in the ways she sees labour and effort. She answers:

> Of course, our parents, but I reflect often on many individuals, even ones I don't know well who have made a difference in my life in a smaller way. I

> think about the people who manufacture my clothes, the people who grow my food. They also sustain me; my environment sustains me.

Emma finds inspiration in many things around her, like trees creating the air for deep breathing and the force of water. Sometimes, she gives gratitude for systems that influence her in positive ways, and other times, the things that have forced her to grow and change. One important mentor in Emma's life is Dr. Leo Edwards who worked with her at CAMH. "His approach was so different," she explains. "He fought for Black and racialized families, challenging conceptions or misconceptions. He would call out racism."

"I have been fortunate to have had a number of good supervisors," says Justin. "One, in particular, was cautious to say that she might not be the right person for me because she didn't specialize in eating disorders, it's so niche, but she was such a good therapist and a strong mentor for me. She had so much experience." He explains further:

> In my experience with supervision, some people have a lot of experience but different abilities in communicating it. She could translate her learning to make connections to mine. She was very person-centred, helping me along my journey. She helped me learn how to show up and be present for clients in the right way, early in my career. I struggled early on as a therapist to understand what I was feeling in a 'moment' with a client, and [this supervisor] helped me to understand how to show up for a client. She modelled how to help a client connect the dots of 'why is this making me feel this way?'

In reflection

I was privileged to receive mentorship from Yamikani Msosa, mentioned in Chapter 1, who is now the Executive Director of Ottawa Coalition to End Violence Against Women. Additionally, Julie S. Lalonde (2020), a long-time provincial public educator with OCRCC, was foundational to my awakening. With the support of Ontario government funding, Lalonde co-designed and led an annual "Draw-the-Line Day," in which intersectional and geographical perspectives on feminism and gender-based violence were discussed in a public education context (https://draw-the-line.ca/). In her book, *Resilience is Futile: The Life and Death and Life of Julie S. Lalonde*, Lalonde (2020) describes her experiences mobilizing knowledge within the OCRCC member centres and the province, as well as her own experience as a survivor speaking to sexual harassment and violence. An additional influence for me occurred in the years before the 2018 election, when the Knowledge Hub at the University of Western Ontario grew exponentially with the *Action Plan to Stop Sexual Violence and Harassment* (2015); feminist leaders and academics partnered on building accessible community-based learning through briefs, newsletters and webinars. Importantly, for my growth, were books shared by my counselling colleagues, such as Renee Linklater's (2014) *Decolonizing Trauma*, which augmented anti-oppressive and decolonizing initiatives. Again and again, as the study participants describe, I experienced an unwinding and unlearning of medicalized perspectives that challenged the pathologization of interpersonal violence and systemic oppression in the context of sexual and gender-based violence. That unlearning occurred through conversations and relationships with colleagues and the coalition, sparking my curiosity to seek further learning, non-formally and formally (in graduate school).

Building Trust and Reflection through Clinical Supervision

Question 3: Do you receive supervision in your practice? What types of supervision, debriefing and/or mentorship do you engage in?

Kimberly continues to engage with supervision of her practice and has recently explored decolonizing therapy and sacred rage with her mentor. She appreciates a clinical supervisor who is deeply engaged, accessible, and attainable. Of one supervisor, she remembers: "It was a beautiful relationship with her, and I learned so much about me, racial trauma, and what it means to be a Black woman in the midst of this system." She also seeks "supervisors who speak truth to me in such a way that I discover more about myself and the language for things that I can't yet define." Although Kimberly has experienced poor supervision and management early in her career, she focuses on offering supervision and mentorship to others by helping practitioners heal, grow and flourish. "If I am coming to you and asking to harvest your knowledge, there needs to be reciprocity, in an Octavia Butler[2] way," she concludes.

"I've worked with another therapist who graduated after me, but has been an excellent peer mentor," Justin shares. "This type of informal mentorship is very valuable." For Justin, a supervisor is a good fit when they take the time to figure out how he learns and where he needs to grow. He appreciates supervisors who help him build perspective, try various strategies with clients, and improve his work through practical examples. He understands that self-reflection is practice: "Sometimes therapists, and sometimes supervisors, are wrong, and we need to be open and learn from that."

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[2] Octavia E. Butler was an African American science fiction writer who wrote on themes of dystopia, anti-Black racism, climate crises, and women's rights (Octavia E. Butler Estate, 2020).

Brenda explains that her two best friends, who she met during her master's studies, have been supportive mentors in helping her think through situations. She also received supervision from a trauma expert, Natalie Zlodre, for two years. She continues to seek strong clinical mentors: "I have continued consultation with the director of the Smith College School, Laurie Herzog. For my EMDR certification, I consulted with David Archer, who is wonderful and has written a couple of books on racism and psychotherapy."

For over a year, Emma has been working with a contracted supervisor who is queer and racialized. "This was an intentional choice," she explains. "I wanted a different perspective." Although Emma has worked with several supervisors who have "good intentions and can be good people," they may share the lens and analysis that informs Emma's lived experiences and perspectives. Today, she is intentional in seeking out queer and racialized mentors who align with intersectionality and can help her grow in more informed ways.

For Emma, witnessing and interacting with social workers who are not anti-racist or intersectional in their thinking replicates systemic oppression. The personal experience of having supervisors whose privilege blocks them from engaging in difficult discussions about marginalization feels like an ongoing barrier within the profession. "I'm drawn to third and fourth-wave feminism because it includes voices that have been traditionally left out," she says. "When you are training [as a social worker] you need to increase that perspective and build your knowledge and awareness so that you can frame your understanding around other people's experiences outside of your own." She points to curiosity being an important skill in social work that compliments empathy and the understanding of difference.

"Supervision comes from my boss," explains Luvnish. "My supervisor shares successes and challenges with clients. She has over 30 years of experience, I feel her knowledge is unmatched in this field." He shares that he feels very heard and valued for his ideas, and that his supervisor encourages him as an equal.

Lauren recalls numerous supervisors in children's mental health work whose challenging and oppressive perspectives influenced her to credential with an MSW. "I couldn't stand the feeling of being so disrespected, devalued and ignored." She describes how the supervisors would "weaponize" their formal education. She also recalls the way in which, in the 1990s, male administrators in social services would harass staff who had little recourse, adding trauma exposure to an already difficult work environment.

As a qualified supervisor of psychotherapists, Lauren sees herself first as a feminist and an activist, and then as a therapist. She notes the ways in which student therapists of colour experience racism in rural practices. With at least three students in supervision at a time, Lauren also expresses concern that many post-secondary practicum students lack understanding of trauma-informed and feminist-informed psychotherapy, and lack practice and skills in working with survivors of gender-based violence.

Reflecting on her experiences with clinical supervision, Mandy observes:

> Even though [the] social work and therapy field is dominated by women, our leadership positions are often dominated by men. It wasn't that I didn't get any value from them [male clinical supervisors], but I had to work to get value from my clinical supervision meetings. I couldn't trust that I was going to get some important insight from my clinical supervisor. Instead, I had to

> thoughtfully consider how I was going to frame things to make sure they focused on the area I needed some perspective or skills building. It felt like more work than it should have been. They would often get distracted in the client's story.

Bethany speaks to the incredible leadership that the Executive Director at the women's centre in Labrador brought to her learning. While colonial constructs around supervision can be hierarchical and non-relational, Bethany describes something different: "Stacy celebrated my work, self-care, and helped me understand the value of asking for assistance. She encouraged me to think and speculate for myself and then she would validate my process." The women's centre used a narrative-based approach to offer feminist counselling and support for survivors of sexual violence, most of whom were Indigenous. Through Stacy's professional mentorship, Bethany learned about survivor-centred, trauma-informed inquiry. Stacy supported Bethany to learn from the other social workers at the centre, and took a humble, intentional approach to relationship building and person-centred services. "It was intersectional," says Bethany, "and I felt validated for my thoughts, perspectives, and critiques."

In reflection

As a leader and a researcher, I have discovered that clinical supervision in psychotherapy and social work is varied and often misunderstood. Feminist therapists and counsellors, who I managed, looked for support to debrief complex cases and sought mentorship on transference, self-reflection, and skills building. The study participants working in private practice expressed that they have been able to hire clinical supervisors who support them, as clients, in growing their competency and practice. Conversely, those who have worked in organizations and institutions discuss

a mixed experience of successful and harmful clinical supervision. I recently worked adjacent to an institution whose concept of clinical supervision was essentially case management (e.g., number of client appointments, duration of client appointments, and speed up client notes in the online clinical database); team members struggled with the lack of clinical mentorship and quality case debriefs. In contrast, a former colleague is now working at a psychotherapy clinic that prioritizes clinician wellbeing through weekly peer supervision and professional development; senior clinical therapists are tasked with offering supervision to new staff and student interns. As discussed in the first chapter, this broad spectrum of theory and practice in clinical supervision was foundational to inspiring this dissertation research.

Although Brenda had the opportunity and capacity to engage in a year-long clinical supervision program from the United States, there are no comparable programs in Ontario, and few in Canada, that meet this gap. As I have mentioned in previous chapters, the OCSWSSW only *recommends* clinical supervision for social workers, and organizations may see untrained colleague supervision as a cost-saving measure. Psychotherapists, many of whom work in private practice, are required to have clinical supervision to maintain their membership with the CRPO, but also have a greater choice in the quality of the supervision. It has been my experience that clinical supervision for feminist therapists and counsellors is an important opportunity for feminist therapy mentorship and activism, skill-building, and transfer of feminist theory. As an organizational leader, I have also witnessed inexperienced clinical supervisors who lacked clear guidelines, quality training, and cultural competency; without these components, I believe supervision can recreate harm, such as racism, sexism, and transphobia. Although these harms, and the harms expressed by some study participants, may be inadvertent, I believe robust, ethical and feminist clinical

supervision has incredible potential to transform and grow the field of feminist therapy in Ontario.

Learning on The Outside, for The Inside

Question 4: What kinds of professional or personal development have you engaged in or do you engage in?

Bethany had the opportunity to volunteer with the First Nations, Métis, and Inuit student caucus of the Canadian Federation of Students. Participating in student life organizations "helped me to learn that I can adhere to my values, my commitments to myself, in an ethical way," she says. Over the past few years, Bethany has committed to, "reinventing the way I think, how I construct my perspectives, and the way I understand life in new ways." She continues: "It's through these processes and heartbreaking moments that got me interested in feminist theory and feminist therapy, including receiving harm during counselling in the past that was faith-based." In leaving missionary work, Bethany began to revision her values by attending university and volunteering to facilitate Sexual Violence Awareness Week, Truth and Reconciliation Week, and 16 Days of Activism Against Gender-Based Violence.

One professional development opportunity that really stands out for Maddy is the opportunity she had to train in narrative practice for BIPOC (Black, Indigenous and People of Colour) patients/clients. She appreciated that the trainers saw stories as opportunities to engage in psychotherapy. "With Indigenous cultures begin so based in oral stories and histories," she says, "we can really perspective-take in the truth of Truth and Reconciliation through patient stories." Maddy feels intersectional trauma-based training for clinical practice is very helpful.

Luvnish recognizes that there are limited learning resources in the sector; he recommends the webinars and materials from the Learning Network at the University of Western Ontario and the resources from the Ontario Coalition of Rape Crisis Centres for ongoing professional development. “It is important for me to look at different resources so I get many different perspectives,” Luvnish says. “We need to look at the bigger picture and greater problems of today.”

For Emma, surrounding herself with intentional communities is important to her growth as a practitioner. In particular, she found her time in the Master of Disabilities Studies program at York University to be powerful as so many students and faculty came to the program with lived experience. “It was nice to be in a space where accommodations were provided easily,” she says. “It was unconventional, and it mattered. Institutional structure and policies do not work for everybody, whether the disability is visible or invisible.” Her curiosity and appreciation for humanity inform the ways that Emma learns: “The human body is beautiful, always different and amazing. It can do so many things. Learning how someone learns, grows, copes, and survives in this world is incredible.”

“I look for informal learning opportunities that interest me, whether a book or podcast,” describes Justin. “I have taken a number of courses including educational guidance and counselling.” He shares further: “I look for opportunities that help me understand others from a deeper perspective; it’s something I’ll never be perfect at. I always need to learn more because every client is different.”

Mandy finds peer supervision “wildly valuable.” She describes that she can choose the peer she knows is going to challenge her in the right ways and will give advice that is aligned with what the client will find useful. Mandy also finds clinical meetings where colleagues present cases and discuss them together to be clinically

rich: “The things you learn when you’re genuinely engaging in discussion and trying some of the ideas your peers offer are the most valuable.” Mandy also cofounded a feminist community of practice for counsellors that she experienced as validating and rich in different perspectives. Although she’s attended many trainings, she enjoys facilitating trainings even more:

> I tend to facilitate on topics related to anti-oppression, anti-racism, trauma-informed practice, and trauma and resiliency. The questions you receive from participants can be so varied, depending on the organization they work for, and that helps me apply the knowledge even back into my own practice.

Mandy says that psychoeducation “is also an important part of feminist therapy”:

> Once we understand the system, we gain power. Knowledge is power. I spend a lot of time explaining systemic oppression to clients so that they can more effectively advocate for themselves and experience better interactions with the systems that bar them from full inclusion.

She explains that psychoeducation is technically a narrative therapy technique that works by externalizing the problem. “I talk to clients about neuroscience and how our internal systems react to external systems, toxic environments, threats,” she explains. “I help them to understand systems to better operate within them and explain that it’s ‘not you, you’re not the problem.’ We can bolster confidence, self-esteem, assuredness and rebuild some of the things systems took away.” Reflecting on professional development opportunities, Mandy admits she struggles to find opportunities that are not introductory concepts. “Wouldn’t it be great,” she asks, “if there was an advanced radical feminist version of a trauma certificate?”

In reflection

I was very fortunate, in my role at the sexual assault centre, to have a very supportive executive director who encouraged me, and reimbursed me, for professional development opportunities. Not only was I supported to attend OCRCC meetings and Draw-the-Line Day trainings, but I was also encouraged to attend and present at conferences, do online trainings and certificates, and ultimately, achieve a Master of Adult Education. The other staff at the centre had education plans that mirrored their own goals, including specialized trauma treatment certification, workshops in DBT and other psychotherapeutic modalities, and even non-profit bookkeeping courses for administrators. Not every centre was a space for ongoing learning opportunities, but the community of practice began to fill some of those gaps for colleagues across the sector.

Discussion

Learning about how feminist-identified counsellors and therapists engage with mentorship and supervision is integral to growing the body of literature in feminist therapy theory (L.S. Brown, 2016; Enns et al., 2021; Hardener & Wolf, 2021). In the first chapter, I shared a story of my own supervisory experience that challenged what I understood as anti-racism/anti-oppression professional development in feminist therapy, and its translation into clinical supervision. I struggled to understand how a white MSW clinical supervisor failed to translate her learning about anti-racism into asking culturally competent questions of her racialized MSW intern. As mentioned by Lauren, Emma, Kim, Bethany, Mandy, and Maddy, being seen and reflected during clinical and peer supervision is critical to self-reflective practice and skills development. This is not an isolated phenomenon, but part of a larger issue that was

brought to the Ontario Coalition of Rape Crisis Centres member leadership over many years (Benn-Johns, 2021; Bonisteel & Green, 2005; Euale Montilla, 2022). Laura Brown (2016) describes feminist therapy as liberation work and Reynolds (2014) explains supervision as an act of solidarity and an ethic of justice-doing. The following social justice and adult education terminology aligns with English & Irving's (2015) goals of critical feminist pedagogy as well as with transnational feminism (Enns et al., 2021):

- Fostering social analysis;
- Supporting women's leadership;
- Building organizations; and
- Fostering social change. (English & Irving, 2015, p. 105)

What is the value of informal and non-formal learning in practice for feminist therapists and counsellors? Is it transformational? In Chapter 4, the research participants report that much of their feminist learning took place outside of post-secondary formal education, through activism, as well as informal and non-formal routes, including personal social learning, peer mentorship, supervision, and professional development opportunities. Within post-secondary, they express the greatest intersections of learning through Gender and Women's Studies. English and Irving (2015) highlight that in health practices, feminist insights have critical and transformative goals in social learning and critical thinking. In this current chapter, Lauren, Brenda, Mandy and Kim, who all have decades of professional insight, discuss the ways in which they understand their roles as clinical supervisors, mentors, and as learners themselves. They express consensus, in line with the literature, that the role of the clinical supervisor is to inspire self-reflection on privilege, positionality,

and power (L.S. Brown, 2016; Jones et al., 2019). Given the lack of recognition of feminist therapy in the 2017 Ontario Controlled Act of Psychotherapy, how does the feminist lens continue to be consolidated and promoted within practice and through activism?

When I was pursuing my Masters education at St. Francis Xavier University in Antigonish, Nova Scotia, I had the opportunity to meet with the staff at the Antigonish Women's Resource Centre & Sexual Assault Services Association (AWRCSASA). The organization was profoundly and clearly founded in feminist perspectives of advocacy and agency (AWRCSASA, n.d.). Returning to Ontario as a community development manager and then an Executive Director, I continued to be inspired by the vision I witnessed in Antigonish, and grew my own leadership and learning to reflect similar values. As a supervisor of clinical therapists, interns, and volunteers, I discovered many gaps in feminist learning, which I attempted to address in the following ways: hiring an external feminist psychologist for clinical supervision; developing a feminist collective organizational structure with an Indigenous women and family service organization; co-founding a feminist counselling community of practice; engaging in community activism; and providing ongoing psychoeducation to staff, volunteers, and clients. Upon reading the study participants' transcripts, I recognize the intentional curiosity, engagement, and motivation of these feminist practitioners in pursuing intersectional and decolonizing practices and advocacy within the profession. Lifelong learning is a practice, a passion, and a promise for hopeful futures. As Emma describes, the commonalities of third- and fourth-wave feminist movements point to advocacy for intersectional analysis, 2SLGBTQIA+ inclusion (especially trans inclusion), anti-racism, and disability justice within a transnational movement (English & Irving, 2015; Enns et

al., 2021). These priorities complement critical and transformative learning theory goals (Mezirow, 1990) for fostering change through individual experiencing, critically reflecting, engaging in dialogue, recognizing context, and building authentic relationships (English & Irving, 2015; Taylor, 2009).

Feminist therapy was built on consciousness-raising, branching off from humanistic psychotherapies in the 1970s to develop a more intersectional lens on healing and collective care work (Britt & Hammett, 2024; L.S. Brown, 2016; Ready, 2016; Rebick, 2005). As echoed by several study participants, a key factor in consciousness-raising for practitioners is the personal experience of sexism and misogyny in the field, and the "pervasive biases" (L.S. Brown, 2016, p. 19) of racism and classism in health services. The OCSWSSW and CRPO have different mandates and recommendations for clinical supervision in practice; yet, as seen in the transcripts of the participants, mentorship and supervision hold important roles for sharing foundational feminist theory, modelling advocacy, integrating a feminist lens into practice, and engaging in self-reflective critique. Brenda mentions the experience of learning to become a clinical supervisor through the Smith College School of Social Work in Northampton, Massachusetts; Lauren and Kim discuss the ways, in their decades of experience and provincial leadership, they model and supervise practitioners.

English & Irving (2015) explain: "If adult educators located in feminist organizations want to ensure quality learning experiences with credible content, they need to pay close attention to how they are doing in this regard and to make learners want to access their sites" (p. 71). If we frame clinical supervision and peer mentoring opportunities within the context of adult education, with a goal of liberation of self and others, then (as a supervisor myself) I missed an opportunity to support my team

to make deeper personal connections to intersectional and culturally responsive feminist inquiry in psychotherapy (Enns et al., 2021; Hardener & Wolf, 2024). Without a skilled and attentive educator-facilitator, transformative learning can lead to negative disorienting dilemmas that trigger identity defence. Gorman (2007) reminds us that it is the role of feminist learners to resist neo-liberal, de-gendered and de-politicized narratives, and to continually return to the principles of oppression, exploitation, and political consciousness as foundational to analysis and critique, including self-reflection and activism. It is the role of the mentor or supervisor to facilitate that positive learning.

Earlier in this chapter, Mandy asks: "Wouldn't it be great if there was an advanced radical feminist version of a trauma certificate?" Community organizer adrienne maree brown, and other radical and liberatory Black feminists, have been exploring this work through emergent strategies (2017). My own experience of feminist peer mentorship (including organizing a community of practice, supporting clinical supervision, planning public activism and advocacy), as well as the experiences of some study participants, demonstrate that it takes significant labour to provide intersectional and critical practice within clinical psychotherapy supervision. Additionally, that labour is often unpaid or underpaid. The Clinical Supervision program at Smith College School of Social Work has not, as of yet, been replicated in Canada. As the OCSWSSW (Betteridge, 2012), Ready (2016) and Bonisteel and Green (2005) have amplified, this labour intensifies with a lack of feminist pedagogy in psychotherapy, governmental funding and pay equity in the field leading to professional impacts of trauma exposure (i.e., burn-out). What is the role, then, of feminist scholars, feminist therapists and counsellors, feminist leaders, post-secondary

institutions, professional colleges, and governmental funders in addressing this important andrological gap?

In chapter six, I discuss the barriers faced by study participants in practicing feminist therapy theory in organizations and private practice. I ask explicitly about the impact, if any, of the Controlled Act of Psychotherapy on the participants' profession, and how they have navigated their practice through ethical dilemmas.

Chapter 6: The Bitter and Sweet of Feminist Care Work

> Feminist, anti-oppression, empowerment-based counselling and therapy has been devalued and repackaged in gender-neutral, competency-based, resiliency-based, strengths-based, and solution-focused therapies that do not credit feminism for principles borrowed. (Bonisteel & Green, 2005, p. 38)

In her doctoral thesis, Jacqueline Benn-John (2021) speaks to the work of Mandy Bonisteel and Linda Green (2005) and Nicole Pietsch (2014), each of whom have advocated within and about the Ontario Coalition of Rape Crisis Centres and the barriers feminist organizations face in regards to whiteness, credentialization, fund precarity, and ethical emotional and legal supports for survivors of sexual violence in Ontario (OCRCC, 2021). These voices are just some of the mentors in the Ontario feminist movement who inspired me as I navigated the political, economic, and social barriers to anti-sexual violence service provision between 2014 and 2020. English and Irving (2015) believe that "women's learning and activism have become deepened, tied to, and supported by women's resource centres" (p. 21), which would include sexual assault centres and women's shelters. That was certainly my experience. Through my work at an Ontario-based sexual assault centre, I experienced transformative learning that led to graduate work in exploring intersectional feminist thought.

During my six years in the sector, I identified professionally as a feminist public educator, community developer, survivor, activist, and advocate for anti-violence and gender equity. Benn-John (2021) points to advocates, like me, who are committed to social justice and anti-oppression, but are at risk of reproducing inequities along race, class, and gender lines as leaders in the field. Exploring trauma

therapy theory (Britt & Hammett, 2024; Wathen & Varcoe, 2023), critical feminist theory (Ahmed, 2017; hooks, 2014), social learning theory (Bandura, 1971), and transformative learning theory (Mezirow, 1990) from an academic perspective remains only theoretical. In practice, feminist therapy and counselling are experiential, embodied, emancipatory, and reflexive. (L.S. Brown, 2006; Champlain, 1999). In reading critiques of feminist work within neoliberal agendas (Ready, 2016; Rebick, 2005), scholars and frontline activists continue to point to the following colonial constructs as barriers to collective feminist learning: hegemonic state funding models; hierarchy over collective structure; internalized racism, ableism, saneism, and classism; exclusion of genders and sexualities; credentialing; service delivery restrictions; problematic board governance structures; and precarious volunteer models (Baker et al., 2012; Benn-John, 2021; Bonisteel & Green, 2005; Boucher, 2018, 2021; English, 2011; English & Peters, 2011; Euale Montilla, 2022; Goodhand, 2017; Hardener & Wolf, 2022; Ready, 2016; Rebick, 2005; Sweet, 2021). These barriers, along with the Controlled Act of Psychotherapy (CRPO, "Controlled act of Psychotherapy," n.d.), create compensation and scope of practice disparities that have encouraged a rise in private psychotherapy practices.

With autonomy outside colonial institutions, practitioners can more flexibly engage in feminist politics and activism. In this chapter, study participants discuss the ways they have engaged in reflexive work, challenging the gaps between their values and professional practice in both organizational and private practice settings. I share the third section of this study's questions asked during individual interviews with the nine participants of this study, including their beautiful feminist moments in practice. I then share highlights of the group interview discussion, of which five participants joined, that was modelled in the style of a community of practice.

Participant Voices: Tools for Deconstructing the Master's House

Barriers of Identity and Ethics

Question 1: Are there times when you experience capacity limitations in your profession? For instance, can you share an example of a time when your intersectional identity has been challenged by the profession or in your practice?

For Luvnish, a lack of resources on feminist perspectives in psychotherapy is a capacity limitation for his profession. As a racialized, middle-class man, he recognizes that his clients are often living with different intersectional identities, including socioeconomic status. He looks for ways to connect with clients knowing that they might be seeking a psychotherapist who has experienced the same struggles they have. He explains: "My mentors and supervisor and I discuss the ways clients read the things you don't say, they observe your body language, and the way you dress." As a new practitioner who identifies as cis-male, Luvnish prioritizes balancing ethical standards and best practices creating rapport and trust with clients who have experienced gender-based violence, and healthy ways clients may express boundaries or resistance to his identity.

In her previous workplace, Maddy felt challenged by some of the strategies used in family-based therapy models at the eating disorder clinic. She expresses these strategies as deficit-based and shame-based, focusing on EuroWestern understanding of the nuclear family. She explains:

> It is very important to understand the persistent nature of eating disorders and the high risk of mortality in this specific mental health diagnosis. But the model doesn't have room for other understandings of family and community for the patient. For instance, in the treatment plan for a First Nations patient,

> all focus went to coaching the mother around family meals, but the patient's sister was also an integral part of this patient's support system. The Western model doesn't include siblings in its understanding of caregiver and patient care around meals; yet in many cultures, we sit in a circle, we eat cultural foods, we help and support in different ways.

For Maddy, intersectionality and culturally appropriate service provision are important for her practice as well as the supervision and mentorship she receives.

As Justin moved into psychotherapeutic practice specializing in eating disorders, he sought additional supervision and learning to best support clients. He reflects:

> As someone who has had medical issues in the past, I never expected to end up being a therapist focusing on eating disorders. It takes a team approach, and, like many people, I personally had some negative experiences with healthcare. Now I work in a profession that leans on support from other healthcare professionals. It helped me to gain some of my own power and agency back.

Justin says: "I haven't experienced so much of a challenge [of his identity], but I've noticed that men seeking therapy don't have a good understanding of what it is." As a private practitioner, Justin wonders about the experiences of those working with non-profit social services or medical clinics. Unlike publicly funded therapists, he has more flexibility to refer a client if they are not a good fit for his practice style. He can also select his own supervisor and specialize in psychotherapeutic modalities of his choice.

Kimberly has been in private practice since 2014. As a leader in psychotherapy in Ontario, she consults and trains other practitioners. She explains that

she practices psychotherapy as described by the Psychotherapy Act, but it is a far more unique and nuanced experience in practice. She can offer client-appropriate modalities like CBT or DBT, but with decades of experience, her success with clients cannot be isolated or squeezed into one box. She describes her experience with leading professional psychotherapy membership organizations: “I sat on the committee receiving complaints and thought to myself, I can’t believe this! It’s shocking to me that people come into this profession from places of brokenness that can be unethical and create harm.” It has been integral to Kimberly’s commitment to healing work to lead and build ethical practices at the provincial and national level.

For Emma, surrounding herself with intentional communities of learning has been important to her growth as a practitioner. In particular, she found the Master of Disabilities Studies program at York University to be powerful as so many students and faculty came to the program with lived experience: “It was nice to be in a space where accommodations were provided easily; it was unconventional, and it mattered. Institutional structure and policies do not work for every body, whether the disability is visible or invisible.” Emma’s curiosity and appreciation for humanity inform the ways that Emma learns: “The human body is beautiful, always different and amazing. It can do so many things. Learning how someone learns, grows, copes, and survives in this world is incredible.”

Emma explains further about limitations she sees in certain therapeutic modalities:

> There are times when you can’t just ‘think your way out’ through CBT. For racialized and trans bodies, for members of the LGBTQIA+ community, we are in survival mode because we are not really accepted in society, right? Our nervous system is oriented to survival because anything, violence, can happen

> at any time. We are not afforded the same protection and rights as other people.

Emma presents the example of a Black female survivor of sexual assault who might hesitate to go to the hospital. As a Black therapist, she often has to educate white colleagues on how a legacy of racist harm in the medical industrial complex might inform a Black survivor's visit:

> Throughout history, Black bodies have not been respected in the same ways as white people. We can be locked up in institutions for expressing similar symptoms to white people. We can be over medicated or under medicated because of misinformation about pain thresholds and lack of research into how Black bodies, female bodies experience different medications.

Emma explains that Black people know this history, and are labelled as deviant and treated indifferently. Emma clarifies that the hesitation is not the survivor's fault; it is on the medical system to ensure their policies, processes, and education are anti-racist and anti-oppressive: "Not everybody gets the same treatment. The systems are not designed equally."

When Emma started learning about Afrocentric Social Work, she also learned about The Association of Black Social Workers. "Social work has a very interesting history," says Emma. She describes that even within this Association, some social workers were replicating oppressive practices and not challenging white supremacy culture (WSC). "In challenging WSC and decolonizing the profession, I also have to have cultural humility in my own ancestry and learning," says Emma. She explains that for Indigenous people, social work is about the 60s Scoop and the Millennium Scoop in which social workers take away babies and children, and that Black people have had similar oppressive experiences with anti-Black racism and over-

representation of Black children in the child welfare system. She says: “It’s wrong and it’s oppressive. So, I am constantly challenging social work while working within social work. I always ask myself if my professional values are in line with my personal and communal values.”

In reflecting on challenges to her intersectional identity, Mandy begins by describing a time when she encountered a client’s racism:

> I was working with a client who was particularly hostile and at one point went on a racist rant. I remember sitting and thinking to myself: Are you saying this to me because you’re experiencing me as white and expecting me to agree with you? Are you saying this to me because you’re experiencing me as not white and attacking me? Because how I need to respond is different depending on which is true.

Mandy sees many other intersections of challenges within the sector that intersect with capitalism and the privatization of health care. “We have inadequately funded and inequitable access to registered psychotherapists,” she explains.

> We are required to charge HST on our services, unlike social workers or even nurses (who can practice psychotherapy but have less training) who don’t have to charge taxes in their private psychotherapy practices. Medical doctors maybe have an hour of brief solution-focused therapy training in their four years of med school but can do psychotherapy.

She continues: “I believe it is my responsibility as a human being to provide my clients with assistance to engage in self-advocacy and systems knowledge.” In challenging institutions from a radical feminist perspective, she says, “I offer therapy and skill building, in that context, to equip my clients better in the world they are

actually living in. For multiple reasons, I engage in different kinds of social justice work as part of my practice." She clarifies:

> A previous employer once called me relentless; in a feminist organization, that was seen as an asset. I realized, at the time, that in a feminist organization, my relentlessness was seen as a positive attribute, one of my greatest strengths as an employee and leader. I will point out injustice. I will be voicing my concerns. I will articulate the harm I identify. I will suggest an alternative path. I will make my employer justify why they perpetuate a problem after I'm clear on the harm it has caused.

Reflecting on the research question, Bethany explains her prior challenges in post-secondary education:

> I was often seen as that brown person when I talked about Indigeneity, Indigenous issues, anti-racism, antisemitism, and systemic inequality. Their eyes would roll when I talked about systemic oppression because, they believed, then I could not be person-focused or person-centred. I was shamed by being told that people wouldn't speak up because I had such a strong advocacy voice and they didn't want to offend me.

Bethany describes how Indigenous studies, as well as gender and race theories, helped her to understand Indigenous feminist views, advocacy, activism and community-building as a collective responsibility.

In thinking about capacity limitations in her field, Brenda wishes more people could go to Smith College School of Social Work which is well-known for its feminist lens in academia:

> There's nothing comparable in Canada to my knowledge. The school is amazing and leads in talking about gender and race. I hear nightmare stories

> about clinical supervision from other people, but I have a pool of resources from contracted supervisors like Natalie, Laurie, and David, and my best friends who are social workers.

Brenda was surprised by the vicarious trauma within organizations. She witnessed team members turning on each other, subconsciously reenacting the violence they listened to day-in, day-out, in a complex and toxic dynamic. She explains here understanding of this phenomenon:

> In my supervision training we discussed that when in a counselling session, you must always assume the perpetrator is in the room. For instance, in the empty chair, or your client is embodying the perpetrator, or you are, accidentally. There are always three people in that room. And sometimes the memory of that harm stays in organizational spaces. After healing from the medical model, I also had to heal from feminist organizational harm.

This research question on capacity limitations and the moral injury (Williamson et al., 2021) of some frontline feminist work is inspired by my own experience that closely mirrors Brenda's time in sector leadership.

In reflection

Since leaving the field, I have been grateful to see the OCRCC engaging in research and education on the nuances of racism and self-reflective practice in the field of feminist counselling and therapy (Euale Montilla, 2022). Clinical supervision training for psychotherapists in Canada is also an under-researched and underdeveloped area that requires attention. As I continue to seek answers as to why a white clinical supervisor could not ask a Black MSW practicum student culturally appropriate, relevant, and responsive questions in clinical debriefing, I return again and again to adult education theories and feminist pedagogy. I believe that higher

education is a place where these deep questions can be explored before students enter professional programs, practicum, and the workforce. Like mentorship models for police officers, nurses, and teachers, they witness inequities and problematic behaviours early in their careers. Students in my classroom are seeking meaning-making when they witness abuses of power, capacity limitations, and poor clinical skills by their supervisor. There is an ongoing gap, as Brenda describes, for a program like that of Smith College School of Social Work to engage practicing clinicians and counsellors in repairing and restoring their own practices so as to not cause further vicarious trauma and moral injury to colleagues and new graduates. I believe feminist therapy and counselling requires new tools to transform the Master's House (Lorde, 2007) into a feminist collective, through innovative curricula and ethically compensated practicums, culturally responsive leadership, skilled transnational feminist mentorship, and guided intersectional feminist self-reflective practice.

Seeking Alignments with Feminist Praxis

Question 2: Can you share a time when your professional values felt in contradiction with professional standards or the psychotherapy legislation?

In reflection to this research question, Bethany again eloquently challenges the coloniality of credentialization and capitalism of care work:

> Many social movements are based on coloniality, white supremacy and neoliberalism. But from a responsibility-based perspective, an Indigenous perspective, I have a responsibility to the collective to reduce harm. I might talk more about Indigenous issues than queer issues, as a Two Spirit Indigenous queer person. I consider whiteness and oppression always.

Emma also counters this question with cultural values:

> I am of African descent, and communal values are of utmost importance to us. We are born, raised, and eventually pass away within our communities. The community is a place where we seek healing and care. However, the profession of psychotherapy has many rules that go against my African heritage. For instance, psychotherapy legislation is a controlled act that is based on the medical model and strongly rooted in Western ideals of individualism and self-reliance.

Emma continues to share the contradictions of traditional pre-colonial communal care versus EuroWestern notions of professionalization:

> Communal practices in African communities often align with feminist values, as the matriarchs, who are typically the elders with knowledge and wisdom, support the community during difficult times. The grandmother benches in Zimbabwe are a great example of this. Grandmothers provide mental health support for issues such as depression and anxiety to the community. However, it's worth noting that professional standards may not approve of this practice due to concerns about evidence-based practices, confidentiality, and privacy, etc.

Brenda feels that social workers need more specialized training to practice psychotherapy, especially when working in private practice. For Brenda, psychotherapy and trauma treatment are linked through an intersectional analysis that takes additional learning. She says:

> I appreciate standardization and regulation, but they are steeped in colonial ways of being. It’s a dance, where I do need to be sure what I’m doing is best practice, while I also want to be confident in my skills to challenge the system.

> Psychotherapy is a science and an art, and without specialized training, you can do harm. But we really need to think about what training is 'best practice'.

Mandy agrees, reflecting on the power of note taking during client sessions from a feminist perspective. She explains:

> My time in the Violence Against Women sector has more than demonstrated how documentation gets weaponized against women. We are generally taught as professionals to be compliant. If you get a subpoena for your client file, you say 'yes.' We are not taught that we can say 'no.' I will offer to write a summary letter, or I would be happy to take the stand, but 'no,' I'm not giving you my notes.

Mandy speaks specifically to a serious disjuncture between feminist ethic and nuances of section 274(1) of the Canadian Criminal Code regarding third-party records. Known commonly as the Rape Shield Law (Tang, 1998), counsellors and therapists supporting victim-witness in a sexual assault or domestic assault trial can have their clinical records subpoenaed by the accused.

Mandy continues to explain her process:

> As a feminist counsellor, I write my notes as if my client is looking over my shoulder and watching what I'm writing. I want to make sure I am accurate and kind, thoughtful and deliberate. There is power in my notetaking and although we are told that our notes are for the mutual protection of client and therapist, if we're real, professions are interested in protecting themselves.

Although Mandy appreciates the reasons why regulating the act of psychotherapy is important, it is also "a system that is not feminist in nature and is layered with bureaucracy."

In reflection

For me, the most painful experience of the ratification of the Controlled Act of Psychotherapy Act in Ontario was having to tell workers with decades of experience that they were no longer qualified to practice under the same scope of care. Difficult decisions were made across OCRCC member centres to address the new legislation, which I believe dishonours the *her*story of feminist work and undermines the feminist lens on therapeutic modalities as described in Chapter 2. Without the support of higher education in the instruction of feminist perspectives on trauma, social work, and psychotherapy, we begin to lose essential skills in supporting survivors of gender-based violence in their healing journeys. Having received mentorship from leaders at the OCRCC who had been working in the field for over 30 years, their efforts remain unrecognized and are subverted through the neoliberal agenda of austerity in social services and health care.

Seeking Cues of Inclusion

Question 3: Can you tell me about a time when you haven't felt seen in your identity, supported in your learning, and/or able to navigate capacity limitations within a supervisory context?

Maddy recalls requesting visual cues of Indigenous inclusion at one clinic she worked at, even simply as wall decoration, but she was told 'no.' She says: "Employers think that they're doing a 'good thing' by hiring an Indigenous person to tick a box, but there's no accountability for making a workplace healthy for us as employees."

"I don't have much faith in action within the system," says Bethany, "but I do have faith in relationships, interpersonal support, listening, validation … because of my own experience."

As social workers and psychotherapists, it can be a daily struggle to feel heard and understood especially when you work in an institution. Emma says:

> We keep getting pushed into systems of equality where everyone gets the same treatment, but this is different from equity. The language of equity is deeply connected to the principles of social justice and liberation. People who need more support because of social inequalities should be able to access more services that address the barriers they are experiencing in their lives. Although we are well-trained to make clinical decisions for good care, we often do not use this training to its full potential due to systemic barriers imposed by the institutions that we work for.

As Emma describes, the scope of practice for a registered social worker or psychotherapist may be broad under the membership with the OCSWSSW and CRPO, but institutional policies and job descriptions – such as in long-term care homes, K-12 schools, or even in family health teams – most often restrict ongoing clinical therapy for complex trauma due to wait lists and funding restrictions, as an example.

Mandy describes early client work in her career where her clinical supervisor would argue that Mandy was feeling imposter syndrome, or he would ask inappropriate questions about a client's history out of "perverse curiosity." Mandy says:

> I can't say that I've regularly felt my clinical supervisors [who were male] understood even just how living in the world as a woman is fundamentally

> different, and how I might have better insight into how a woman or girl I'm serving, or even those with other gender identities than male, are experiencing the world. There hasn't been recognition, for the clinical supervisors I've had, about the complexity of practicing when you're female and not entirely white presenting.

In fact, after the session with the client who went on a racist rant, Mandy's supervisor dismissed her concerns about the impact. Mandy shares the approach she's taken as her career continues:

> I have engaged in a shocking amount of professional development, I am doing my work. I will not actively participate, though, in my workplace with things I believe cause harm. I begin by engaging my administration in conversation, calling them in and calling them out when they are unwilling to have those conversations. I am interested in reducing barriers for clients and I try to give organizations the benefit of the doubt. I have to be thoughtful and strategic about how I address defensiveness in leadership so I will tie in my concerns with legislation, the Human Rights Code. The systems that are supposed to care for people are often focussed on protecting only certain people, and their own self-interests, and use violence to do so.

In reflection

The majority of feminist-led social service organizations in Ontario are funded, in part, as third-party service contractors of the Ontario Government. Additional monies are fund-developed through grants, service contracts, and donations. In my experience, Board of Directors in these non-profit organizations are contested sites of feminist governance, pedagogy, leadership, fundraising, and activism. Fifty years ago, these organizations were voluntary-led collectives that

supported survivors of sexual and domestic violence by offering peer and crisis support: Most organizations began as survivor-led operational boards and volunteers before evolving to non-profit charitable hierarchies (Rebick, 2005). Over the last five decades, these centres have been regulated through the Ontario Not-for-Profit Corporations Act (2010), professional legislation like the Controlled Act of Psychotherapy (2017), and several federal acts registering charities. Leadership in most of the OCRCC has become hierarchical, with voluntary governance-focused boards expressing varying interests in the sector's mission. Their role has evolved from acting as feminist activists and peer counsellors to experts in the interpretation of federal and provincial legislation not aligned with a transnational and intersectional feminist lens. For instance, a space traditionally resistant to carcerality, the board that governed my work included a police detective, which, in my opinion, created a conflict of interest in my advocacy work with survivors of violence. Although the OCRCC is taking steps to provide feminist-based governance education for its member centres, including recommendations for recruitment … as described earlier, the system has evolved to limit the activism and feminist analysis necessary to allow a truly robust feminist ethic of care work and advocacy to fulsomely address the gender-based violence epidemic (OCRCC, 2024). Additionally, at the OCRCC provincial meetings, gathering leaders from individual centres across the province also expressed different skills and capacities, not always rooted in feminist pedagogy and anti-oppressive/ anti-racist frameworks. Boards hire leaders, leaders hire staff and recruit volunteers; Yet, credentialization, funding mandates and austerity, political will, liability, and new legislation are ongoingly contributing to the erosion of strong feminist ethics and mentorship for feminist therapeutic practice.

Moving Forward Through Hope

Based on decades of work in the anti-rape movement, Benn-John (2021) advocates for decolonizing and transforming the often hegemonic practice of feminism in Ontario-based feminist counselling and therapy. This is echoed by English and Irving (2015) who describe the reflexive, integrative and subversive vision of non-hierarchical settings that offer transparent, accountable and critical feminist leadership. As described in Chapter 2, the "shrinking space" of anti-violence work has suffered political, economic, and socio-cultural flux in Ontario, and throughout Canada, yet there remain "radical visions" in the field (Bonisteel & Green, 2005; Boucher, 2018) such as the enduring collective visions of the Sexual Assault Support Centre of Ottawa and SACHA in Hamilton.

The final question posed to study participants during their individual interviews asked directly about the hope and drive that reinforces these practitioners' commitment to ethical and intersectional feminist therapeutic practice.

Question 4: What is a beautiful feminist moment you have experienced in your practice?

Of her decades in care work, Mandy responds:

> Finding feminism was such a relief. I see courage, bravery, perseverance, resiliency from every person I sit with. I even see glimmers and hints of joy. We can blow life onto those little embers until we see fires burn. It's a really great job. What a remarkable privilege to be trusted to walk beside people on the scariest parts of their journey! What is more remarkable than witnessing post-traumatic growth?

Luvnish reflects on work with a client, exploring the intersections of gender and financial inequality in the client's romantic relationship. He shares that he felt really proud of the ways in which their work together explored systemic and structural barriers to equality, and the ways in which the client understood how capitalism and gender roles were also creating limitations.

When training at a low-barrier women's shelter in Toronto, Maddy connected deeply to feminist practice:

> I learned a lot about group practice, peer support, and working with women and women-identifying folks. It was a community with a different scope of folks using substances, precariously housed, and engaged in harm reduction. The workers and their organizational values were amazing.

This practical experience is where Maddy learned that "food makes a big difference for clients and workers." For Maddy, meeting people "where they are at" includes nourishing and welcoming them through peer support and community outreach, even if they are under the influence of a substance. Even though clinical psychotherapy might not be indicated, Maddy explains that handing out harm reduction kits or sitting together over food or listening to stories in groups can be facilitated in healing ways: "I learned how to de-escalate conflict, understand the world of substance use, harm reduction, and sex work; these were feminist learnings. It felt powerful, inclusive and welcoming."

"I have always loved group work the most," says Lauren. "One beautiful feminist moment was a group of teenage girls holding each other up as they discussed their experiences of assault and sexual harassment. They were so kind with one another. Some are still in touch with one another." She also speaks to the ways in which survivors mentor each other, including some of her previous clients who

continue to meet as a group to keep connections and build resiliency: “Our organization has received multiple grants to develop this peer mentoring capacity and there is a significant program evaluation for it, which speaks to the power of peer mentoring in helping others recover from gender-based violence.”

In thinking about a beautiful moment in his work, Justin responds:

> I think seeing my clients grow and take up more space, in the therapeutic context and in their lives. I’ve worked with a lot of clients who are very career-oriented, and identify as female, and their lived experience has made them have to shell away and take up less space. Seeing them become more of themselves, through the therapeutic process, and take up more space—in a good way—is such a big win for these clients and our work together.

“I have been genuinely blessed,” Kimberly describes, “to have met with people, walked with them—sometimes when they are in tremendous distress—and watched them move from functioning to flourishing in ways that exceed their own expectations.” Kimberly says: “There is a majesty in the beauty of separating the things you’ve encountered and experienced from who you are.”

For Bethany, a beautiful feminist moment quickly comes to mind: “A client hugging me as she said goodbye.” She elaborates that the client entered a healthier relationship and was pursuing her dreams; for Bethany, this spoke to empowerment, non-dependency, and feminism. She says: “Feminism is the theory that humans are humans.”

Bridging a career over decades that began in the medical model, transitioned into feminist counselling supports, and now flourishes in private practice, Brenda says:

> There's a lot of therapeutic value to screaming in the streets, you know? Take Back the Night is a moment of collective gathering, support, emotion, and I think it is so beautiful. I had someone reach out to me after a march, saying she knew she couldn't be there. But then she saw me yelling and chanting and raising my voice to the point of having no voice. She said she knew I was yelling for her, even when she couldn't. Those moments are powerful and therapeutic. They're necessary.

Emma recently participated in a group supervision session for racialized female practitioners where she was filled with joy, laughter, and a sense of collective collaboration. She strongly believes that social work should not be exclusionary and cutthroat, and that the profession should be open to creating space for other people's experiences. Emma believes that decolonizing the field is crucial to learning to value voices that have been silenced. She argues that practitioners should not replicate systems of oppression just to advance their careers or to manage a team. Instead, they need to be intentional in creating welcoming spaces and reflecting on the needs of the people they support: "By doing so, we can build a lot of good."

As a researcher and former frontline worker, my memorable feminist moments are often in celebrating the successes of incredible feminist leaders as I heal from my experiences of moral injury in the field. Recently, Heather Howe, MSW, RSW, a local Peterborough feminist psychotherapist and Wen-Do women's self-defence instructor was interviewed in Medium Magazine (Robins, 2024). I have worked with Heather many times, and she is greatly influential in how I have learned about feminist perspectives on short-term counselling versus long-term psychotherapy, as well as local initiatives to prevent and address violence against women and girls. As a Clinical Supervisor herself, I often leaned on Heather as a mentor for her advice on

therapeutic modalities, professional development opportunities, and practicing feminist activism. She was always an important support as the community planned regional *Take Back the Night* events. It is validating to read her interview transcript in the popular magazine and reflect on the ways that, despite the funding and policy barriers, there is a consistency of feminist care that advocates for fundamental human rights and gender-based safety.

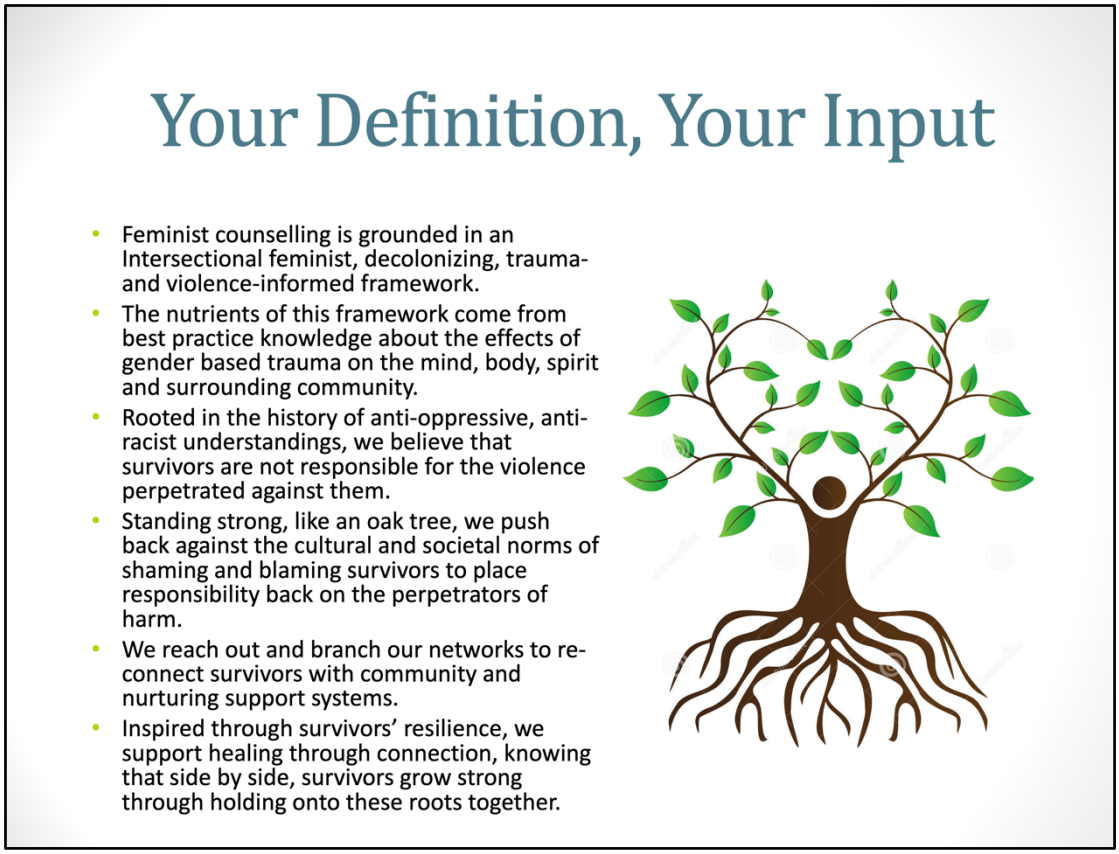
I am grateful for the many collegial relationships that grew into friendships with local feminist therapists Mandy Hamu, MA, RP; Alison Rodgers, MSW, RSW; and Karine Rogers, MSW, RSW. Mandy, Alison, and Karine helped me build the Feminist Counselling Community of Practice, enabling us to collectively share knowledge across the silos of social and health service institutions. I also think of the Executive Director who hired me into the field, Sonya Vellenga, MSW, RSW: Sonya encouraged me to explore the *her*story of feminist organizing and care work through graduate school. There have also been politicians, such as former Premier Kathleen Wynne and Maryam Monsef, former MP and Minister for Women and Gender Equality, who encouraged my work and amplified my voice in provincial and national spheres. In my final year of work in the field, feminist psychologist Dr. Lara Hiseler validated and supported some of my challenging organizational decision-making through clinical consultancy. All of these incredible practitioners were feminist balm to the wounds of hegemonic, neoliberal, and oppressive policies and legislation that impact the everyday reality of supporting survivors of sexual violence in their healing journey.

Group Interview: Building Feminist Practice through Community

As part of the process of critical feminist polyethnography, I invited study participants to an optional group interview to reflect upon the same research questions

they had responded to individually. Using the prompt of the co-created definition of feminist counselling [see Figure 3] from the Feminist Counselling Community of Practice, I asked the group to consider this definition prior to re-asking the study questions. The experience of this group interview was unique, and the participants gradually leaned into it, building trust and rapport through my facilitation of their shared interests. Like co-facilitating the community of practice with feminist counsellors and therapists several years ago, I witnessed the group interviewees navigate disorienting dilemmas, explore mentorship that welcomed professional vulnerability, and engage with robust and critical transformative learning. Because of this profound experience, as the researcher, I have made the decision to anonymize the findings below.

Figure 3: Your Definition, Your Input



A Definition of Feminist Counselling from the Feminist Counselling Community of Practice, Peterborough, Ontario, Canada (Trefzger Clarke & Hamu, 2019) [See Chapter 2].

After I presented this definition on a slide and read it aloud, the participants processed the definition in silence for several moments. I would imagine that, having never met before, several of the participants were worried about professional vulnerability and navigating race and gender, especially an online group interview. The feedback began with one participant's reflection on the word resilience and "how it ties into a strengths-based approach." After a few additional moments of silence, I began introducing participants to each other by their shared interests and specializations. The conversation then became interactive and reflective towards shared experiences, setting a foundation for like-mindedness and trust-building in the space; participants used language like "decolonial feminist practices"; critiqued terminology like "behavioural issues"; and described the feminist politic of "advocating and normalizing people's experiences." As the interview continued, the more experienced practitioners began to share wisdom about therapeutic practice, including both organizational and private practice, as well as navigating oppressive systems and structures, and creating new opportunities for themselves and their clients. One practitioner explained that social service systems do not currently allow psychotherapists to work autonomously within their full scope and expertise. She explained that she had moved into private practice in order to support the Black community, who are underserved, displaced, and face white tyranny. "As you develop your identity and autonomy," she explains, "you are able to practice more specifically and with community. … this applies not just racially, but intersectionally."

Later in the discussion, another practitioner expressed her discomfort as an embodied rejection of the shared definition of feminist counselling. She expressed

gratitude for other participants speaking first so that she could process her thoughts. “The whole idea of even talking about feminism makes me feel very vulnerable,” she explained, “because I haven’t had good experiences in talking about feminist practice with other people. I’m still healing from organizational trauma and lateral violence until finally, I crumbled—I felt taken down from the inside.” Together the group discussed shared values and interests while this participant could gather her thoughts.

Refocusing on the definition, she continued: “It has really nice words—like decolonizing—yet it feels like a very colonial statement.” For instance, she suggested that the image of the oak tree could be decolonial, but it doesn’t include relationships. She asked: “There are people who have been victimized and there are perpetrators, and we’re taking a stand … that’s all? There’s no nuance or recognition of the pain, so it doesn’t fit for me. Feminist counselling is a choice.” The conversation continued, and the participant asked why feminist counselling even needs to be defined, colonially: “Why do we need to measure it with a measuring stick?”

This courageous vulnerability was celebrated by other participants who agreed with the practitioner. For example, one participant then chimed in:

> When I think about the intersections of feminist parts of my experiences … working in sexual assault centres, navigating that system, trying to work from a trauma and culturally responsive lens that acknowledges peoples’ experiences … My work is about supporting those individuals who don’t fit in that mold. If we think about the intersection of disability or aging, we recognize those voices are not heard in these organizational spaces. There isn’t room, right? That’s why it's hard to define … The system doesn’t honour Elders, grandmothers, who hold knowledge in different cultures and can hold space for trauma and healing too.

I then showed the group Figure 1—a list of different types of feminism, which can be found in Chapter 2. We continued by discussing the many types and herstories of the women's and feminist movements and waves. A practitioner commented:

> I struggle with labels regardless. If people see me and hear me and we start talking, it's working. I've been doing this for more than 30 years. I sit with someone and know that they are going to teach me, and I'm going to teach them, and I don't want to use labels as an entry point. As a feminist therapist, I'm just me, with all the wisdom that's been poured in and it comes out for the client who is before me, or for the organization who is consulting with me, or that group that is in need of me. I love the notion of going to the grandma, the auntie, the wisdom holder.

In response, another participant offered thanks and shared a time he struggled earlier in his career when a client was confrontational about modalities like CBT: "I needed to figure out how to show up and adjust my approach." Another practitioner also offered gratitude, and said: "This idea of fluidity helps to recognize that it doesn't have to be just one modality, it doesn't have to be concrete." In reflecting on her experience working in feminist harm reduction in Toronto, she continued: "The clients just needed me to show up, but it was the peer mentors who were doing fantastic work."

The conversation turned to a discussion of those who have, culturally, always provided healing work, whether communities across the African continent or Indigenous communities here on Turtle Island. "Part of this professionalization is capitalism," a participant explained. "We are in a dance, in boxes, around boxes … I tolerate the boxes." Another practitioner responded:

> As an Indigenous person in the box [of social work], I automatically force that box to grow. Social work has a very colonial white history, and I chose this career; it continues to force my perspective into the space. I'm an advocate. I want to make the box bigger.

This resonated with the group, and one participant replied:

> I had the very good fortune of being a resistor since I was kicking in the womb. When I come into these spaces, I expect them to expand to accommodate me. I'm going to occupy that space … If you put me in a box, you best believe that box will grow or dissolve itself.

She then reminded the group:

> I'm not here by myself, I'm here on the shoulders of a multitude of others who got me here and so it is a responsibility to go farther. I may have to kick down walls because there are others like us who are waiting to come in. I need to create enough room and pass that baton on the way so that they gain traction. So, they can envision where they can go. I enter this race [of psychotherapeutic practice] with fierce excellence, speed and tenacity.

As a natural close to the conversation, one participant said:

> It is just amazing that people trust us with their lives. That's not an easy thing. I express gratitude to them for sharing their stories with me. It is a gift to affirm someone's humanity, and in turn, affirm mine in this sharing space.

Another chimed in: "It really keeps me going, as a therapist, to see clients take up more space in their work life, personal life and even in the therapeutic context." A third reflected: "What keeps me going is on opposite ends of the spectrum: one would be those experiences that fuel my fire of injustice, and the other is validating and witnessing difficult stories, being human together." In reflecting on the conversation,

one practitioner reconsidered the box metaphor for the group: “Maybe from the lenses we look through, it doesn’t have to be a box we are in, maybe it’s a basket. It’s something that we carry.”

Discussion

As part of the analysis of the study participants’ stories, I created a word cloud [Figure 4] of the most frequently used words from both individual and group interviews. For me, words like ‘people,’ ‘person,’ and ‘folks’ support Bethany’s definition: “Feminism is the theory that humans are humans.” Throughout this study, in both the literature and the participants’ experiences, the words ‘understand,’ ‘trauma,’ ‘feel,’ ‘practice,’ ‘experience,’ ‘space,’ and ‘colonial’ resonate again and again. English & Irving (2015) highlight that feminist organizing and action can be an embodied, lonely, and tension-filled struggle. Through the stories shared by these feminist therapists and counsellors, I also recognize competency, skill, curiosity, and commitment to a shared vision of ethical and intersectional care work that reflects critical feminist theory. Goodhand (2017) highlights: “The only reason violence against women became ‘the issue on everybody’s lips’ was because the early shelter workers broke that silence in 1973, compiling their own statistics and campaigning to raise public awareness” (p. 93).

Figure 4: Word Cloud: Most frequently used terms by the study participants

Study participants spoke to a gap in post-secondary training for feminist and gender-based trauma care; this highlights the struggle to share feminist therapy outside of feminist organizations and in public pedagogy. Newer practitioners in the group sought to learn more about the somatics and non-verbal cues that come with decades of experience working with feminist-informed anti-violence and anti-oppression frameworks. Peer mentorship and supervision, clinical supervision, and communities of practice can be effective and meaningful processes for knowledge transfer and ethical self-reflection. Unlike some other forms of psychotherapy practice, the lens of feminism includes an embodied philosophy and politic that challenges sexist, classist, racist socio-cultural norms (Baines & Sauer, 2022); care and competency are not only therapeutic services, but also signal a commitment to social transformation (English & Irving, 2015). Advocacy and activism remain central to feminist therapy theory; modelling the intersectional, transnational feminist lens remains foundational to the practice of mentoring. In reflecting on Black feminist thought in Canada and the urgency of intersectionality, Llana James (2007) says: "Sexual violence has served as a tool of colonialism and white supremacy, and

therefore the struggle for sovereignty and the struggle against sexual violence cannot be separated" (p. 229).

When practitioners enter private practice without the opportunity to learn through feminist pedagogy, activism, and organizing, are they practicing feminist therapy? For example, therapists may align with Anti-Oppressive Practice (AOP) or Trauma- and Violence-Informed Practice (TVIP), but without having learned the *her*story of the feminist and civil rights movements that underpin those practice theories, are they actually able to embody feminist politic (Tseris, 2013)? Will such therapists attend and speak with survivors at a Take Back the Night March? Even Baines, Clark and Bennett (see Baines & Sauer, 2022), leading Canadian experts in social work theory, provide little feminist theory or reference in their textbook *Doing Anti-Oppressive Social Work: Rethinking Theory and Practice*. Instead of honouring the long struggle of feminist organizing in Canada, they refer to Paulo Freire's theory on critical consciousness-raising. Freire has long been critiqued for his lack of gender analysis (Jackson, 2007), failing to apply post-structural feminism to his liberatory epistemology (personal communication, Ziysah von Beiberstein, December 15, 2024). Lisa Boucher (2021) reminds us that "movements are more than their organizations" (p. 231). She continues that even if neoliberalism is reducing the voice of feminism through economic disparity, depoliticization, and degendering practices, alliances and coalitions like the OCRCC and OAITH can facilitate advocacy and resource mobilization. Yet, there are few alliances and coalitions for private practitioners in Ontario, and most have exclusive invitation.

All practitioners in this study demonstrate both their self-reflective struggles and moments of feminist growth in their work. For instance, Justin and Luvnish speak about their learning and listening trajectories to better understand intersectional client

identities they do not personally experience; they also name their clinical supervisors as mentors in this work. Along with the seven other participants, they highlight intersectionality and culturally relevant knowledge as ways to better address racism in the workplace, in supervision, and from clients (Benn-Johns, 2021). Emma also highlights the importance of disability justice to feminist therapy theory. She points to the gaps in anti-oppressive education within the sector, while Brenda shares the barriers of toxicity and trauma exposure in the workplace.

Repeatedly, the practitioners emphasize that there is a fluidity to their process during feminist psychotherapy, and to their use of client-appropriate therapeutic modalities (e.g., narrative, DBT, CBT, ACT, somatics, EMDR) through a feminist lens or analysis. As registered psychotherapeutic practitioners, the use of these modalities is supported under the Controlled Act of Psychotherapy (CRPO, n.d.). For care workers who were foundational to grassroots feminist anti-violence practice over the past decades, without formal graduate-level credentialing, what becomes of their role in support and healing? Despite their professional experience and training in psychotherapeutic modalities, they are no longer able to perform services outside of safety and stabilization, psychoeducation, and crisis support. This has resulted in job loss or a shrinking scope of practice, as well as client care options. If non-credentialed feminist counsellors did not have the financial means or support to be assessed for a grandfathering process with the CRPO in a short window previous to the Act coming into force, decades of knowledge and practice were lost in Ontario's feminist care work. As an Executive Director who had to make difficult human resource decisions due to the legislation, while recognizing the gaps in feminist theory for newly credentialed practitioners, this juxtaposition resulted in frustration, as it did for many of my colleagues as well.

Paige Sweet (2021) and Tseris (2013) speak to the palatability of trauma- and violence-informed practice that includes many principles of feminist therapy theory without naming the politically contentious F-word: Feminism. Baines and Sauer (2022), in one of few references to feminist social work practices, clearly emphasize that "politicized practices," "critical consciousness-raising," and "linking with social movements and unions" benefit solidarity and bring balance to the voices of clients with social justice (p. 167). Many of the diverse and foundational voices in feminist therapy (L.S. Brown, 2016, 2018), intersectional feminist thought (hooks, 2000), radical visions for 21st century feminism (Ahmed, 2017), and feminist learning (English and Irving, 2015) also speak to the critical potential of formal, non-formal and informal pathways to feminist consciousness raising and learning, within and beyond psychotherapy.

In my experience with the Feminist Counselling Community of Practice and the group interview for this study, I witnessed an inexpensive and effective opportunity for peer mentoring and peer supervision, and potential for clinical supervision, that could augment the historical, theoretical, and practical application of feminist therapy theory. The Feminist Counselling Community of Practice was cross-sectoral, meaning the opportunity to attend was open to all feminist-identifying counsellors and therapists, whether working within organizations or in private practice. As the COVID-19 pandemic drove much psychotherapy and learning online, the OCRCC thankfully received a grant from Women and Gender Equality Canada to start the BIPOC Frontline Workers' Coalition Gathering, a community of practice to address and engage in anti-racism and decolonizing work within the rape crisis movement (Euale Montilla, 2022; OCRCC, 2021).

My experiences of feminist knowledge sharing and mentorship at the OCRCC and through the Feminist Counselling Community of Practice inspire how I engaged with critical feminist polyethnography and the dynamics of this study's group interview. As one participant expressed, the fear of toxicity around the F-word (feminism) and the vulnerability of discussing one's feminist politic is daunting. Following the group interview, I received several emails from study participants expressing gratitude for the experience of collective discussion. As English & Irving (2015) describe, much of feminist learning is done collectively and informally. To learn the transformative power of feminism and feminist therapy theory, I believe, one must feel the feminist ethic in practice.

In requesting an exemption from the Controlled Act of Psychotherapy, the OCRCC (HPRAC, 2017) sought to recognize the benefits of feminist therapy theory as a specialization. Currently, practices exempted from the Controlled Act of Psychotherapy include:

> [Treating] someone by spiritual means according to the tenets of the religion of the person providing the treatment or Indigenous persons providing Indigenous healing to other Indigenous persons or members of an Indigenous community, or acting in an emergency (CRPO, n.d., Controlled Act of Psychotherapy).

Although Indigenous cultural healing practices are appropriately exempt from the Act (Green, 2017), what about other cultural healing practices, such as those among African diaspora, as Emma points to? What about those who have equivalent psychotherapy qualifications from other countries who have no alternative path to practice beyond re-certifying in programs partnered with the OCSWSSW and CRPO [see Table 2 in Chapter 3]? Why is spiritual counselling, which is often connected to

religious institutions and has roots in racist, colonial, homophobic and transphobic philosophies (Fallon et al., 2013), exempt from this Act? Many spiritual counsellors offer marriage/couples counselling, for instance, that can be psychotherapeutic in nature. Meanwhile, feminist counselling and intersectional communal care models, including peer support and VAW counselling, continue to be under the legislative microscope, precisely because they are not named within the Act in recognition of their psychotherapeutic benefits, nor excluded as specialized practice. They remain vulnerable to accusations of unethical practice.

In her book, *Care: The Highest Stage of Capitalism*, Premilla Nadasen (2023) reminds us that "[the] infusion of public and private dollars into the care industry has created a new occupational landscape, new corporate entities that depend on care, and new forms of profit-making" (p. 160). She explains that words like 'austerity' and 'government inefficiency' are steeped in the neoliberal politics of dismantling social programs. Zena Sharman (2021) points to the Canadian Public Health Care system and the ongoing work of Mia Mingus (2015) that illustrate how the medical industrial complex continues to have core motivations of "eugenics, charity and ableism, population control, and desirability" (Sharman, 2021, p. 98). Meanwhile, the feminist movement has been active from coast-to-coast-to-coast educating, advocating, and challenging these hegemonic and white supremacist norms for decades. Looking back to Chapter 2, we can see that the echoes of harm that inspired feminist therapy theory continue to perpetuate this harm into the 21st century. This frustration has led some feminist organizers in the rape crisis movement to tear down the master's house (Lorde, 2007) by dissolving non-profit social service organizations, like Seattle Rape Relief, in order to re-centre intersectionality and anti-oppression through new grassroots collectives (Bierria, 2016).

In the final chapter of this dissertation, I summarize the journey of this dissertation research by revisiting my own positionality and reviewing the process of using critical feminist polyethnography to introduce the research findings. In honouring the voices of the research participants – the brilliant feminist practitioners standing up again and again for survivors of gender-based violence – I introduce recommendations based on the practitioners' feedback and with the support of the academic literature. These recommendations focus on revitalizing feminist therapy theory and practice in post-secondary institutions, through wise practice clinical supervision in human service organizations, and, finally, through investment in low-barrier, low-cost local-level feminist counselling communities of practice.

Chapter 7: The Jagged Little Pill

> It would've meant a lot to me, I think, if I'd seen stories and pictures of some middle-aged or older femme survivors who were happy and yet not done. Who were a lot less triggered than they used to be but still snapped at their partner, froze up when touched a certain way, had a great month and then a panic attack week and then had to just get the fuck out of town for a while. (Piepzna-Samarasinha, 2018, p. 237)

How Do We Go from Here to … Where?

In the first chapter of this dissertation, I shared my personal identities as queer, disabled, a mother, a daughter of an immigrant and a refugee, and a wife. In addition, I am a survivor of multiple forms of sexual and interpersonal violence. Like Leah Lakshmi Piepzna-Samarasinha (2018), I am becoming a middle-aged femme-esque/butch-ish survivor who is still not "done" her journey in feminist psychotherapy as a client, or a researcher. In fact, I engage in feminist psychotherapy weekly, and have done so for the better part of my life; over 12 years of this practice have been with my current practitioner. Unlike many queer middle-aged survivors, I hold class and higher education privilege, am visibly white-skinned, and can mask my marginalized identities (albeit less and less) in cis-heteronormative ableist culture.

When I began working at a sexual assault centre in 2014 as a researcher and educator, my role was to conduct a county-wide needs assessment on sexual violence against women and girls (Trefzger Clarke, 2015). Working with feminist counsellors and therapists in the rape crisis movement was transformative and inspiring. Interviewing survivors of sexual violence was humbling. I received incredible

mentorship from the Executive Director at the time, Sonya Vellenga, MSW, RSW, and my research mentors, Dr. Ian DeGeer, MSW, PhD and Tara Williamson, BSW, JD, MA.

The first time I attended an Ontario Coalition of Rape Crisis Centre's general meeting in 2014, I felt that I had entered another dimension of feminist radiance. The public educators and therapeutic practitioners I met over the six years working in the sector ignited a deep passion for anti-oppressive, anti-racist, and feminist pedagogy and activism. Like study participant Brenda, I was awed by the immense embodied power in these meetings, which filled our heads with incredible notions of an equitable and safe society free from oppression and violence, nurtured through community and healing.

We did so much incredible work with a collective voice despite cuts to funding following the 2018 transition of political leadership. We watched the sexual assault trials against prominent public media figures with critical and pessimistic eyes while cheering on the voices of survivors using media outlets to augment #MeToo and #TimesUp. We tried to care for each other through conservative politics of failed funding promises, growing pay inequity, shrinking professional scope, unjust criminal justice system delays, and victim services snapping at our heels for our core funding resources. We led academic and community-based conferences; professional development training; police training and sexual assault investigative file audits; volunteer training; arts-based projects; research projects; a community of practice; healthy masculinities training; and we supported thousands of local survivors of sexual and gender-based violence and human trafficking. As a public educator, peer supporter, and advocate, I was able to connect with voices of all ages addressing intersectional perspectives of healthy relationships and consent (Trefzger Clarke,

2019); as an Executive Director, I attempted to lead staff and dozens of committed volunteers through the onset of a pandemic. I tried to be the best feminist I could be, and it was exhausting, in part, because I was trying to be a feminist leader of a social service non-profit organization in neoliberal times.

With the implementation of the Controlled Act of Psychotherapy in 2017, our SAC experienced a shift in sectoral energy and focus as summarized by Boucher (2018, 2021). Like a deflating balloon, the *her*story of feminist counselling and therapy in Ontario, steeped in feminist activism, peer-supported healing spaces, and clinical therapy, again felt under threat (Benn-John, 2021; Boucher, 2018, 2021, 2023; Goodhand, 2017; Ready, 2016). As a manager, I had to pivot the scope of practice for the therapeutic team, based not on years of effective experience in the field, but on post-secondary certification. Although I am a proponent of lifelong learning and professional development, the Act's requirements created issues of classism, ableism, and barriers for single parents recertifying under new regulations. Additionally, the Ontario Government, as the core funder of anti-violence counselling services in Ontario, did not sponsor funding for recertifications and the onus lay with the practitioner. The rape crisis movement in Ontario continues to be recognized for its pay inequity (Boucher, 2018, 2021; Bonisteel & Green, 2005; Goodhand, 2017; Ready, 2016), yet staff had to seek specialized credentials and membership to CRPO or OCSWSSW in order to practice within scope and remain employed. Costs for membership with the CRPO and OCSWSSW also rested with the practitioner unless the employers had specific reimbursement policies for professional membership. Despite having credentials in non-formal programs for therapeutic modalities, some staff had to prove their worth to be grandfathered into the CRPO; some decided to reject this demand out of feminist principles. Some had to leave the sector. This led to

increased waitlists for short- and long-term counselling support that exploded with demand during the COVID-19 pandemic.

As member centres, we worked with the OCRCC to request an exclusion of feminist therapy as a recognized specialization. OCRCC leadership wrote in their submission:

> Feminist-identified anti-violence support, such as peer counselling models, counselling models situated in acknowledging social justice discourse, other counselling models and advocacy for survivors of violence, were developed many years ago "as a reaction to the insufficiency and ill-fittingness of psychiatric and psychological responses to women's experiences of violence and social inequity." In particular, feminist approaches to therapeutic interactions act as "a corrective to the pathologization and misnaming of these experiences as illnesses and disorders" in women's lives, emphasizing that women are not to be blamed for the violence they experience nor their traumatic reactions, including complex coping responses, to it. (HPRAC, 2017, Submission 11)

Aligned with the early vision of feminist clinical psychologists, like Laura Brown (2006), and consistent across decades to the transnational vision of feminist therapy described by Enns (2021), the OCRCC submission statement continues to demonstrate both the lens of feminism across psychotherapeutic modalities, and highlights feminist therapy itself. Yet, eight years later, it remains unrecognized by the CRPO (n.d.) who was central to lobbying the 2017 Controlled and Restricted Act of Psychotherapy in Ontario. Without exclusion, the neoliberal agenda directly impacted, and impacts, feminist progress in Ontario by redirecting funding mandates and attacking the heart of feminist organizing through legislation (Beres et al., 2009;

Boucher, 2018; 2021). It would be naïve to believe that this was an oversight. It was demoralizing for the feminist counsellors, therapists, and peer counsellors I worked with to witness, as Konya et al. (2020) describe, the erosion of ethical and effective support due to blunt policy and funding (Baker & Bevacqua, 2018). We began to use the term moral injury (Williamson et al., 2021) to describe the ways that sector morale, community cohesion, rapid survivor support, and feminist principles were under attack (Hardner & Wolf, 2022). Care work, as Premilla Nadasen (2023) describes, is the highest form of capitalism in its ongoing exploitation of gender and race through classism. Without a social infrastructure that recognizes intersectionality and feminist theory (Baker & Bevacqua, 2018; Boucher, 2021; Britt & Hammett, 2024), the rape crisis movement was, and continues to be, diminished by neoliberal and neoconservative policies that exploit care workers supporting survivors of sexual violence through austerity measures.

I summarize the climate of anti-gender-based violence work in Ontario from 2014 to 2020 in order to describe the pressure and scarcity mindset in which feminist counsellors and therapists had to perform the Controlled Act of Psychotherapy (OCRCC, 2021). Following this period, COVID-19 created new, alarming barriers for survivors of gender-based violence—primarily, women, children, the 2SLGBTQIA+ community, older, racialized and disabled people, and their care providers. Four years later, many services and supports are returning to *ideas* of normal (Boucher, 2023; Office of the Premier, 2020; Wood, 2021). Former Hollywood producer Harvey Weinstein successfully appealed his 2020 rape conviction which sparked the #MeToo movement, despite the witness testimony of over 80 victims of sexual assault and harassment (Associated Press, 2024). Gisèle Pelicot, a French woman and victim of a massive rape scheme engineered by her former husband, has become a new voice of

survivors (Vandoorne et al, 2024), while Donald Trump once again evades culpability for a legacy of sexual harm and transphobic policy to become, once again, the President of the United States (Evans, 2024). Survivors of sexual violence find themselves, as I do, once again in a state of moral injury (Sisak & Collins, 2024; Williamson, 2021). Who will believe us? Who will support us? Who will help us to heal? Many of us look to feminist counsellors and therapists.

Standing Up Again and Again

> My clinical supervisor isn't asking me the right questions to reflect on my client work. Does she not even have any Black friends? (personal communications, MSW Practicum Student, 2020)

This question inspired four years of academic queries through critical feminist theory, intersectional theory, critical race theory, disability and queer studies, decolonizing frameworks and feminist therapy theory. Although I recognize my own leadership and supervisory limitations as a new Executive Director, I also understand that the above question represents a nuanced complexity in feminist praxis. As I listened to the stories of how study participants described their journey toward feminist awakening before, during, and following formal academic specialization in psychotherapy, I heard the echoes of this question again and again. In the first two chapters, I described the process of assimilating feminist therapy principles into trauma- and violence-informed care (Britt & Hammett, 2024; Sweet, 2021; Tseris, 2013) that included defunding, degendering and appropriating processes through hegemonic neoliberal and neoconservative non-profit and regulatory policies and processes in Ontario (Boucher, 2018, 2021, 2023; OCRCC, 2021).

While I witnessed the ongoing erasure of feminist care in the Ontario's non-profit sector through the Controlled Act of Psychotherapy, provincial leaders involved with OCRCC and OAITH like Mandi Bonisteel, Sunny Marriner, Jane Doe, Nicole Pietsch, Sly Castaldi, Jackie Benn-John, Joanna Brant, Lenore Lukasik-Foss, Deb Singh, Lauren Power, Sonya Vellenga, Kim Dolan, Lynn Zimmer, JoAnne Brooks, Brea Hutchison, Sara Casselman, TK Pritchard, and Pamela Cross (there are so many phenomenal women and 2SLGBTQIA+ folx to add to this list), advocated for the rights of survivors of gender-based violence and the feminist counsellors and therapists who support them. To honour their voices and activism, and to grow the wise practice literature about feminist therapy theory, I sought to have a better understanding of feminist formal, non-formal, and informal learning for counsellors and therapists in Ontario.

Through an environmental scan of post-secondary programs in partnership with the CRPO and OCSWSSW (See Table 2 in Chapter 3), I discovered that only five of 27 programs preparing psychotherapists for registration with the CRPO have feminist content identified in course descriptions, and nine of 15 programs credentialing social workers described feminist content in one or more of their course descriptions. What was the role of CRPO to lobby for the Controlled Act of Psychotherapy in 2017 and what is their ongoing position on feminist therapy? In reviewing the credentials, membership and learning journeys of study participants, it is clear that current post-secondary programming lacks substantial expertise in feminist therapy theory, and practitioners must seek feminist learning through informal and non-formal opportunities. Additionally, the feminist counsellors and therapists participating in this study had different and richer intersectional vocabularies depending on their lived experiences, engagement with feminist

activism, positionalities, interest in feminist therapy theory, and ongoing engagement with non-formal learning and mentorship.

In working with critical feminist polyethnography as a methodology, my intention was to lift the voices of the study participants directly, with their consent, in order for the reader to engage as closely as possible with the participants' stories. Participants had two opportunities to review their voices in this text: firstly, their narrative transcript and, secondly, their transcript in the context of the literature and my discussions. In addition to working with participants to describe their learning journeys, I kept field notes of my thoughts and reflections, and taught a fourth-year social work course about feminist perspectives on trauma that assisted me in reviewing feminist pedagogy and reflecting on bias.

I have interpreted the major findings in Chapters 4, 5 and 6, through the literature and my own insider/outsider perspective in order to share recommendations on the following pages for: a) post-secondary institutions credentialing social workers and psychotherapists in Ontario, b) feminist clinical supervision for psychotherapists, and c) feminist counselling community of practice frameworks. As described in previous chapters, there is a gap in post-secondary curricula regarding the foundational knowledge of feminist therapy theory for professions that credential psychotherapy. Instructing on Trauma- and Violence-Informed Practice, without contextualizing the feminist movements of the last centuries, recreates neoliberal agendas for depoliticization and degendering of interpersonal violence (Sweet, 2021; Tseris, 2013). This risk can be mitigated, in part, by intra-sectoral collaboration (e.g. hospitals, family health teams, sexual assault centres, violence against women shelters, and therapists in private practice) for feminist clinical supervision frameworks through post-secondary certification, organizational supervision

mandates, and ongoing professional development. Finally, by creating localized feminist therapy networks in monthly Feminist Counselling Communities of Practices (e.g. revisioning Ontario's funded Violence Against Women Coordinating Committees, see buildingabiggerwave.org), organizations and private practitioners can mobilize feminist knowledge and mentorship for low-cost, low-barrier non-formal learning and peer supervision. These recommendations are compliant with OCSWSSW and CRPO membership requirements, and with the Controlled Act of Psychotherapy (2017), while supporting anti-oppressive and anti-racist principles of feminist therapy theory in practice.

Recommendations for Post-Secondary Institutions in Ontario

1. Embed a mandatory feminist therapy theory course in social work and clinical psychotherapy programs, such as the Trent University Department of Social Work course: SWRK4001: Feminist-Informed Trauma Practice.

2. Create cross-disciplinary spaces of transnational and intersectional feminist applied knowledge. Post-secondary social work and clinical psychotherapy programs registered in partnership with the OCSWSSW and CRPO can create cross-disciplinary departmental partnerships for intersectional feminist pedagogical content within their institution. For instance, they might partner with:

    - Gender, Social Justice and Women's Studies programs;
    - Feminist-based sociology and psychology courses;
    - Indigenous women's and health sciences courses; and

- Canadian studies programs on feminist movements, eugenics, and the medical-industrial complex.

3. Provide leadership in the application of trauma- and violence-informed practice by recognizing the philosophical and movement-based histories of feminist therapy in practice, in North America and across the globe.
4. Review practicum course curriculum and practicum advisor training to integrate feminist therapy theory for intersectional, anti-racist/anti-oppressive clinical supervision by both faculty and practicum placement supervisors.
5. Consider the development of a low-barrier professional program, through Prior Learning Experience (PLE) assessments and bridging courses, for feminist counsellors requiring credentialing for compliance with the Controlled Act of Psychotherapy.
6. Develop a post-graduate certificate or credential in clinical supervision for registered social workers and psychotherapists, with a focus on feminist therapy theory.

Recommendations for Clinical Supervision within Human Service Organizations

1. Engage with organization-wide clinical supervision in compliance with the OCSWSSW (recommended) and CRPO (mandated):
    a. Differentiate between clinical program management (e.g. database collection, time management) and clinical supervision (e.g. mentorship practice and debriefing) for all staff working with clients;

b. Develop wise practice guidelines that recognize practitioner intersections of race, culture, disability, Indigeneity, gender, sexuality, and class;

c. Invest in feminist therapy theory professional development for staff members tasked with clinical supervision, or hire a consulting clinical supervisor; and/or

d. Reimburse counselling and therapeutic staff for accessing external clinical or culturally relevant (e.g. Indigenous cultural healing) supervision and professional development.

2. Provide ongoing non-formal learning opportunities during employable hours for professional development with, for instance, the OCRCC, OAITH, Ontario Native Women's Association, and the Learning Network & Knowledge Hub at the University of Western Ontario.

3. Advocate that the OCSWSSW and CRPO develop parallel mandates and wise practice recommendations for clinical supervision in practice to enhance transnationally feminist-inspired mentorship and supervision, and develop professional models of advocacy.

4. Lobby government to provide clinical supervision funding to human service organizations employing practitioners regulated under the Controlled Act of Psychotherapy.

Recommendations for Feminist Counselling Communities of Practice

1. Develop intra-agency partnerships for low-cost, low-barrier monthly feminist counselling community of practices coordinated by Clinical Supervisors within each organization. Although the Government of

Canada funded a scaling of the YWCA Canada's online Anti-Gender Based Violence Staff Network in 2023, emergent strategy and community of practice literature emphasizes localized, monthly and in-person learning circles to inspire community, referral networks, and innovative collaboration (a.m. brown, 2017; Wenger, 1998).

2. Practice a feminist collective model of community of practice that includes light nourishment, physical and learning accessibility, childcare, stakeholder decision-making and engagement, group agreements, organizational confidentiality, case studies, research reviews, professional development, and peer mentorship.

3. Explore theoretical and practice frameworks, including intersectionality, feminist therapy theory, other decolonizing and anti-racist therapy lenses, and the application of those lenses to therapeutic modalities like Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Narrative Therapy, Internal Family Systems (IFS), Emotionally Focussed Therapy (EFT), Acceptance and Commitment Therapy (ACT), Cognitive Processing Therapy (CPT), Somatics, Eye Movement Desensitization and Reprocessing (EMDR), etc.

4. Honour collective members' lived experiences and professional skills through rotational psychoeducational learning and case review.

5. Participate, as a collective, in public opportunities for feminist activism, including Take Back the Night marches, International Women's Day, Trans Day of Remembrance, 16 Days Against Gender-Based Violence, local 2SLGBTQIA+ Pride marches, etc.

Conclusion: A Quiet Resistance to Assimilation

As an introduction to this dissertation, I used Alanis Morisette's metaphor of a "jagged little pill" to describe the ways in which feminist therapy in the province of Ontario has been professionalized, credentialized, pathologized, and depoliticized to assimilate its practice under the 2017 Controlled Act of Psychotherapy (CRPO, n.d.). Intrinsically connected to the feminist and women's movements in Canada over the last five decades, the philosophy and practice of feminist therapy—including peer counselling and psychotherapy—has been appropriated under trauma- and violence-informed practice without a recognition of *her*story, or the roots of intersectional and transnational voices that have shaped and critiqued the four waves of feminism as we know them across Turtle Island-North America (Britt & Hammett, 2024; Sweet, 2021; Tseris, 2013).

In this study, I explored the survival, resistance, and struggle (Ahmed, 2017) of nine practitioners who identify as feminist therapists, describing how they learned about feminist theory, integrated its lens to frame different therapeutic modalities, and engaged with mentorship and supervision to grow their reflective practice. Using critical feminist polyethnography as a methodology to decolonize and embrace ongoing consent with research participants, we discussed the participants' experiences of formal, informal and non-formal learning to move from feminist theory to feminist therapeutic and counselling practice. Allison Hargreaves (2017) cautions researchers using storytelling practices not to appropriate Indigenous storytelling, nor exploit violence against Indigenous women in the name of decolonial research; this methodology, therefore, seeks to honour the voices of the research participants as autonomous and authentic, as well as external to myself as the researcher.

Consistently, each research participant reflected that their lived experiences including childhood and relationship adversity, community-based practice, and listening to clients' resiliency created opportunities for critical reflection and transformative learning (English & Irving, 2011; Mezirow, 1990), especially about the medical model of psychotherapy and psychiatry. These experiences complemented the literature that calls for feminist therapy to be multi-modal, both a site of healing and a site of activism (L.S. Brown, 2006, 2018; Conlin, 2017; Enns, 2021; Richmond & Zollo, 2022), aligned with a vision of intersectionality and transnationalism (Hill Collins & Bilge, 2020). This is particularly relevant for racialized, mixed-race, and Indigenous practitioners who have not seen themselves well-represented in the cis-heteronormativity and whiteness of Ontario's social work and psychotherapy industries. Instead, racialized therapists and counsellors describe seeking culturally specific knowledge about meaningful traditions that reflect both themselves and their clients as opportunities for cultural resurgence and joy (Bell, 2017; Euale Montilla, 2022). As members of a regulated health profession, care workers engaged in feminist therapy are required to hold post-secondary certification. I propose in the recommendations for this study that higher education presents an opportunity to quietly resist hegemonic discourses that prioritize organizational liabilities and teach feminist theory and ethics for collective healing. In addition, for those peer counsellors with decades of experience who now require graduate-level credentialing, I challenge post-secondary institutions to develop an innovative opportunity to bridge this worker gap through prior learning assessments and professional programming.

The ongoing experience of feminism as reflexive and vulnerable can be a powerful opportunity for mentoring and coaching through the structure of clinical

supervision. An informal sphere (English & Irving, 2015), clinical supervision, at its wisest practice, creates supportive mentoring relationships that foster learning through dialogue, helping build practitioner skills and resiliency. Although in practice, organizations often confuse this mentorship relationship with administrative supervision, the clinical supervisor has an opportunity to practice decolonizing the mentoring relationship by being self-reflective about privilege, positionality, and power (L.S. Brown, 2016).

Human service organizations that receive third-party governmental contracts in Ontario are underfunded, and often cannot achieve pay equity for staff without risking closing doors. I contend that this is a neoliberal strategy to depoliticize, degender and defund Ontario's sexual assault centres and violence against women's shelters and transition homes. These actions have become hyper-visible by the defunding and dismantling of the Women's Directorate by the Conservative majority Ontario government since 2018. Feminist-founded organizations are quietly both resistant and resilient, despite these barriers (OCRCC, 2021). Despite Ontario's 2024 call for proposals to address gender-based violence, it is clear that the announcement of project funding will not equitably trickle down to the feminist-led service organizations that require increases in core service funding (Ontario, 2024). Barred from more than a small percentage of activism and advocacy by the Ontario Not-For-Profit Corporations Act (2010), these organizations continue to educate staff, volunteers, clients, and local communities about gender-based human rights, consent, and healing from trauma. In fact, in their resiliency, low cost, low barrier feminist counselling communities of practice are an opportunity to ally and deconstruct intra-agency silos through shared beliefs on feminist practice in care work. An effective opportunity for group peer mentoring, supervision, debriefing, case review,

collaboration, and professional development (non-formal education), communities of practice can augment the historical, theoretical and practical application of feminist therapy theory.

As Bonisteel & Green (2005) describe, the feminist anti-violence sector takes the position that its staff and volunteers, advocates, activists, and educators are agents of change who contribute to the transformation of a violent and patriarchal society by critically examining the systems and institutions that reinforce social inequality and systemic discrimination. My jagged little pill of feminist awakening was transformative, empowering me to a greater intersectional understanding, deepening my appreciation for transnational feminist (Enns et al., 2021) and Indigenous feminist thought (Green, 2017), and opening my consciousness to the voices of Black, racialized, and trans feminists who put their bodies into the spaces of critical discourse to challenge the violence of white-supremacist capitalist patriarchy (hooks, 2015). Writing from my perspective as a service user, peer counsellor, and supervisor of feminist counsellors and therapists, this dissertation highlights the commitment, professionalism, and deep compassion that feminist therapists hold for their clients. Casey Plett (2023) reminds us that "community is a verb" (p. 36), and that this resilient community of feminist therapy practitioners in Ontario will continue to be a "dynamic and shifting force" (p. 36), both personally and politically, quietly and very loudly.

References

Ahmed, S. (2017). *Living a feminist life.* Duke University Press.

Ahmed, S. (2021). *Complaint!* Duke University Press.

Allen-Goss, L. (2020). The silencing of female desire in the 'Legend of Philomela.' In *Female desire in Chaucer's Legend of Good Women and Middle English romance* (pp. 35-60). Boydell & Brewer. https://doi.org/10.2307/j.ctv105bc1z.7

Almanssori, S., & Stanley, M. (2021). Public pedagogy on sexual violence: A feminist discourse analysis of YouTube vlogs after #MeToo. *Journal of Curriculum and Pedagogy*, *19*(3), 254–277. https://doi.org/10.1080/15505170.2021.1895382

Anderson, K. (2000). *A recognition of being: Reconstructing native womanhood.* Sumach Press.

Antigonish Women's Resource Centre & Sexual Assault Services Association. (n.d.). *About us*. Retrieved on February 1, 2025, from https://awrcsasa.ca/who-we-are/

Archives of Ontario. (n.d.). Ontario Women's Directorate. https://aims.archives.gov.on.ca/SCRIPTS/MWIMAIN.DLL/c1A2aYEFNd4P1bKO/ORGANIZATION_VAL_SYN/ORG_ID/O871?JUMP&DISPLAY=INDEXPROV

Associated Press, The. (2024, April 25). Accusers 'gutted' as Harvey Weinstein's 2020 rape conviction in New York overturned. CBC. https://www.cbc.ca/news/entertainment/harvey-weinstein-rape-conviction-new-york-court-overturned-metoo-1.7184493

Baines, D. & Sauer, J. (2022). Bridging the practice-activism divide: Advocacy, organizing and social movements. In D. Baines, N. Clark, & B. Bennett (Eds.), *Doing anti-oppressive social work: Rethinking theory and practice* (4th ed., pp. 164-186). Fernwood Press.

Baker, C. N., & Bevacqua, M. (2018). *Challenging narratives of the anti-rape movement's decline. Violence Against Women, 24*(3), 350-376.

Baker, L. L., Campbell, M., & Straatman, A. (2012). *Overcoming barriers and enhancing supportive responses: The research on sexual violence against women. A resource document.* Centre for Research & Education on Violence Against Women and Children, Western University. https://gbvlearningnetwork.ca/our-work/reports/report_2012_1.html

Balingit, M. (2017, January 24). "I can't keep quiet': Watch this stirring performance of what some call women's march anthem. *The Washington Post.* https://www.washingtonpost.com/news/inspired-life/wp/2017/01/24/i-cant-keep-quiet-watch-this-stirring-performance-of-what-some-call-the-womens-march-anthem/

Ballou, M. & West, C. (2002). Feminist therapy approaches. In M. Biaggio & M. Hersen (Eds.), *Issues in the psychology of women* (pp. 273-298). Kluwer Academic Publishers.

Bandura, A. (1971). *Social learning theory*. General Learning Press.

Bartlett, C. (2019). Nautilus spirals and the meta-golden ratio chi. *Nexus Network Journal, 21*, 641-656.

Bell, K. (2017). Sisters on sisters: Inner peace from the Black woman mental health professional perspective. In S. Y. Evans, K. Bell, & N. K. Burton (Eds.), *Black women's mental health: Balancing strength & vulnerability* (pp. 23-42). SUNY Press.

Belshaw, D. (2016). *Canadian History: Post-Confederation*. Press Books.

Benn-John, J. (2021). *(Re)defining feminist resistance, activism and empowerment in rape crisis centres: Black women's perspectives and implications for education* [Doctoral dissertation, Ontario Institute for Studies in Education, University of Toronto]. TSpace. http://hdl.handle.net/1807/126960

Beres, M. A., Crow, B., & Gotell, L. (2009). The perils of institutionalization in neoliberal times: Results of a national survey of Canadian sexual assault and rape crisis centres. *Canadian Journal of Sociology, 34*(1), 135–163. https://doi.org/10.29173/cjs1613

Betteridge, L. (2012, Spring). Practice notes: Supervision: At the core of competent and ethical practice [Supplemental material]. *Perspective*. https://www.ocswssw.org/wp-content/uploads/PN-Supervision.pdf

Bettray, U. (2021). Queer, trans, and transfeminist theories. In N.A. Naples (Ed.), *Companion to feminist studies* (pp. 129-153). John Wiley & Sons.

Bhavnani, K. & Talcott, M. (2014). Interconnections and configurations: Towards a global feminist ethnography. In S. Nagy Hess-Biber (Ed.), *Handbook of feminist research: Theory and praxis* (pp. 135-136). Sage Publishing.

Bierria, A. (2016). Pursuing a radical anti-violence agenda inside/outside a non-profit structure. *The Scholar and Feminist Online, 13*(2).

Birdsong, M. (2020). *How we show up: Reclaiming family, friendship, and community.* Hachette Go.

Bloomberg, L.D., & Volpe, M. (2012). *Completing your qualitative dissertation: A road map from beginning to end.* Sage Publishing.

Blumer, M. L. C., Green, M. S., Compton, D. & Barrera, A. M. (2010). Reflections on becoming feminist therapists: Honoring our feminist mentors. *Journal of Feminist Family Therapy, 22*(2), 57-87.

Bonisteel, M. & Green, L. (2005, June). *Implications of the shrinking space for feminist anti-violence advocacy* [Conference paper]. 2005 Canadian Social Welfare Policy Conference: Forging Social Futures, Fredericton, NB, Canada. http://www.oaith.ca/assets/files/Publications/ShrinkingFeministSpace.pdf

Boscoe, M., Basen, G., Alleyne, G., Bourrier-Lacroix, B., & White, S. (2018). The women's health movement in Canada: Looking back and moving forward. In M. Hobbs & C.

Rice (Eds.), *Gender and women's studies: Critical terrain* (2nd ed., pp. 454-462). Women's Press.

Boucher, L. (2018). Radical visions, structural constraints: Challenge to anti-oppressive practice in feminist organizations. *Affilia: Journal of Women and Social Work, 33*(1), 24-38.

Boucher, L. (2021). Making change on gender-based violence: Assessing shifting political opportunities in Canada. *Journal of International Women's Studies, 22*(9), 222-235.

Boucher, L. (2023). Resilient again: COVID-19, feminist anti-violence work, and the question of sustainability. *Gender, Work & Organization, 30*, 1980-1005.

Britt, L., & Hammett, W. H. (2024). Trauma as cultural capital: A critical feminist theory of trauma discourse. *Hypatia*, 1–18. https://doi.org/10.1017/hyp.2024.22

Brodie, J. (1994). *Politics on the boundaries: Restructuring and the Canadian women's movement.* Robarts Centre for Canadian Studies, York University.

brown, a. m. (2017). *Emergent strategy: Shaping change, changing worlds.* AK Press.

Brown, C. (1993). Feminist therapy: Power, ethics, and control. In C. Brown & K. Jasper (Eds.), *Consuming passions: Feminist approaches to weight preoccupation and eating disorders* (pp. 120-135). Second Story Press.

Brown, L. S. (2006). Still subversive after all these years: The relevance of feminist therapy in the age of evidence-based practice. *Psychology of Women Quarterly, 30*, 15-24.

Brown, L. S. (2016). *Supervision essentials for the feminist psychotherapy model of supervision.* American Psychological Association.

Brown, L.S. (2018). *Feminist therapy* (2nd ed.). American Psychological Association.

Bruckert, C., & Law, T. (2018). *Women and gendered violence in Canada: An intersectional approach*. University of Toronto Press.

Canada. (2021). *Royal commission on the status of women in Canada.* https://www.canada.ca/en/women-gender-equality/commemorations-celebrations/royal-commission-status-women-canada.html

Canadian Counselling and Psychotherapy Association. (2020). *Ontario regulation history*. https://www.ccpa-accp.ca/ontario-regulation-history/

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, and Social Sciences and Humanities Research Council of Canada. (2022). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans TCPS2 2022*. https://ethics.gc.ca/eng/documents/tcps2-2022-en.pdf

Chaplain, J. (1999). *Feminist counselling in action* (2nd ed.). Sage Publishing.

College of Registered Psychotherapists of Ontario. (n.d.). *Education programs*. https://www.crpo.ca/education-programs/

College of Registered Psychotherapists of Ontario. (n.d.). *What is psychotherapy?* https://www.crpo.ca/find-a-registered-psychotherapist/what-is-psychotherapy/

College of Registered Psychotherapists of Ontario. (n.d.). *Who we are.* https://www.crpo.ca/about-crpo/

College of Registered Psychotherapists of Ontario. (n.d.). *Understanding the Controlled Act of Psychotherapy.* https://www.crpo.ca/controlled-act-of-psychotherapy/

College of Registered Psychotherapists of Ontario. (2018). *Controlled Act task group consultation documents.* https://www.crpo.ca/wp-content/uploads/2018/08/Controlled-Act-of-Psychotherapy-Final-Documents.pdf

College of Registered Psychotherapists of Ontario. (2024). *Professional practice standards.* https://crpo.ca/practice-standards/professional-conduct/

Combahee River Collective (1977). *The Combahee River Collective statement.* Black Past. https://www.blackpast.org/african-american-history/combahee-river-collective-statement-1977/

Conlin S. E. (2017). Feminist therapy: A brief integrative review of theory, empirical support, and call for new directions. *Women's Studies International Forum, 62*, 78-82.

Cooper, C. (1996). Native women of the north pacific coast: An historical perspective, 1830-1900. In W. Mitchinson, P. Bourne, A. Prentice, G. Cuthbert Brandt, B. Light, & N. Black (Eds.), *Canadian Women: A Reader* (pp. 89-119). Harcourt Brace Canada.

de la Cour, L. (2013). *From 'moron' to 'maladjusted': Eugenics, psychiatry, and the regulation of women, Ontario, 1930s-1960s* [Doctoral thesis, University of Toronto]. TSpace. http://hdl.handle.net/1807/70070

Craven, C., & Davis, D. (Eds.). (2013). *Feminist Activist Ethnography: Counterpoints to Neoliberalism in North America*. Lexington Books.

Crenshaw, K. W. (1991). Mapping the margins: Intersectionality, identity politics, and violence against women of color. *Stanford Law Review, 43*, 1241–1299.

Creswell, J.W. & Creswell, J.D. (2020). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). Sage Publishing.

David, D. & Craven, C. (2023). *Feminist ethnography: Thinking through methodologies, challenges, and possibilities* (2nd ed). Rowman & Littlefield.

Davis, A. Y. (1981). *Women, race & class.* Random House.

Davis, D. & Craven, C. (2011). Revising feminist ethnography: Methods and activism at the intersection of neoliberal policy. *Feminist Formations, 23*(2), 190-208.

Degges-White, S. E., Colon, B. R., & Borzumato-Gainey, C. (2013). Counseling supervision within a feminist framework: Guidelines for intervention. *Journal of Humanistic Counselling, 52*, 92-105.

Draw the Line. (2023). *Draw the line: engaging Ontarians in a dialogue about sexual violence. Ontario Coalition of Rape Crisis Centres.* https://draw-the-line.ca/

Edwards, J. (2018). Narrating experiences of sexism in higher education: A critical feminist autoethnography to make meaning of the past, challenge the status quo and consider the future. *International Journal of Qualitative Studies in Education, 3*(7), 621-634.

Eglin, P. & Hester, S. (1999). "You're all a bunch of feminists:" Categorization and the politics of terror in the Montreal Massacre. Human Studies, 22, 253–272. https://doi.org/10.1023/A:1005444602547

Eichler, M. (2006, February 7). Women's studies. *The Canadian Encyclopedia.* https://www.thecanadianencyclopedia.ca/en/article/womens-studies

English, L. M. (2006). A Foucauldian reading of learning in feminist, nonprofit organizations. Adult Education Quarterly, 35(2)., 85-101.

English, L. M. (2011). Power, resistance, and informal pathways: Lifelong learning in feminist nonprofit organisations. In S. Jackson, I. Malcolm, & K. Thomas (Eds.), *Gendered choices: Learning, work, identities in lifelong learning* (pp. 209-225). Springer.

English, L. M., & Irving, C. J. (2011, June). *Transformative learning with women: A critical review proposing linkages for the personal and political spheres* [Conference paper]. 52nd National Conference of the Adult Education Research Conference and 30th National Conference of the Canadian Association for the Study of Adult Education, OISE, Toronto, ON, Canada, pp. 305-312. https://coady.stfx.ca/wp-content/uploads/pdfs/IrvingEnglishAERC2011.pdf

English, L. M. & Irving, C. J. (2015). *Feminism in Community: Adult Education for Transformation.* Sense Publishers.

English, L. M. & Peters, N. (2011). Founders' syndrome in women's nonprofit organizations: Implications for practice and organizational life. *Nonprofit Management & Leadership, 22*(2), 159-171.

Enns, C. Z. (2002). Feminist psychotherapy. In M. Hersen & W. Sledge (Eds.), *Encyclopedia of psychotherapy: Volume 1* (pp. 801-808).

Enns, C. Z., Bryant-Davis, T., & Comas Díaz, L. (2021). Transnational feminist therapy: Recommendations and illustrations. *Women & Therapy, 44*(1-2), 212-233.

Espín, O. M. (1993). Feminist therapy: Not for or by white women only. *The Counseling Psychologist, 21*(1), 103-108.

Euale Montilla, N. (2022). *Healing our ancestors, ourselves and our communities: A toolkit to address systemic injustices in sexual violence support services.* Ontario Coalition of

Rape Crisis Centre and Ikake Rising. https://sexualassaultsupport.ca/wp-content/uploads/2023/01/Toolkit-Healing-Our-Ancestors-Ourselves-Our-Communities-compressed-1.pdf

Evans, G. (2024, August 28). *A guide to Donald Trump's four criminal cases.* BBC. https://www.bbc.com/news/world-us-canada-61084161

Evans, K. M., Kincade, E. A., & Seem, S. R. (2011). *Introduction to feminist therapy: Strategies for social and individual change.* Sage Publishing.

Fallon, K. M., Dobmeier, R. A., Reiner, S. M., Casquarelli, E. J., Giglia, L. A. & Goodwin, E. (2013). Reconciling spiritual values conflicts for counselors and lesbian and gay clients. *Adultspan Journal, 12*(1), 38-53. https://doi.org/10.1002/j.2161-0029.2013.00014.x

Feinberg, L. (1996). *Transgender warriors: Making history from Joan of Arc to Dennis Rodman*. Beacon Press.

Feminist Therapy Institute. (1996). The feminist therapy institute code of ethics. *Women & Therapy, 19*, 79-91.

Finlayson, J. G. & Rees, D. H. (2023, Winter). Jürgen Habermas. In E. N. Zalta & U. Nodelman (Eds.), *The Stanford Encyclopedia of Philosophy*. https://plato.stanford.edu/entries/habermas/

First Nations Information Governance Centre. (n.d.). *The First Nations principles of OCAP.* Retrieved on February 1, 2025, from https://fnigc.ca/ocap-training/

Firsten, T. (1991). Violence in the lives of women on psych wards. *Canadian Woman Studies/Les Cahiers De La Femme*, *11*(4). https://cws.journals.yorku.ca/index.php/cws/article/view/10655

Gidigaa Migizi (Doug Williams). (2018). *Michi Saagiig Nishnaabeg: This is our territory.* Arbeiter Ring Publishing.

Gilligan, C. (2001). *In a different voice: Psychological theory and women's development.* Harvard University Press.

Goodhand, M. (2017). *Runaway wives and rogue feminists: The origins of the women's shelter movement in Canada.* Fernwood Publishing.

Gorman, R. (2007). The feminist standpoint and the trouble with "informal learning": A way forward for Marxist-feminist educational research. In A. Green, G. Rikowski, H. Raduntz (Eds.), *Renewing dialogues in Marxism and education* (pp. 183–199). Palgrave Macmillan. https://doi.org/10.1057/9780230609679_10

Green, J. (2017). Taking more account of Indigenous feminism: An introduction. In J. Green (Ed.), *Making space for Indigenous feminism* (2nd ed., pp. 1-20). Fernwood Publishing.

Green, J. (2021, September 26). *Review:* With 'jagged little pill,' they finally fixed the jukebox. *The New York Times*. https://www.nytimes.com/2019/12/05/theater/jagged-little-pill-review-broadway.html

Gregory, A., Johnson, E., Feder, G., Campbell, J., Konya, J., & Perôt, C. (2022). Perceptions of peer support for victim-survivors of sexual violence and abuse: An exploratory study with key stakeholders. *Journal of Interpersonal Violence, 37*(15-16). https://doi.org/10.1177/08862605211007931

Handlarski, D. (2009). Women's speech and silence at South Africa's truth and reconciliation commission. In L. Dresdner and L.S. Peterson (Eds.), *(Re)interpretations: The shapes of justice in women's experience* (pp. 45-61). Cambridge Scholars Publishing.

Hardner, K.L. & Wolf, M.R. (2022). Using feminist theory as a research method in the examination of trauma-informed care in non-profit organisation. *Voluntary Sector Review, 13*(1), 37-52.

Hargreaves, A. (2017). *Violence against Indigenous women: literature, activism, resistance.* Wilfrid Laurier University Press.

Hayes, S. C., Strosahl, K.D., & Wilson, K.G. (2011). *Acceptance and commitment therapy: The process and practice of mindful change* (2nd ed.). Guilford Publications..

Health Professionals Regulatory Advisory Council. (2017, October 12). *Responses to the HPRAC request for submission on the Controlled Act of Psychotherapy.*

Heitz, H. K. & Rappaport, B. (2023). Feminist therapy: Supervision as a pathway toward equitable, affirming care for nonbinary clients. *Women & Therapy, 46*(1), 76-101.

Hill Collins, P. & Bilge, S. (2020). *Intersectionality* (2nd ed.). Polity Press

Hillock, S. (Ed.). (2024). *Greening social work education.* University of Toronto Press.

Himmelweit, S. & Plomien, A. (2014). Feminist perspectives on care: Theory, practice and policy. In M. Evans, C. Hemmings, M. Henry, H. Johnstone, S. Madhok, A. Plomien, & S. Wearing (Eds.), *The SAFE Handbook of Feminist Theory* (pp. 446-464). Sage Publishing.

Hjerm, M., Eger, M. A., & Danell, R. (2018). Peer attitudes and the development of prejudice in adolescence. *Socius: Sociological Research for a Dynamic World, 4,* 1-11.

hooks, b. (2000). *Feminism is for everybody: Passionate politics.* South End Press.

hooks, b. (2015). *Feminist theory: From margin to center.* Routledge.

Hoy, B. (2018). Policing morality: Regulating sexuality across the Canada-United States border. *The Canadian Historical Review, 99*(1), 30-62.

Hunt, S. & Holmes, C. (2015) Everyday decolonization: Living a decolonizing queer politics. *Journal of Lesbian Studies, 19*(2), 154-172, https://doi.org/10.1080/10894160.2015.970975

Jackson, S. (2007). Freire re-viewed. *Educational Theory, 57*(2), 199-213.

Jagged Little Pill. (n.d.). *Alanis Morrisette's jagged little pill: The musical.* https://jaggedlittlepill.com

James, L. (2007). Censure and silence: Sexual violence and women of the African diaspora. In N. Massaquoi & N. N. Wane (Eds.), *Theorizing empowerment: Canadian perspectives on Black feminist thought* (pp. 228-244). Ianna Publications.

Jones, C. T., Welfare, L. E., Melchior, S. & Cash, R. M. (2019). Broaching as a strategy for intercultural understanding in clinical supervision. *The Clinical Supervisor, 38*(1), 1-16. https://doi.org/10.1080/07325223.2018.1560384

Junqueira, E.S. (2009, Spring). Feminist ethnography in education and the challenges of conducting fieldwork: critically examining reciprocity and relationships between academic and public interests. *Perspectives on Urban Education,* 73-79.

Kalmanofsky, A. (Ed.). (2017). *Sexual violence and sacred texts*. Feminist Studies in Religion Books.

Kamionkowski, T. (2021). Violence against women in the Hebrew Bible. In *The Shalvi/Hyman Encyclopedia of Jewish Women.* https://jwa.org/encyclopedia/article/violence-against-women-in-the-hebrew-bible

Kanani, N. (2011). Race and madness: Locating the experiences of racialized people with psychiatric histories in Canada and the United States. *Critical Disability Discourses*, *3*. https://cdd.journals.yorku.ca/index.php/cdd/article/view/31564

Kelm, M. (2024). Ross, Flora Amelia (Hubbs). *Dictionary of Canadian Biography, 12*, University of Toronto.

Kennedy-Kish (Bell), B., Sinclair, R., Carniol, B., & Baines, D. (2017). *Case critical: Social services and social justice in Canada* (7th ed.). Between the Lines.

Kimpson, S.A. (2005). Stepping off the road: A narrative (of) inquiry. In L. Brown & S. Strega (Eds.), *Research as resistance: Critical, Indigenous, & anti-oppressive approaches* (73-96). Canadian Scholars Press.

The Kings Bible. (n.d.). *What the Bible says about: Rape.* https://thekingsbible.com/BibleTopic/1163

Konya, J., Perôt, C., Pitt, K., Johnson, E., Gregory, A., Brown, E., & Campbell, J. (2020). Peer-led groups for survivors of sexual abuse and assault: A systematic review. *Journal of Mental Health,* 1-13. https://doi.org/10.1080/09638237.2020.1770206

Lalonde, J. S. (2020). *Resilience is futile: The life and death and life of Julie S. Lalonde.* Between the Lines.

Latchford, C. (2006). Gimme shelter in 2006: A personal and political account of the women's shelter movement. *Canadian Woman Studies, 25*(1-2), 6-15.

Lather, P. (2001). Postbook: Working the ruins of feminist ethnography. *Journal of Women in Culture and Society, 27*(1), 199-227.

Lerman, H. (1974). What happens in feminist therapy. *Frontiers: A Journal of Women Studies, 1*(3), 17-22.

Levine, H. & Schneider, F. (2008) Fanning fires: Women's studies in a school of social work. In W. Robbins (Ed.), *Minds of our own: Inventing feminist scholarship and women's studies in Canada and Quebec, 1966-1976* (pp. 54-60). Wilfrid Laurier University Press.

Linklater, R. (2014). Decolonizing trauma work: Indigenous stories and strategies. Fernwood Publishing.

Litt, P. (2016). *Trudeaumania*. UBC Press.

Lorde, A. (2007). *Sister Outsider* (Revised ed.). Ten Speed Press. (Original work published 1984)

Marecek, J. (1975, August 30 to September 3). *Dimensions of feminist therapy* [Conference paper]. 83rd Annual Meeting of the American Psychological Association, Chicago, IL, USA.

Marecek, J. & Kravetz, D. (1998). Putting politics into practice: Feminist therapy as feminist praxis. *Women & Therapy, 21*(2), 17-36.

McNamara, P. (2009). Feminist ethnography: Storytelling that makes a difference. *Qualitative Social Work*, *8*(2): 161-177.

Merriam, S. B. (2009). *Qualitative research: A guide to design and implementation*. Jossey-Bass.

Mezirow, J. (1991). *Fostering critical reflection in adulthood: A guide to transformative and emancipatory learning*. Jossey-Bass.

MILCK & AG. (2015). *Quiet.* Atlantic.

Mingus, M. (2015, February 6). Medical industrial complex visual. *Leaving evidence.* https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/

Mitchinson, W., Bourne, P., Prentice, A., Cuthbert Brandt, G., Light, B., & Black, N. (Eds). (1996). Canadian women: A reader. Harcourt Brace Canada.

Moraga, C. & Anzaldúa, G. (1981). *This bridge called my back: Writings by radical women of color.* Persephone Press.

Morissette, A. (1995). *Jagged Little Pill* [Album]. Maverick.

Morissette, A., Ballard, G., Cody, D. (Writers), & Paulus, D. (Director). (2023. October 29). *Jagged Little Pill: The Musical*. Live performance at Princess of Wales Theatre, Toronto, ON.

Moss, E. L., Stam, H. J., & Kattevilder, D. (2013). From suffrage to sterilization: Eugenics and the women's movement in 20th century Alberta. *Canadian Psychology/Psychologie canadienne, 54*(2), 105-114.

Mulings, D.V., Clarke, J., Thomas Bernard, W., Este, D., & Giwa, S. (2021). *Afrocentric social work.* Fernwood Publishing.

Mullan, J. (2023). *Decolonizing therapy: Oppression, historical trauma, and politicizing your practice.* Norton Professional Books.

Nadasen, P. (2023). *Care: The highest stage of capitalism*. Haymarket Books.

Ncube, N. (2006). The tree of life project: Using narrative ideas in work with vulnerable children in South Africa. *The International Journal of Narrative Therapy and Community Work, 1*: 3-16. https://narrativetherapycentre.com/wp-content/uploads/2020/12/Tree-of-Life-by-Ncazelo-Ncube-2006.pdf

Newman, J. & White, L. (2013). The women's movement in Canada. In M. Hobbs and C. Rice (Eds.), *Gender and Women's Studies in Canada: Critical Terrain* (pp. 656-668). Women's Press.

Niblett, B. (2017). *Social justice education: Stories and strategies for teachers.* Wood N Barnes.

Octavia E. Butler Estate. (2020). *About The Author.* https://www.octaviabutler.com/theauthor

Office of the Premier (2020, April 2). *Ontario increasing mental health support during COVID-19; additional resources will improve access to online and virtual supports* [Press release]. Ontario. https://news.ontario.ca/en/release/56547/ontario-increasing-mental-health-support-during-covid-19

Ontario. (2015, March). *It's never okay: An action plan to stop sexual violence and harassment.* https://docs.ontario.ca/documents/4593/actionplan-itsneverokay.pdf

Ontario. (2024, August 16). Ontario investing in new supports to address gender-based violence. https://news.ontario.ca/en/release/1004943/ontario-investing-in-new-supports-to-address-gender-based-violence

Ontario Association of Interval and Transition Houses. (2010). *Understanding and using a feminist anti-oppression framework.*

Ontario Coalition of Rape Crisis Centres. (n.d.). *Projects*. Retrieved October 1, 2024, from https://sexualassaultsupport.ca/projects/

Ontario Coalition of Rape Crisis Centres. (2017). *Key messages: Counselling model competencies.* https://drive.google.com/file/d/1AlmQJd1qRzyGAjOFiD9T9QAY6uPiZBhC/view?usp=sharing

Ontario Coalition of Rape Crisis Centres. (2021). *Strategic Plan 2021-2024.* *https://sexualassaultsupport.ca/wp-content/uploads/2022/12/OCRCC-Strategic-Plan-2021.pdf*

Ontario Coalition of Rape Crisis Centres. (2024, April 16). *Government to back bill declaring partner violence an epidemic: OCRCC responds.* https://sexualassaultsupport.ca/government-to-back-bill-declaring-partner-violence-an-epidemic-ocrcc-responds/

Ontario College of Social Workers and Social Service Workers. (n.d.). *Psychotherapy.* Retrieved on February 1, 2025, from https://www.ocswssw.org/registrants/psychotherapy/

Ontario College of Social Workers and Social Service Workers. (2008). Psychotherapy questionnaire summary. *Perspective*, *7*(2).

Ontario Not-for-Profit Corporations Act. (2010). S.O. 2010, c. 15. https://www.ontario.ca/laws/statute/10n15

Ontario Psychological Association (2023, January 23). *Demand for psychological services grew over 50% in 2022 as Ontarians increasingly turn to privately delivered care for help* [Press release]. https://www.psych.on.ca/About-Us/News-Media/2023/Demand-for-psychological-services-grew-over-50-in

Patterson, J. (Ed.). (2016). *Queering sexual violence: Radical voices from within the anti-violence movement.* Magnus Imprint.

Piepzna-Samarasinha, L. L. (2018). *Care work: Dreaming disability justice*. Arsenal Pulp Press.

Pietsch, N. (Ed.). (2014, May). Sexual violence awareness. *Centre for Research and Education Violence Against Women Learning Network Newsletter*, *9*(4). https://www.gbvlearningnetwork.ca/our-work/issuebased_newsletters/issue-9/LN_Newsletter_Issue_9_2014_e_version_1.pdf

Pillow, W.S. & Mayo, C. (2014). Feminist ethnography: History, challenges, and possibilities. In S. Nagy Hesse-Biber (Ed.), *Handbook of feminist research*: *Theory and praxis* (pp. 187-205). Sage Publishing.

Pinkola Estés, C. (1995). *Women who run with the wolves: Myths and stories of the wild woman archetype.* Ballantyne.

Plett, C. (2023). *On Community.* Biblioasis.

Porter, N., & Vasquez, M. (1997). Covision: Feminist supervision, process, and collaboration. In J. Worell & N. G. Johnson (Eds.), *Shaping the future of feminist psychology: Education, research, and practice* (pp. 155–171). American Psychological Association. https://doi.org/10.1037/10245-007

Prentice, A., Bourne, P., Cuthbert Brandt, G., Light, B., Mitchison, W., & Black, N. (1988). *Canadian women: A history.* Harcourt Brace Canada.

Proctor, G. (2017). *The dynamics of power in counselling and psychotherapy: Ethics, politics and practice* (2nd ed). PCCS Books.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & Rafferty McCullough, J. (2016). Multicultural and social justice counselling competencies: Guidelines for the counseling profession. *Journal of Multicultural Counseling and Development, 44*, 28-48.

Ready, C. (2016). *Shelter in a storm: Revitalizing feminism in neoliberal Ontario.* UBC Press.

Rebick, J. (2005). *Ten thousand roses: The making of a feminist revolution*. Penguin Random House.

Reynolds, V. (2014) Centering ethics in therapeutic supervision: Fostering cultures of critique and structuring safety. *The International Journal of Narrative Therapy and Community Work, 1*, 1-13.

Reynolds, V. (2019). The zone of fabulousness: Resisting vicarious trauma with connection, collective care and justice-doing in ways that centre the people we work alongside. *Context*, 36-39.

Rich, A. (1979). *On lies, secrets, and silence: Selected prose, 1966-1978*. Norton.

Richmond, K. & Zollo, A. (2020). A feminist analysis. In A. Kassan & R. Moodley (Eds.), *Diversity and social justice in counseling, psychology, & psychotherapy: A case study approach* (pp. 137-148). Cognella Academic Publishers.

Robins, S. (2024, September 1). Mindset matters: Psychotherapist Heather Howe on how to build stress resilience with a positive mindset: An interview with Shawna Robins. *Medium.* https://medium.com/authority-magazine/mindset-matters-psychotherapist-heather-howe-on-how-to-build-stress-resilience-with-a-positive-486ecd067b7c

Rossiter, K., & Clarkson, A. (2013). Opening Ontario's "saddest chapter": A social history of Huronia Regional Centre. *Canadian Journal of Disability Studies, 2*(3), 1-30.

Saad, L. (2020). *Me and white supremacy: Combat racism, change the world, and become a good ancestor.* Sourcebooks.

Salal Sexual Violence Support Centre (n.d.). *About us.* Retrieved, February 1, 2025, from https://www.salalsvsc.ca/about-us/

Sangster, J. (2018). *One hundred years of struggle: The history of women and the vote in Canada.* UBC Press.

Schrock, R.D. (2018). The methodological imperatives of feminist ethnography. *Journal of Feminist Scholarship, 5*(5), 54-60. https://digitalcommons.uri.edu/jfs/vol5/iss5/5

Sexual Violence and Harassment Action Plan Act (Supporting survivors and challenging sexual violence and harassment). (2016). S.O. 2016, c. 2 – Bill 132. https://www.ontario.ca/laws/statute/s16002#:~:text=On%20March%206%2C%202015%2C%20the,sexual%20harassment%20or%20domestic%20violence.

Sharman, Z. (2021). The system isn't broken, it's working as designed. In Z. Sharman (Ed.), *The care we dream of: Liberatory & transformative approaches to LGBTQ+ health* (pp. 91-112). Arsenal Pulp Press.

Silverstein, C. (1999). Beyond selves and others: Embodying and enacting meta-narratives with a difference. In R. Bridgman, S. Cole, and H. Howard-Bobiwash (Eds.), *Feminist fields: Ethnographic insights* (pp. 70-85). Broadview Press.

Simpson, L.B. (2014). Land as pedagogy: Nishnaabeg intelligence and rebellious transformation. *Decolonization: Indigeneity, Education, and Society 3*(3).

Singh, A. A., Appling, B., & Trepal, H. (2020). Using the multicultural and social justice counseling competencies to decolonize counseling practice: The important roles of theory, power, and action. *Journal of Counseling & Development, 98*, 261-271.

Sisak, M. R., & Collins, D. (2024, April 25). Harvey Weinstein's rape conviction is overturned by New York's top court. *Toronto Star.* https://www.thestar.com/news/world/united-states/harvey-weinstein-s-rape-conviction-is-overturned-by-new-yorks-top-court/article_bf4f6e6d-d32f-56dd-8c5a-f0e13182dc65.html

St. Francis Xavier University. (2024). The women of the Antigonish movement. *Masters of their own Destiny: The Coady story in Canada and across the world.* https://coady.stfx.ca/collection/the-people/the-women-of-the-antigonish-movement/#:~:text=The%20female%20leaders%20of%20the,of%20poverty%20and%20social%20isolation.

Stirbys, C. D. (2008). Gender-based analysis and differing worldviews. *Canadian Woman Studies, 26*(3-4), 138-145.

Sukhera, J. (2023). Leveraging implicit bias recognition and management curricula to advance trauma- and violence-informed care. In C. N. Wathen & C. Varcoe (Eds.), *Implementing trauma- and violence-informed care: A handbook* (pp. 39-57). University of Toronto Press.

Sweet, P. L. (2021). *The politics of surviving: How women navigate domestic violence and its aftermath.* University of California Press.

Tang, K. L. (1998). Rape law reform in Canada: The success and limits of legislation. *International Journal of Offender Therapy and Comparative Criminology*, *42*(3), 258-270.

Taylor, E. W. (2009). Fostering transformative learning. In J. Mezirow, E.W. Taylor & Associates (Eds.), *Transformative learning in practice: Insights from community, workplace, and higher education* (pp. 3-17). Jossey-Bass.

Trefzger Clarke, L. (2015). *Lessons from behind the door: A community report addressing access to services in the response to and the prevention of sexual violence against women and girls in the City and County of Peterborough.* Kawartha Sexual Assault Centre. https://drive.google.com/file/d/1h-WC4t-Qq-djMP_hxbSBAz6kgXuFVfgU/view?usp=sharing

Trefzger Clarke, L. (2019). *A case study on the learning of feminist public educators* [Major Research Paper, St. Francis Xavier University]. St. FX Scholar. https://stfxscholar.cairnrepo.org/islandora/object/stfxir%3A2972

Trefzger Clarke, L. (2022a). *The butterfly ethnography: Using critical feminist polyethnography to explore the learning of feminist counselling and therapeutic practitioners.* [Unpublished Manuscript]. Trent University.

Trefzger Clarke, L. (2022b). *Out to see: A journey to critical feminist polyethnography.* [Unpublished Manuscript]. Trent University.

Trefzger Clarke, L. (2022c). Transforming consent conversations: A case study on the learning of feminist public educators. *Canadian Journal for the Study of Adult Education, 34*(1), 115-129. https://doi.org/10.56105/cjsae.v34i1.5678

Trefzger Clarke, L. & Hamu, M. (2019, November 1). *Feminist counselling community of practice: session 2.* [PowerPoint slides]. Kawartha Sexual Assault Centre and YWCA Peterborough Haliburton.

Trent University. (n.d.). *Course Descriptions.* Retrieved on February 1, 2025, from https://www.trentu.ca/socialwork/program/about-our-program/course-descriptions

Tronicke, M. (2015, January). The pain of others: Silencing Lavinia in *Titus Andronicus*. *Shakespeare Seminar, 13*, 39-49.

Truth and Reconciliation Commission of Canada. (2015). *Truth and Reconciliation Commission of Canada: Calls to action.* National Centre for Truth and Reconciliation. https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

Tseris, E. J. (2013). Trauma theory without feminism? Evaluating contemporary understandings of traumatized women. *Affilia: Journal of Women and Social Work,* 00(0), 1-12.

Tuhiwai Smith, L. (2012). *Decolonizing methodologies: Research and Indigenous peoples* (2nd ed). Zed Books.

Tyrrell W. B. & Bennett, L. J. (1999). Pericles' Muting of Women's Voices in Thuc. 2.45.2. *The Classical Journal*, *95*(1), 37–51. http://www.jstor.org/stable/3298233

United Nations. (2007). *United Nations Declaration on the Rights of Indigenous Peoples.* https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf

Valenti, J. (2010). I was an obnoxious teenage feminist. In C. E. Martin & J. C. Sullivan (Eds.), *Click: When we knew we were feminists* (pp. 215-218). Seal Press.

Vandoorne, S., Fox, K., & Kennedy, N. (2024, December 19). *Pelicot mass rape trial ends with 51 guilty verdicts - and fears justice hasn't been served.* CNN. https://www.cnn.com/2024/12/19/europe/pelicot-rape-trial-france-verdict-intl/index.html

Vasquez, M. J. T. & Vasquez, E. (2017). Psychotherapy with women: Theory and practice of feminist therapy. In A. J. Consoli, L. E. Beutler, & B. Bongar (Eds.), *Comprehensive textbook of psychotherapy: Theory and practice* (2nd ed., pp. 220-314). Oxford University Press.

Vickers, J. (2000). Feminisms and nationalisms in English Canada. *Journal of Canadian Studies, 35*(2), 128–148.

Viscardis, K. M. (2020). *The history and legacy of the "Orillia asylum for idiots:" Children's experiences of institutional violence*. [Doctoral dissertation, Trent University]. https://digitalcollections.trentu.ca/objects/etd-957

Webber, E. (2016). *Building successful communities of practice: Discover how connecting people makes better organisations.* Tacit London.

Webster, D. C., & Dunn, E. C. (2005). Feminist Perspectives on Trauma. *Women & Therapy*, *28*(3–4), 111–142. http://dx.doi.org/10.1300/J015v28n03_06

Weinman Lear, M. (1968, March 10). The second feminist wave. *The New York Times.* https://www.nytimes.com/1968/03/10/archives/the-second-feminist-wave.html

Wenger, E. (1998). *Communities of practice: Learning, meaning, and identity.* Cambridge University Press.

Wilkin, L. & Hillock, S. (2014). Enhancing MSW students' efficacy in working with trauma, violence, and oppression: An integrated feminist-trauma framework for social work education. *Feminist Teacher, 24*(3), 184-206.

Williamson, V., Murphy, D., Phelps, A., Forbes, D., & Greenberg, N. (2021). Moral injury: The effect on mental health and implications for treatment. *The Lancet Psychiatry, 8*(6), 453-455.

Wood, J. M. (2021). Teaching students at the margins: A feminist trauma-informed care pedagogy. In J. Carello & P. Thompson (Eds.), *Lessons from the pandemic* (pp. 23-37). Springer Nature.

Appendix A

Post-Secondary Programs for Qualifying RSW or RP Membership: Environmental Scan

Ontario universities with Bachelor of Social Work and Master of Social Work programs qualifying for membership with the Ontario College of Social Workers and Social Service Workers:

- Algoma University, Bachelor of Social Work
- Carleton University, Bachelor, Master, and Ph.D. of Social Work
- Lakehead University, Bachelor and Master of Social Work
- Laurentian University, Bachelor of Social Work
- Laurentian University, School of Indigenous Relations, Bachelor of Indigenous Social Work
- McMaster University, Bachelor, Master, and Ph.D. of Social Work
- Toronto Metropolitan University, Bachelor and Master of Social Work
- Trent University, Bachelor of Social Work
- University of Ottawa, Bachelor, Master, and Ph.D. of Social Work
- University of Toronto, Master and Ph.D. of Social Work
- University of Waterloo, Bachelor and Master of Social Work
- University of Western Ontario, Bachelor and Master of Social Work
- University of Windsor, Bachelor, Master, Master/JD, and Ph.D. of Social Work
- Wilfrid Laurier University, Bachelor, Master, and Ph.D. of Social Work
- York University, Bachelor, Master, and Ph.D. of Social Work

Ontario post-secondary institutions with programs qualifying for membership with the College of Psychotherapists of Ontario:

- Adler Graduate Professional School Inc, Master of Psychology
- Athabasca University, Master of Counselling in Counselling Psychology
- Canadian Institute for Child and Adolescent Psychoanalytic Psychotherapy, Diploma for Child and Adolescent Psychoanalytic Psychotherapist
- Canadian International Institute of Art Therapy, Art Psychotherapy Diploma
- Centre for Training in Psychotherapy, Diploma of The Centre for Training in Psychotherapy
- CREATE Institute, Diploma in Expressive Arts Therapy
- Gestalt Institute of Toronto, Diploma, Five-Year Training Program in Gestalt Psychotherapy
- Martin Luther University College (formerly Waterloo Lutheran Seminary), Wilfrid Laurier University, Master of Arts in Theology – Spiritual Care and Psychotherapy
- Ontario Association of Jungian Analysts, Analyst Training Program
- Ontario Institute for Studies in Education, University of Toronto, Master of Education in Counselling Psychology – Counselling and Psychotherapy
- Ontario Psychotherapy and Counseling Program, Diploma in Psychotherapy with focus on Psychodynamic Therapy
- Saint Paul University, Master of Arts in Counselling and Spirituality
- Toronto Art Therapy Institute, Graduate Level Diploma in Art Therapy
- Toronto Centre for Psychotherapy and Counselling Education, Certificate in Psychotherapy

- Toronto Institute of Contemporary Psychoanalysis, Diploma in Psychoanalytic Psychotherapy
- Toronto Institute for Relational Psychotherapy, Diploma in Toronto Institute for Relational Psychotherapy (program closing)
- Toronto Institute of Psychoanalysis, Certificate of Graduation as Psychoanalyst
- Toronto School of Theology (Knox/Emmanuel College), University of Toronto, Master of Pastoral Studies, Spiritual Care and Psychotherapy Certificate
- Transformational Arts College, Spiritual Psychotherapy Program
- Tyndale University, Master of Divinity – Counselling Major – Clinical Stream
- Tyndale University, Master of Arts in Clinical Counselling
- University of Guelph, Master of Science, Couple and Family Therapy Program
- Université de Hearst, Diplôme d'études supérieures en psychothérapie
- University of Ottawa, Master of Education / Master of Arts in Education in Counselling Psychology
- Vancouver Art Therapy Institute, Graduate Level Diploma in Art Therapy
- Western University, Master of Arts in Counselling Psychology
- Yorkville University, Master of Arts in Counselling Psychology

Accepted Bridging Program:

- Mennonite New Life Centre of Toronto, Bridge to Registration and Employment in Mental Health (BREM) Registration Stream

Appendix B:

Research Participant Information and Consent Form

Learning, Listening and Reflecting: A Case for Intersectional Feminist Therapeutic Modalities[3]

Principal Investigator: Lisa Trefzger Clarke, Hons. B.A., M.Ad.Ed., Ph.D. Candidate

You are invited to participate in a research study about the ways in which feminist counsellors and therapists who work with survivors of sexual and gender-based violence, integrate feminist theory through formal, informal and non-formal learning in their professional practice and from each other. You have been asked to participate because of your experience and credentials. Please take a careful look at the following information.

What is this project about?

The study will explore the themes of: 1) How do feminist-identified counsellors and therapists learn about feminist theory (formally, informally, and non-formally)? 2) How do feminist-identified counsellors and therapists learn about feminist therapeutic practice (formally, informally, and non-formally)? 3) How do feminist-identified counsellors and therapists engage with mentorship and supervision (formally, informally, and non-formally? Specifically, this research will describe the ways practitioners working with survivors of sexual and gender-based violence understand the foundations of feminist practice and integrate this knowledge with the act of psychotherapy and other feminist counselling modalities. This study seeks to contribute to the scholarship on feminist theory and therapy.

What will my participation involve?

If you decide to participate, you will be asked to provide your thoughts on the topic of your formal, informal and non-formal learning about feminist theory and therapy. Your participation can include two stages: a) a Zoom video or in-person interview of approximately 60-minutes, and, b) a 90-minute group interview with peer participants. During the interview, if in-person, we will follow all appropriate COVID-19 protocols. The interviews will be recorded for audio and can be stopped at any time; you can also withdraw your participation in this study at any time. You may also decline to answer any interview questions and request that your interview not be recorded. You can choose to have your name associated with your participation or remain anonymous with a pseudonym. Finally, you will be asked to review the

[3] The study title has since been changed to: Widening the Lens: Feminist Learning in Counselling and Psychotherapy

research findings related to your participation (called a member check) before the publication of this research to ensure your ongoing consensual participation.

Please note that any interview audio recording will be encrypted and stored on a protected computer until transcription, when it will then be deleted. Digital written transcriptions will be password protected and maintained for five years. All physical written material will be stored in a locked filing cabinet with the researcher.

Are there any potential risks associated with this research?

There is minimal risk of psychological upset due to the nature of the topic, however no sensitive questions will be asked about your direct client service, and you can decline to answer, be recorded, or participate in the research at any time. If you interview via Zoom, absolute confidentiality cannot be guaranteed as the program functions through internet use. However, all video, file transfers and chat messages are encrypted. During the group interview, there is a risk that participants will reveal personal information about themselves or others. Still, all participants will be asked to sign a confidentiality waiver consistent with OCSWSSW and CRPO membership.

Again, you can choose to have your name associated with your participation or remain confidential with a pseudonym. You can change your status at any time during the research phase. The information from this project will be used to write a dissertation, research articles, and conference presentations. Verbatim quotes may be used in the papers or presentations, but you will only be identified by name if you consent.

Should you require additional well-being support, please explore the Mindwell for Healthcare Workers and counselling supports at www.wellnesstogether.ca and 1-866-585-0445.

What are the potential benefits?

Although you may not experience direct benefits as a result of your participation in the study, I hope that sharing your learning experiences will contribute to the knowledge of feminist theory and therapy in Ontario, Canada. In addition, your contribution will support reflection on what gaps and issues remain to be addressed in the field of feminist counselling and therapy. This study may generate insights that are relevant to your work and may inform your efforts to address sectoral concerns.

What are my rights?

Your participation in this project is entirely voluntary. Should you change your mind, you may end your participation at any time without penalty before its projected completion date of December 31, 2023. If you wish to withdraw, please contact Lisa Trefzger Clarke (lisatrefzgerclarke@trentu.ca).

The Trent University Ethics Board has reviewed this project for compliance with federal guidelines for research involving human participants. If you have any questions regarding your rights and welfare as a research participant in this study REB#28550, please contact the Manager of Research Ethics at Trent University: research@trentu.ca.

Your signature indicates that you have read this consent form, had an opportunity to ask questions about your participation, and have voluntarily consented to participate in this study.

Name of participant (please print):

_____

Signature: _____ Date: _____

- I consent to use my name; or
- I will use a pseudonym. My pseudonym is:
  _____

Membership affiliation:

- OCSWSSW
- CRPO

I consent to participate in the following activities (of which I may withdraw at any time):

- Interview with audio recording
- Group interview with audio recording
- I give permission to use my name/pseudonym with my direct quotes
- I give permission to use my name/pseudonym in relation to the information I provide

Appendix C

Participant Interview Questions

Demographic information:

Gender:

Age:

Cultural and/or Ethnic Identity:

Other essential factors of your identity you would like to share:

Years in professional practice:

Years in post-secondary education:

1. How did you become interested in feminist therapy?
    a. How do you define feminist therapy? For you, is feminist therapy a lens through which you practice psychotherapy/social work and/or a set of techniques?
    b. What was your experience with feminist therapy before you entered the profession?
    c. How did you choose where to study your profession? Did it meet your expectations?
    d. What other modalities/therapeutic techniques do you practice? (what is the terminology you use to describe your technique)
    e. How do you set up your therapeutic space to express your feminist politic?

b. What are other ways in which you learned how to integrate feminist therapy into your counseling and/or psychotherapy practice?

a. Did you have an influential or inspirational mentor(s)? If so, what made them inspiring or influential?

b. Do you receive supervision in your practice? What types of supervision, debriefing and/or mentorship do you engage in?

c. What kinds of professional or personal development have you or do you engage in?

c. Are there times when you experience capacity limitations in your profession? For instance:

a. Can you share an example of a time when your intersectional identity has been challenged by the profession or in your practice?

b. Can you share a time when your professional values felt in contradiction with professional standards or the Psychotherapy Legislation?

c. Can you tell me about a time when you haven't felt *seen* in your identity, supported in your learning, and/or able to navigate capacity limitations within a supervisory context?

d. What is a beautiful feminist moment you have experienced in your practice?

Appendix D

Group Interview Confidentiality Agreement

Study: Learning, Listening and Reflecting: A Case for Intersectional Feminist Therapeutic Modalities[4]

I, _____ [name], agree that I will keep all information shared with me by other participants and by the researcher confidential by not discussing or sharing the information with anyone outside of this group interview. I agree that I will not reveal the identities of any of the other members of the group interview to anyone.

_____ _____

Signature of Participant Date

_____ _____

Signature of Researcher Date

[4] The study title has since been changed to: Widening the Lens: Feminist Learning in Counselling and Psychotherapy