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SOCIAL WORK PRACTICE WITH WOMEN: THE RELATIONSHIP BETWEEN KNOWLEDGE, ATTITUDE AND PRACTICE

BY

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The undersigned certify that they have read, and recommend to the Faculty of Graduate Studies for acceptance, a thesis entitled, "Social Work Practice with Women: The Relationship between Knowledge, Attitude and Practice" submitted by Sally A. Devereux in partial fulfillment of the requirements for the degree of Master of Social Work.

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ABSTRACT

This thesis describes the rationale for and results of a survey of registered social workers in Alberta with regard to their knowledge, attitude and practice with women. The research was designed to assess the relationships between levels of contemporary knowledge about women, feminist attitudes and two specific feminist practice characteristics: providing women with information and using self-disclosure. The rationale for the study was that women predominate as social work clients, and that many of women's problems stem from the deeply rooted bias against them in North American culture. The literature shows that the social work knowledge base and social workers themselves are not always exempt from the effects of this gender bias. Therefore, social work practitioners need to be particularly alert to their own knowledge, attitudes and practice with women.

A random survey of registered social workers was conducted through a mail-out questionnaire which utilized two standardized scales. The Knowledge About Women Scale (KAWS) (Marshall, 1987) was used to measure social workers' contemporary knowledge about women. The Attitude Towards Feminism scale (FEM) (Smith, Ferree and Miller, 1975) was used to measure social workers' feminist attitudes. Two additional scales were developed to measure the feminist practice characteristics of sharing relevant information and personal self-disclosure with clients. These two characteristics provide education and help to resocialize women.

Results show that registered social workers in Alberta have some gaps in knowledge about women but are quite feminist in their attitude. Social workers with higher levels of contemporary information are more feminist in their attitude and also believe more strongly in the importance of providing information and using self-disclosure with clients. Female respondents and self-declared feminists score significantly higher on the contemporary knowledge measure than males or non-feminists. Social workers with higher levels of feminist attitude also believe more strongly in providing information and in using self-disclosure. Higher feminist attitude scores are significantly related to being female, declaring oneself a feminist, and being younger.

The thesis concludes with a discussion of the implications of this research for social work education and professional development activities.

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INTRODUCTION

In 1990, as I entered my second decade as a registered social worker in Alberta, I came to the realization that my professional training for social work practice with women was incomplete. This disquieting assessment was made during my transition to graduate studies and to clinical practice. In the hiatus between leaving work and beginning university, I had the time and energy to address some personal issues. My counselor was a feminist.

The impact of her style of therapy, which included directing me to the feminist literature, was profound. I realized how little I knew about the history and development of women, as distinct from that of men. The feminist literature to which I was introduced made me aware that some of the knowledge, attitudes and practice with women that I had absorbed in the course of my formal and informal education, was out-dated, incomplete, or biased.

As a professional social worker and as a mature woman with considerable life experiences, I was acutely aware of the impact I had on the women who were my clients. I had credibility, power and influence. My

incomplete training, therefore, could possibly be adding to my clients' pain, or at the very least, precluding real help.

When I reviewed my own education as a social worker in Alberta during the past ten years (undergraduate and continuing education experiences) the issue of gender was rarely addressed. Hanmer and Statham (1989) concur, "there is much less emphasis on gender within teaching on social work practice whether in college or agency" (p. 9). The history of socialization and institutionalization of gender roles, and the consequences of this history for social workers and clients, were either never addressed or were not presented in a way that made an impact on me. Marshall (1987) in her graduate thesis notes, "the content on women being taught in social work is either not sufficient, or not being retained by graduates" (p. 121).

Goldstein (1990), in a review of the literature on therapist variables, notes that a democratic attitude rather than theoretical orientation or education was critical to outcome with clients. However, democratic attitudes may need to be shaped through new information. Goldstein (1990) adds, " *contextual knowledge*, that is, a synthesis of knowledge from a variety of sources, including life experience" (p. 37) was useful in order to enter the experiences of clients.

At the community college social service program level, I recall exercises to uncover and examine personal prejudices about a variety of human issues relevant to social work practice. Hopefully, these assignments contributed to student's democratic attitudes. However, I do

not remember having my "consciousness raised" with regard to women. Perhaps we could have been challenged through similar assignments, on our attitudes towards clients, depending on their gender. Unconscious biases could have been confronted and substituted with contemporary information and alternative attitudes and practices. Turner (1986) states "there is a strong connection between what we know and what we do" (p.2). Thus, our contextual knowledge about women might have been impacted.

To be fair to my educators, I was provided with some encouragement to start my own evaluation of theories about women and their development. As a graduation gift, one community college instructor gave me a copy of Betty Friedan's (1981) The Second Stage. Later, in an undergraduate class on adult development, I was more explicitly exposed to the thought that men and women were different in their development. The vehicle was Carol Gilligan's (1982) thesis, In a Different Voice. However, this proved to be the extent of my own "resocialization" and education for social work practice with women.

Somehow, as a middle-aged, middle-class wife and mother, I had missed out on the influence of any wave of feminism. My consciousness about my own socialization as a woman and about the socialization of my female clients remained beneath the surface. While I had an innate sense about equality and the confining effects of gender roles, I had no conscious knowledge of how society had become socialized to inequality and stereotyping on the basis of gender. I was unaware of the considerable literature and body of knowledge that was specifically relevant to women.

My feminist counselor, the feminist literature, and subsequent conversations with a handful of feminist women and men broadened my education. Much of what I read and learned fitted with my own experience and sense of the world. It was personally and professionally validating. I discovered that the characteristics of feminist practitioners were congruent with my style of practice and with those of many social workers. Collins (1986) supports this view that, "it is my contention that social work is fundamentally feminist in its nature, and it is time to make that feminist nature both visible and valued" (p. 214).

I was curious about this important discovery at my stage of life, both in a personal and professional sense. It almost seemed that this body of literature had been hidden from me. Why had I not been exposed to it previously? I had grown up in an all-female household, attended an all girl's convent school, and, embarked on nursing studies - an all-female occupation in those days. As a social worker I had worked almost exclusively with women as colleagues and as clients. In those five years at the hospital, I do not recall any literature, education, or, discussion that overtly acknowledged the institutionalized biases against women in research, knowledge, attitude and clinical practice. Feminist practice was never mentioned. It now seems almost like a conspiracy of silence - silence in the voices of the many women in my life.

Thus, when I finally embarked on graduate studies, I decided to colour my education with the wash of feminist thought - a personal and professional consciousness-raising activity. In 1990 I was fortunate

enough to find myself in a graduate program in Alberta that both tolerated and encouraged this journey. I found women and men, educators and students, who actively helped and encouraged me through sharing of literature, interest in my work, and open discussion. The reactions of my family, friends and former colleagues ranged from, "So that's the current fad!", through constructive criticism, to tolerant listening and genuine interest. My two grown daughters vacillated between, "I don't want to hear this" and, "Maybe there's something here and perhaps we've had it easy thanks to the feminists". It's been an interesting experience.

I wanted my research to reflect current, factual content about women and issues important to their lives. Perhaps because I was in the educational process myself, knowledge itself seemed vital. I felt that if, as a social work student or professional, I had been presented with contemporary knowledge about women, my own attitude and practice would have changed. I certainly would have been providing better information to my clients.

While I probably thought and acted in many ways that reflected my sense of egalitarianism, I often felt unsupported or confused and, sometimes, deviant within an otherwise traditional social and professional life. Feminist knowledge gave me a valuable framework for validating my experience and that of my clients. It provided structure to my analysis of societal institutions and practice with women. Turner (1986) agrees that "theory also gives assurance to the worker" (p. 12). Feminist theory gave me confidence to consciously affirm my own attitudes and practice with

women. Thus, I made my decision to research social workers' knowledge about women, from a feminist perspective.

However, it was not feminist knowledge alone that had influenced me personally and professionally. It was the congruence of my counsellor's attitude and practice with feminist knowledge that was significant in my experience with her. Communication Theory offers an explanation of this influence such that "people who interact influence each other through the information they exchange" (Nelsen, 1986, p. 223). This information is obtained widely from the environment through reading, observation, and interactions with others. Information is communicated through our attitudes and through what we do. "Whenever people are aware of each other's presence, their behavior conveys information even if they do not speak" (Nelsen, 1986, p. 223). Therefore, new information, such as accurate, contemporary knowledge about women, is important to functional change in social workers and clients, but social workers' attitudes and actions also need examination because they, too, influence clients.

Feminist theory and practice within social work relies on accurate, contemporary knowledge about women and their difficulties, as well as a feminist attitude that does not discriminate against or limit women on the basis of their gender, and practice with women clients that is congruent with this knowledge and attitude. Communicaton theory and feminist theory, therefore, both require that knowledge, attitude and practice be used together to influence change in clients.

The study that follows, therefore, addresses the knowledge, attitude and practice of social workers with regard to women clients and examines the relationships between these three intertwined practice variables. Chapter one addresses the importance of knowledge about women's issues to social work practice. The prevalence and cultural roots of these issues are explained as well as the implications for social work education and practice. Feminism is defined in chapter two and some key feminist attitudes are highlighted. Feminist theory and practice are described, in particular the practice of intervention through client education. This practice influences clients through the sharing of new information relevant to women and through personal self-disclosure. Chapters three, four and five contain the methodology, results, discussion, and implications of the study's findings for social work practice with women.

CHAPTER ONE

The Importance of Knowledge About Women's Issues to Social Work Practice

Women's issues are vital to social work knowledge, attitudes and practice as women predominate as clients (Al-Issa, 1980; Berlin & Kravetz, 1981; Greenspan, 1983; Hanmer & Statham, 1989; Weber, 1983). The difficulties that bring them in to the offices of social workers and other helping professionals are often directly related to their gender and social factors that impact their lives. This chapter will describe a number of problems, and the factors which are central to these problems, which face many women. The problems include poverty, abuse and ill-health (mental and physical). The prevalence of each problem will be discussed, followed by an exploration of the underlying roots of these problems.

The Prevalence of Women's Issues

Poverty

One significant factor in women's problems is their poverty (Burden & Gottlieb, 1987; Hanmer & Statham,1989). The 1988-89 Annual Report of Alberta and Family Social Services (1989), the largest employer of social workers in this province, illustrates how poverty contributes to women's overrepresentation as clients of social workers. Thirty seven percent of

the Social Allowance caseload comprised single-parent families, 96% of whom were women. One quarter of these were working and needed an income subsidy. These women were social work clients because of their poverty.

Poverty continues to be a major issue for women. The 1991 Women Against Poverty report, from the Alberta Status of Women Action Committee (ASWAC), illustrates with facts and personal stories how and why Alberta women are poor. For example, "43.2% of the women who head a lone-parent family in Alberta live at or below the poverty line, as compared with 28.6% of male lone-parents" (p. 36). Of these, "a single parent with two children receiving the maximum allowable shelter and food benefits [Social Assistance] is granted $13,032 annually. Statistics Canada has set the poverty line for a family of three at $24,396 for a large city, $16,610 for a rural area" (p. 13).

Statistics about work also help to explain the prevalence of poverty for women. In Alberta, women comprise 44% of the province's labour force and 46% of working women are the sole support of their families. However, 73% of Alberta part-time workers are women, a full-time female employee receives 59 cents for every dollar a man earns, and the wage gap between men and women is increasing (ASWAC, 1991). The cost of daycare, a lack of affordable housing and limited opportunities for education and training are cited by ASWAC (1991) as additional economic obstacles for women. Women's issues that are related to poverty were identified as domestic violence, health care and crime (ASWAC, 1991).

Estimates by the National Council of Welfare (1987) show that "six in every ten women under age 65 who are single parents raise their children on an income below the poverty line" (p. 7). The Canadian Mental Health Association (1987) expresses that:

> pessimism regarding the current socioeconomic status of women in Canada is grounded in the likelihood that women, especially those in single-parent families, those over 65 years of age, and those of colour or from different ethnic backgrounds, will continue to be poor (p. 36).

Social workers will continue to encounter female clients who are poor.

Health

Health factors, including issues related to depression, violence and reproduction, also contribute to women's overrepresentation as clients and are widely discussed in the literature (Berlin, 1987; Davis & Proctor, 1989; Gottlieb, 1987; Kelly, 1983; Lerner, 1988; Miller, 1986; Rothblum, 1983; Rothblum & Franks, 1983; Weissman, 1980; Weissman & Klerman, 1981). Greenspan's (1983) American statistics, which are likely to be similar to those in Canada, show that, "women are the *majority of patients in all sectors of the psychiatric system* except for state and county mental hospitals" (p. 5). She estimates that 84% of all private psychotherapy clients are women; two thirds of the adult mental health population were women; 4% of office visits to doctors (12 million women) were for

psychological or mental symptoms; and, of all new psychotherapy clients each year, 60% were women.

The 1987 Canadian Mental Health Association Report on Women and Mental Health states that where Provincial statistics are available, "women are more likely than men to receive treatment for mental health problems from outpatient or general hospital psychiatric services" (Canadian Mental Health Association, 1987, p. 15). The report notes, however, "it is virtually impossible to draw any conclusions about Canadian women's utilization of mental health and related services based on the information that is currently available" (p. 17). This lack of statistical information about the utilization of health services in Canada by women is, perhaps, reflective of a bias in the Canadian health system.

Depression

Although utilization of health services by women in Canada is not reported, the 1987 Canadian Mental Health Association Report on Women and Mental Health states that information about diagnostic categories shows women as overrepresented in depression and anxiety states. Federal statistics also support that depression is a significant problem for Canadian women; "women are twice as likely as men to attempt suicide" (Canadian Mental Health Association, 1987, p. 18). The 1991 ASWAC report notes the link between poverty and depression and the influence of the social environment on mental health. The Canadian Mental Health Association (1987) concludes, "depression is a particular problem among

Canadian women" (p.18). Social workers, therefore, will inevitably encounter female clients who are depressed.

Violence

Violence against women was also cited as a problem in several Canadian reports (Alberta and Family Social Services, 1989; ASWAC, 1991; Health & Welfare Canada, 1986). In Alberta, 7,134 women and children were admitted to shelters in 1988 to escape from abusive relationships (Alberta and Family Social Services, 1989). The 1991 Women Against Poverty report states that "one in four women will be assaulted at some time in her life, half before the age of 17" (ASWAC, 1991, p. 65). In addition, "3,000 women and 4,000 children were housed in women's shelters in 1990" (ASWAC, 1991, p. 65). "In Edmonton during the first six months of 1991, 187 men were charged with wife assault; police estimate that this number is 10% of actual wife-battering incidents" (ASWAC, 1991, p. 65). Davis and Proctor (1989) cite research findings that conclude, "half of all women will be battered at some time in their lives by men with whom they have significant relationships" (p. 203). Thus, women become clients of social workers because they are victims of abuse, they are economically dependent and, therefore, they often require protection and support.

Reproductive Health Issues

In addition to poverty, depression, and violence, women need help with reproductive health issues. "Contraception, abortion, pregnancy and childbirth, and menopause were key topics" (Health and Welfare Canada,

1986, p. 5). Notman and Nadelson (1980) add to this list, hysterectomy and mastectomy. The 1991 Women Against Poverty report states, "abortion and contraceptive counseling are particularly non-existent within the province" (ASWAC, 1991, p.75). Women become clients because they require services related to reproduction; they need accurate information, choice of service and alternative approaches regarding their reproductive health issues.

Women predominate as clients and the factors that contribute to their overrepresentation (poverty, violence and health) are documented. Women may need help for these and other related problems from social workers in a variety of settings (government social service agencies, mental health offices, psychiatric institutions, private practice offices, counseling agencies, hospitals and crisis shelters). Women's issues, therefore, are very important to social work practice.

Cultural and Economic Roots of Women's Issues

Women's lives are limited because of social conditions that include prescribed roles, roles and work that are undervalued, social and economic dependence, and, lack of support for their roles in the culture in which they live. These limitations contribute to problems which are often related to poverty and health, limiting social conditions (Garvin & Reed, 1983), and the medical model that defines women as "sick" (Weber, 1983).

Women's prescribed roles, that is, the stereotyping of roles on the basis of gender, arise from beliefs about the nature of women. These beliefs are not based on fact; rather, they depend on societal thinking (Rothblum & Franks, 1983). Two major assumptions flow from this societal thinking. First, gender and personal characteristics are synonymous. Second, any deviation from these characteristics is considered abnormal (Kelly, 1983). Thus, to be feminine, one must exhibit the expected characteristics of one's gender. Femininity is associated with such traits as submissiveness, passivity, nurturance and dependence (Nadelson & Notman, 1982; Sturdivant,1980). These traits are suited to traditional female sex roles as "wives, mothers and homemakers" (Franks & Rothblum, 1983).

Sex-Role and Poverty

The connection between women's sex role and poverty is important. O'Connell (1983) believes that this is because "historically, women have always been expendable" (p. 42). Essentially, little value has been placed on women and their work. Childcare, housework, service jobs are either less visible, taken for granted, or poorly paid. There is always a supply of women available for these tasks; adequate financial rewards, therefore, can be ignored. In other words, women's poverty is grounded in sex roles that are not valued or rewarded (Davis & Proctor, 1989; Hanmer & Statham, 1989; Greenspan, 1983; O'Connell, 1983).

Poverty is also linked to marital status. It is grounded on women's economic dependence on men, through traditional marital arrangements in which the husband is the breadwinner (Worell & Garret-Fulks, 1983). Burden (1980) notes that "the prevailing myth is that women will be taken care of by men all their lives" (p. 279). The 1991 ASWAC report confirms that all women are vulnerable to poverty; poverty can happen suddenly, through an event such as divorce; and, "82% of women can expect to be financially responsible for themselves at some point in their lives" (p. 3). As the report points out, poverty is almost inevitable for these women (ASWAC, 1991).

For those women who can not depend on the support of a male partner, nor support themselves and their children through paid work, the remaining alternative is "welfare". It is a position that has little to recommend it and yet the myth exists that somehow the welfare recipient is there through choice. Levine (1983) states, "most middle-income women want to believe the myths about women on welfare, because, if they do not, the result is too frightening (p. 47). O'Connell (1983) refers to this myth as "racial discrimination against her own race" (p. 65). Whether receiving welfare or working for inadequate incomes, women also blame themselves for their poverty. Sturdivant (1980) calls this self-blame the absorption of "untruths created by the dominants" (p. 115). The untruth being that people are poor due to personal inadequacy rather than social conditions.

The Canadian Mental Health Association in its Women and Mental Health in Canada report (1987), points out the connection between women's

roles as caregivers and their subsequent poverty. "The costs of childrearing are often viewed as women's personal responsibility and choice rather than as a crucial contribution to society" (p. 35). Women earn less money and have fewer economic benefits than men (ASWAC, 1991). Support for these roles, such as daycare or sufficient income, were also cited by the 1987 Canadian Mental Health and the 1991 ASWAC reports as inadequate. Inevitably, women who lack the supports for this crucial role are at risk for stress.

While women are becoming increasingly responsible for their own economic support, they are also faced with further limitations. With regard to paid employment outside the home, the 1991 ASWAC report speaks of "pink ghettoes" and the jobs that women typically fill are seen as "commensurately undervalued and underpaid" (p. 6). Statistics Canada shows that women still earn, for positions requiring equal skills and education, $6,000 to $10,000 less than men on average. The bias against women in the labor market is still apparent. Briar, Hoff and Seck (1987) conclude that there is "societal ambivalence" (p. 200) about women's work outside the home. This ambivalence is reflected in the lack of support women receive, such as daycare, in economic benefits through work in the labor market, and in societal support to carry out their dual roles.

Sex-Role and Health

Stress, which contributes to poor health, is linked to women's work and to the double workload that they often carry (Health and Welfare

Canada, 1986). The 1986 Health and Welfare Canada report also contained comments on the increasing number of women who work outside the home as well as maintaining the traditional domestic roles. Davis & Proctor (1989) note that "mother and father roles differ dramatically in responsibility, weekly time demands, and the intrusion on personal and occupational roles" (p. 127). Briar et al. (1987) point to the fact that family caregiving has traditionally been defined as women's work. With this perspective, it is not surprising that as "complete economic support via marriage has been diminishing" (p. 197), and, as women take on breadwinner roles, women's caregiving duties have not lessened. Burden (1980) points to the growing numbers of single mothers and their labor "under a weight of responsibility that even the most successful two-parent families find difficult to cope with" (p. 279).

Levine (1983) ties these limitations for mothers to theories about human development, in which mothers have been held responsible for and blamed for psychological ills. In addition, "male authors, theoreticians and philosophers abound as experts in the fields of parenting, child care and the family, despite the fact that this is the single area, according to these same experts, in which women are 'naturals' and irreplaceable" (p. 34). Women are expected by society to conform to a prescribed sex-role and society advises women regarding the enactment of these roles. However, society does not support women's less traditional roles, such as the breadwinner role. When women are placed in the roles of caregiver and breadwinner, society supports neither role.

The effects of sex-role limitation on women's stress are also highlighted in divorce. "The newly divorced woman's sense of helplessness is due not only to the reality of her diminished financial resources but to the inadequacy of her sex-role socialization in preparing her for head-of-household status" (Worell & Garret-Fulks, 1983, p. 209). Wattenberg and Reinhardt (1981) agree that women are not prepared for any role other than marriage and dependency. This lack of preparation can precipitate depression and stress in newly divorced women and mothers.

Violence is an issue for women that is often categorized under health concerns. The mental and physical well-being of women is jeopardized by violence and these women often require medical and mental health services. Domestic violence is connected to women's poverty and to sex-role. The economic dependence of women on men and the role modeling of violence intergenerationally are two factors cited by NiCarthy, Fuller and Stoops (1987) as major contributors to domestic violence. Both the man and the woman are aware of the controlling factor of money in keeping the woman (and the children) tied to the abusive relationship. Children who grow up in abusive families are socialized to violence as an acceptable form of control over those who are weaker than themselves. Carmen (1982) summarizes, "women are trapped in violent homes for a variety of complex intrapsychic and situational reasons" (p. 59). One contributor to the 1991 ASWAC report states that "an abused woman is forced to choose either the loss of her dignity, by staying, or impoverishment, by leaving"

(p. 65). Women do not feel free to leave the marital home when poverty and loss of even minimal support is the alternative. The 1986 Health and Welfare Canada survey confirmed that "the most frequently mentioned of all the factors affecting women's health was poverty and economic insecurity" (p. 8).

NiCarthy, Fuller and Stoops (1987) suggest that, "battering results from a historically created gender hierarchy in which men dominate women" (p. 211). Male domination and female submission are maintained through physical violence (Bayes, 1981). In speaking about violence against women, Resick (1983) comments that,

> violence against women is not just an isolated clinical problem but an immense societal problem that will not be alleviated until men and women are no longer raised within the shadow of traditional sex-role stereotypes and until women are treated as respected equals in society (p. 249).

Inequality and sex-role limitations, therefore, are key factors in the subordination of women and in abuse (physical, sexual and emotional). Hierarchical gender arrangements, socialization to domination and violence, inequality and economic dependence, are some of the underlying issues with regard to violence against women. Women are expected to be submissive. Nadelson (1982) states that "women have been taught that submissiveness is both a sign of maturity and a manifestation of their femininity" (p. 144). Bayes (1981) elaborates, "there is strong cultural pressure to subdue and control woman's power" (p. 446).

Depression is a major health issue for women and women's power is also reduced through sickness and depression. The control of women's power is contained in her prescribed femininity and its accompanying roles. Women's roles, which depend on their nurturing and caregiving qualities, are interwoven with a perception of her as feminine (Nadelson & Notman, 1982). Femininity is demanded of women; but is also associated with "high anxiety, low self-esteem, low social acceptance, lower overall intelligence, and lower creativity...reduction of autonomy...as well as the negative effects of social reinforcement for being passive and dependent" (Sturdivant, 1980, p. 110). Rothblum and Franks (1983) note that, "passivity and dependence might lead to depression, rather than action, in stressful situations" (p. 6). Nadelson (1982) concludes, "taking on an acceptable role as a sick or fragile person permanently sets limits on capacities. The price paid for such comfort is often depression" (p. 144). Thus, one must choose between being stereotypically feminine and having a sense of well-being.

In examining the underlying roots of depression in women, Rothblum (1983) suggests that, "depression among women is affected significantly by sex-role stereotypes about women regarding work, the marital relationship, and motherhood. In general, traditional sex-role stereotypes about the woman place her at greater risk for depression" (p. 104). Sturdivant (1980) agrees that "women are at heightened risk for disorders...reflect[ive]...of the female role" (p. 116). Women's sex roles often lack social reinforcement and result in learned helplessness and

isolation (Rothblum, 1983); "their situations are depressing" (Weissman, 1980, p. 102). Kelly (1981) warns "when avenues for obtaining significant reinforcers are limited or ineffective, the probability of depression increases" (p. 21). Garvin & Reed (1983) ask, "are depressed women understood as often reaping the consequences of their deprivation of power and their response to this?" (p. 13). Miller (1986) comments on another type of depression which occurs after a client has taken a positive step towards independence. For women, there is the added fear of lost relationships which have been traditionally associated with dependency. The importance of affection and affiliation contributes to women's vulnerability to depression (Howell, 1981).

Reproductive issues, such as the right to abortion, contraceptive counselling, and choices regarding childbirth, are often problematic for women. Turner (1983) writes, "I believe that, as women, we must have control over our bodies and we must have the right to choose from alternatives" (p. 152). The lack of control and choice that Turner speaks of stems from patriarchal attitudes in which women were defined by their biological role of childbearer. Nadelson (1982) states that "women are still seen, even in eminent [medical] journals and texts, from the vantage point of sex-role stereotypes, as anatomically destined to reproduce, nurture, and keep males happy" (p. 143). With the professionalization of healthcare, especially reproductive healthcare, women have lost control over their bodies (Gottlieb, 1987).

Sex-Role Socialization and Bias in the Helping Professions

Clearly, for many women, the environment reinforces a negative self-definition and helplessness rather than autonomy and well-being. This environment includes those in the helping professions who interact with female clients. Sturdivant (1980) comments that the symptoms presented by clients are often expressive of the conflicts and survival tactics required to maintain prescribed roles. In contrast, the psychoanalytic view holds that women's symptoms are suppressive of "unacceptable wishes or impulses" (pp.118-119).

This biased view of women is also confirmed in the 1987 Canadian Mental Health Association Report. The report states that "the male-dominated nature of the mental health system in Canada has made it difficult for women to have their voices heard and to be active participants in the development of services to better meet the mental health needs of women" (p. 90). In the 1986 Health and Welfare Canada survey, experts concluded that medical attitudes towards women included the devaluing of women's competence with regard to their own health and bodies, a lack of understanding of normal female life stages, insensitivity to women's needs, and, over-prescription of drugs for social problems. In addition, women's sense of powerlessness was accentuated by the degree of control the medical system exercised over natural processes, such as childbirth. Sexism in the health care system seeks to maintain power and control over women and to define them solely in terms of their child-bearing and rearing roles (Gottlieb, 1987; Nadelson, 1982).

Walker (1980) states that "the professions also reflect traditional cultural norms that allowed that violence in the marital relationship was the mutually caused product of two emotionally disturbed individuals" (p. 339). Helping professionals themselves may adopt attitudes prevalent in the culture; these attitudes may discount the social conditions that contribute to violence against women.

Summary

Berlin and Kravetz (1981) state that, "the majority of social work clients continue to be women living out cultural mandates that prescribe economic powerlessness and sexual exploitation" (p. 449). The dominant norm in our society supports women's inferior status through ascribed roles, economic dependence, prejudicial beliefs and control over significant aspects of their lives, such as health. These factors significantly contribute to women's lack of well-being and need for social work intervention. Sturdivant (1980) notes the major points of this sex-role bias in the following comment: "while sex-role definitions and behavioral options for men are broadened by the socialization process, the options for women are narrowed...they must abide by its two principle tenets: economic dependence on males and a heterosexual orientation" (p. 107). All social workers, therefore, should be adequately trained in appropriate practice with women. This training should include an analysis of the roots of women's issues.

Implications for Social Work Education and Practice

Social workers' knowledge about women must include contemporary information about women as individuals, about issues relevant to them, and knowledge about the history and societal context of women. Awareness of this history and the limiting effects of out-dated social attitudes and practices that contribute to women's problems is important. Knowledge about women, developed within an outdated context, may be suspect. Social workers who practice with women clients must, therefore, be particularly alert to the sources of their knowledge.

The Social Work Knowledge Base

Tice (1990) cautions that "false generalizations...permeate the intellectual frameworks of social work knowledge" (p. 134). These generalizations flow from early research on human personality and development. In these studies, men predominated as subjects, but findings were generalized to women (Burden & Gottlieb, 1987; Gilligan. 1982). Mednick (1979), in speaking of the research conducted in the1950's, states that, "in those days, everyone always said not to use female subjects if it could be helped, and we never questioned the men=people equation and the male as standard assumption" (p. 194). Thus women became "other" (Abramovitz, 1987; Gilligan, 1982; Sturdivant, 1980; Tice, 1990).

Howell (1981) outlines theories about women from the time of Freud to the present. She describes the early theories as patriarchal, limiting

and centred on women fulfilling "their biological destiny" (p. 12). For example, Erik Erikson defines adolescence, the fifth stage in human development, differently for males and females. While males achieve adulthood through autonomy, females move into adulthood through attracting a man, and assuming the adult childbearing and caregiving role (Gilligan, 1982; Howell, 1981; Smith,1986). Women's biological role and dependency, therefore, were normalized for women (Burden & Gottlieb, 1987; Gilligan, 1982; Howell, 1981; Lerner, 1988).

Conarton and Silverman (1988) discuss both Piaget's and Kohlberg's theories about moral development in which females are "less concerned with the rules" (p. 41) or only progress to a lower stage of moral development than men. This study, too, generalized norms for men to women, and found women lacking. Gilligan (1982) asserts "the need for an expanded developmental theory that includes, rather than rules out from consideration, the differences in the feminine voice" (p. 105). Not only is the voice different, but the process of development may also be different. Conarton and Silverman (1988) suggest that the developmental process for women is not linear, as the traditional stage theories suggest; the process is cyclical, spiralling and stages can be revisited.

Kelly (1983) explains that "normal" and "appropriate" are terms that are used to describe gender characteristics and are often established through observations of what is average behavior for each gender.

> However, there are a number of unfortunate consequences associated with normalcy defined as an average. These

> include a perpetuation of the status quo in relation to sex-stereotyped roles, a disregard for the possibility that even highly sex-typed behaviours exhibited by persons of one gender may be less than maximally adaptive for them, and so on. Nonetheless, historical formulation of "appropriate" sex roles appear to have relied very heavily on this assumption (Kelly, 1983, p. 13).

When women fail to comply with the male "norms" determined by these studies, they may be labelled as deviant, or sick, or weak (Morell, 1987; Quam & Austin, 1984). Adjustment to societal expectations has contributed to women's powerlessness (Berlin, 1976) and to the clinical judgement that they are "less healthy [than]...the generalized competent, mature adult" (Broverman, Broverman, Clarkson, Rosenkrantz & Vogel, 1981). Davis and Proctor (1989) warn practitioners that they "should recognize the sexism prevalent in many theories of behavior and behavior change" (p. 252). These basic theories about human development, such as Erikson's developmental theories, are common to most social work curricula and need to be scrutinized for gender bias (Burden & Gottleib, 1987; Levine, 1983). The injustice of women having been excluded from research and the literature is at risk of becoming further institutionalized.

The theoretical base for social work practice that has relied on theories that excluded women's voices was, therefore, appropriate neither for women nor included the social and political realities that affected them (Abramovitz, 1987; Al-Issa, 1980; Burden & Gottleib, 1987; Gilligan,

1982). In 1982 the Council of Social Work Education (CSWE) set a standard requiring that social work students receive "content related to oppression and to the experiences, needs and responses of people who have been subjected to institutionalized forms of oppression" (Newman, 1989, p. 202). While this could easily be applied to the oppression of women, it seems that women have not been as clearly identified as oppressed in the same manner as other groups, such as the disabled or ethnic minorities. Though Newman (1989) states that the CSWE has mandated content on women, Burden and Gottleib (1987) argue that women have not been clearly identified as a special population within the curriculum (Burden & Gottleib, 1987). There may be professional agreement in some sectors, therefore, but concensus appears not to be reflected in the curricula of social work programs. Turner, a feminist social work educator from the University of Manitoba comments, "in spite of the fact that other women and I have primary leadership roles, constant vigilance seems to be necessary to ensure the presence of female perspectives throughout the program" (Turner, 1983, p. 155). Abramovitz, Hopkins, Olds and Waring (1982) agree that "content on women is not yet a core component of social work education" (p. 29).

Abramovitz (1987) is of the opinion that, "gender stereotypes persist in this 'woman's profession' because most social work educators received little or no information about women in their training (other than the most traditional views)" (p. 35). Quam and Austin (1984) in a review of social work journals from 1970-1981, note only "a slight increase in the

profession's attention to women's issues" (p. 360). Given the prevalence of research and literature based on traditional gender views, and only the recent incorporation of feminist theories into our knowledge base, Abramovitz is probably correct in her opinion. However, Kravetz and Jones (1991) are more optimistic about the future of social work education:

> in social work, feminist scholars, educators, and practitioners have developed new knowledge about social work policies and practice with women, have influenced the incorporation of feminist theory and research into all parts of the social work curriculum, and have integrated feminist approaches into every field of social work practice with women (p. 245).

Incorporating Women Into the Social Work Knowledge Base

Contemporary knowledge about women is not likely to be learned in any systematic way, other than through feminist sources. Gilligan (1982) notes that "the issue of inclusion [of women] first raised by the feminists in the public domain reverberates through the psychology of women as they begin to notice their own exclusion of themselves" (p. 149). Sturdivant (1980) in referring to the training of a feminist therapist states, "she should have read, studied, attended seminars, and made all possible efforts to become an expert on the psychology of women and on women's problems" (p. 152). Davis and Proctor (1989) recommend texts that "provide theory and research pertinent to gender effects on development and social behavior" (p. 252). Freeman (1990) and Tice (1990) caution social work educators against the "add a woman and stir" (Freeman, 1990, p. 87; Tice,

1990, p. 136) approach to updating social work education. This approach merely adds content on women or a women's issues course (Freeman,1990) and "fails to acknowledge such epistemological challenges and reformulations because it presumes that the traditional foundational curriculum is otherwise accurate and unproblematic" (Tice, 1990, p 136).

Feiner and Katz (1986) recommend that curricula in social work schools address and develop attitudinal as well as knowledge bases regarding women. Tice (1990) poses several questions which should guide this development. An example is, "do the dominant generalizations and core concepts that account for the experience of white men also explain the experiences of women and nonwhite, nonelite men?" (p. 138). Reid (1981) states that the social work knowledge base should relate to "target systems" (p. 131) and that this relevant knowledge must be put "into the hands of the social workers who need it" (p. 132).

Knowledge, therefore, may be gathered from a variety of sources, but must be evaluated and updated. Belenky, Clinchy, Goldberger and Tarule (1986) summarize that "when women accept the responsibility for evaluating and continually reevaluating their assumptions about knowledge, the attention and respect that they might once have awarded to the expert is transformed" (p. 139). Listening to the voices of women is an essential characteristic of an expert on women. Goldstein (1990) advocates the use of personal narrative as a method of instruction for social work practice because, "it reveals how personal and social change may be spurred by the

kind of consciousness raising that occurs when people explore their own stories or the stories of others in troubling circumstances" (pp. 40-41). As social workers bring their own cultural and social experiences and their resulting beliefs about women into this exploration, "self examination of attitudes and assumptions is very important" (Davis & Proctor,1989, p. 252).

Weiner (1988) reports on a study to examine the sexist attitudes of BSW students in America. The study revealed that although social work students were less sexist than students from other disciplines, not all their assessments of clients, by sex cues, were non-sexist. Weiner (1988) recommends that "self-awareness and academic discussions of discrimination and oppression are beginning steps in the reduction of sexism. Schools of social work need to help students explore their behavior as professionals and the effects of their attitudes on their behavior" (p. 77). "No one is exempt or safe from their [gender bias] potential influence" (Richey, 1987, p. 87).

Practice with Women

Sexism contributes to inappropriate practice with women. Sturdivant (1980) explains that "feelings and opinions about women, about their 'basic nature', their desired personality attributes, and their place in society will be a part of this [helping] exchange" (p. 14). Lerner (1988) states that "no longer can we close our eyes to the fact that every therapist has an implicit concept of normality for men and women that

arises out of the cultural context in which she or he is embedded" (p 106). "Knowledge about gender differences, socialization, societal contributions to male and female-linked behaviors, and knowledge about how to change these assumptions and behaviors will be crucial in working with many of these disorders more effectively" (Garvin & Reed, 1983, p. 10).

Women who have been oppressed by such external conditions may need to acquire a sense of personal power. Miller (1986) defines power "as the capacity to implement" (p. 116). While empowerment of women is admirable, if social workers only focus change efforts on women's individual capacities, they may reinjure women. Gullahorn (1979) writes that, "becoming experts on slave psychology involves the danger of overlooking the fact that the ultimate problem is not in the slave victim but in the institution of slavery" (p. 138). Individual and family change may be met with unchanging obstacles in the social environment (Greenspan, 1983). An example is provided by Gottlieb (1987) who states that "social workers and other helping professions who are assisting women in their negotiation with the health care system need to understand the important gender dynamic in order to provide high-quality service to women clients" (p. 131). Personal change may not be sufficient power for women who need services within the health care system.

While personal changes in women may lack sufficient force, collective actions may have more impact. Therefore, it is helpful for women to support and be connected with other women. This is particularly important as isolation has been identified as a product of women's

traditional roles (Brodsky, 1980), and as a key factor in abuse against women (Gary, 1991). Ending women's isolation leads to consciousness raising and this is often effectively accomplished in groups (Bricker-Jenkins, 1991). Consciousness-raising (CR) groups are "not primarily [for] individual change but the identification of problems facing women in a society that needs social reform" (Brodsky, 1980, p. 53). Group strategies for social reform, such as better health for women, was identified in the 1986 Health and Welfare Canada survey, as being addressed through women's organizations that helped to end women's isolation. Myths about women, such as the myth that women are poor through choice, can similarly be dispelled through CR groups.

Social Policies for Women

Sexism in social work theory, education and attitudes inevitably affects the shaping of social policies. Underlying values and belief systems tend to support traditionally defined roles, such as the domestic role. Practical understanding of how these values and beliefs affect the lives of women can be translated into more contemporary approaches to social policy (Eichler, English, Erola & Gregory, 1983). Burden (1987) advocates introductory social policy courses for social work students which highlight the "impact of the social, political and historical contexts on policies towards women" (Burden, 1987, p. 38).

Criticisms about policies and social conditions that affect women abound. Although Gullahorn (1979) speaks of the social system in the

United States, her words could well reflect concerns with Canadian policies. She says,

> the inadequacies in national policy reflect widely shared misgivings about welfare, day care, and other special programs intended to enhance family functioning. Yet over half of the children in female-headed households currently are living in poverty, and unless they grow up in a better environment, "equal opportunity" will remain as unoperationalized as our facile, rhetorical claim that children are our most precious national resource (pp. 141-142).

Gullahorn (1979) recommends that, "for psychological and societal well-being, therefore, psychology of women must help research and formulate practices that will facilitate new ways of sharing family and work responsibilities between the sexes" (p. 143). Levine (1983) concurs with this opinion and advocates for the 1980's that "mothers are entitled, at the very least, to a decent income, to recognition as primary workers both in the home and outside the home, and to free, universal day care" (p. 38).

The 1986 Health and Welfare Canada report advocated changes and priorities for health programs and policies. These included a focus towards prevention and away from medicine. Empowerment and self-help, a holistic health view that includes the social context, and, removal of barriers to health programs were recommended. Strategies promoted were, stable funding for women's programs; involvement of women in projects and in

health planning; education and dissemination of information; advocacy and support of feminist groups.

The 1991 ASWAC Women Against Poverty report also made several recommendations. These included, raising social assistance to at least the poverty line; provision of adequate, affordable daycare; increase in the minimum wage; better policies around maintenance payments from divorced fathers to their families; better, affordable housing; educational support to women; improved benefits for part-time workers; increased funding to women's shelters; "access to comprehensive health care services including contraception, counselling, abortion service, and adequate reproductive health care" (p. 840); and, that violence against women, in all its forms, be stopped.

Social workers who are educated in women's issues and the roots of their problems, can influence and support these kinds of policy changes. Skills can be taught on how to develop policies that enhance rather than oppress the lives of women (Burden, 1987). In contrast, social workers with sexist knowledge and attitudes regarding women will inevitably contribute to policies and practice which maintain women in their subordinate roles and subsequent ill-health. Sexism in social work, therefore, must be guarded against.

All aspects of the profession, therefore, may be affected by knowledge that is inaccurate, outdated or biased. A contemporary theoretical knowledge base about women is important in order to challenge any unconscious sexist attitudes and practices of social workers. These

improved attitudes towards women will help to promote behaviors, policies and practice that are helpful to female clients. Contemporary knowledge must be articulated as a critical component of social workers' educational experiences.

CHAPTER 2

Feminism and Social Work

Feminism has contributed to the changing knowledge, attitudes and practice regarding women, within social work. Valentich (1986) notes the value of feminism, as a social movement, which has helped the profession of social work to examine social injustice towards women. This has resulted in the profession's critique of "the sexist foundations of professional education and practice" (p.564). Tice (1990) contends, "feminist efforts to transform both official and actual curricula facilitate the democratization of the social work knowledge base" (p. 142). Mednick (1979) endorses this view and says, "I would still argue that the feminist perspective directs the most exciting new work and thus the most promising revision of knowledge" (p. 191). Berlin and Kravetz (1981) summarize these claims regarding the influence of feminism, by stating that social workers have relied on "feminist analyses for understanding the numerous ways, both blatant and insidious, in which the dominant patriarchal culture precludes equality for women" (p. 447). Feminism, therefore, has influenced social work knowledge and education, and has provided a new attitude towards women's problems. The translation of knowledge and attitude into congruent practice is essential.

This chapter will begin by defining feminism and describing some of feminism's key values and beliefs. This will provide the background for a

description of feminist practice characteristics. The major focus of the chapter will be two aspects of feminist practice: providing women with information about key issues that are relevant to them, and, the use of personal self-disclosure about these same issues, by the professional helper. How women can be helped through information will be illustrated by examples which include abused women, women with health problems, such as role stress and depression, and, women with reproductive concerns.

Feminism and Feminist Theory

"Feminism is, of course, simply the belief in the full social-political equality of human beings, which means that men can be feminists too" (Steinem, 1983, p. 14). Collins (1986), however, defines feminism as " a recognition and critique of patriarchy and sexual politics (and their relation to other class oppressions-capitalism, imperialism, racism, heterosexism); *and* a set of beliefs, values, and ideas about the desired directions for change" (p. 214). Sturdivant (1980) summarizes her view of feminism as, "primarily an advocacy system for women, rather than a vendetta against men" (p. 6). What feminism advocates is personal autonomy for women in all areas of their lives, by their own definition, and apart from the roles they play in relationship to others. Feminism as a perspective, or framework through which to view theory and practice, should, therefore, be regarded as essential rather than detrimental to professionalism (Levine, 1983).

These definitions provide an illustration of why feminism is not always clearly understood. Freeman (1990) explains that, "there is no single or universally accepted version of it" (p. 74). While one version may be acceptable to most people, another may only reflect the opinions of a minority. Each version has different implications for practice. Therefore, clarity about "feminism" is important.

Feminism is categorized in several ways. Some authors confine themselves to a discussion about liberal, radical and social feminism. Others add to these categories, conservative, mainstream, anarchist and Marxist feminism. As most authors discuss **liberal , radical** and **social** feminism, these will be the focus here.

Freeman (1990) describes liberal feminism as concerned with the elimination of sexist discrimination, equal opportunities for women, "reeducation of the public with regard to sex-role discrimination" (p. 76), and "social and legal reform" (p. 75). Nes and Iadicola (1989) state that liberal feminists acknowledge individual problems as well as societal constraints. Traditional therapies are utilized as well as client-centred support groups, advocacy to counteract sex discrimination, and outreach to open up new opportunities for the client. Wearing (1986), an Australian sociologist, attributes liberal feminism to 18th and 19th century liberalism and John Stuart Mills's policies towards women. Essentially, the focus of this perspective is equal opportunity, educationally and professionally, for women, in the existing society. Personal power rather than structural changes in society is emphasized (Wearing, 1986).

Sturdivant (1980) equates liberal feminism to a "modernization of women's roles" (p. 41).

Radical feminism has its roots in Marxist feminism but has been evolving since the 1960s (Wearing, 1986). In Nes and Iadicola's (1989) description of radical feminism, women's problems are linked to patriarchy, sex roles and institutionalized sexism. Patriarchy is defined as "power invested in men" (Bernard & Gottlieb, 1987, p. 17). Men's power over women in the domestic realm has traditionally been viewed as a private matter, reflecting a problem within an individual (NiCarthy, Fuller & Stoops, 1987). Freeman (1990) agrees that radical feminism targets patriarchy as the root of women's oppression. Women's subordination under patriarchy is based on "men's power and privilege in patriarchal relations" (Freeman, 1990, p. 76). This includes the control of "female sexuality and female fertility" (p. 76). Radical feminists, therefore, push to make women's private troubles (which include their economic, health and reproductive needs) both public and political. Freeman (1990) states that radical feminists' "essential strategy for eliminating women's oppression is the establishment of a 'womanculture'" (p. 76) which will overpower patriarchy. Consciousness-raising and self-help support groups, therefore, are central to radical feminist treatment strategies, though some traditional therapies may be included. However, women helping women is a dominant theme (Nes & Iadicola, 1989). Cammaert and Larsen (1988) place radical feminism "on the other end of the continuum" (p. 13) of types of feminism. Radical feminists believe that revolution is the only solution

for women's oppression. Some believe that therapy for women only dampens this drive for revolution (Cammaert & Larsen, 1988).

Socialist feminists are similar to radical feminists but include the impact of race, class and socioeconomic situation of the client in their analysis of women's oppression. In social work practice, socialist feminists raise political consciousness and women are encouraged to change the system of domination for themselves. They are also encouraged to meet their own needs without harm to others (Nes & Iadicola, 1989). Freeman (1990) states that socialist feminism addresses the exploitation of women in the marketplace, and blames class and gender inequities. Capitalism and patriarchy are interwoven systems which socialist feminist seek to eradicate by revolutionary means. Wearing (1986) notes that the main difference between radical and social feminists is that social feminists believe that class differences between women, such as "working class and third world women" (p. 47) are salient. All women are not oppressed in the same ways.

Is it possible, therefore, to talk about feminism as if it has a singular definition? Freeman's (1990) study of feminist identification in faculty members of a graduate school of social work revealed that liberal feminism was "overwhelmingly preferred" (p. 84) by respondents. An analysis of the features that distinguished one type of feminist from another showed "that liberal, socialist, and radical feminist social work educators demonstrated greater similarities than differences in their views of women's issues" (p. 86). Socialist feminists, however, felt that

women's economic problems were more severe than did the other types of feminists. Freeman concludes, "the unifying bond of feminists is the agreement that women's oppression and subordination in this society must be eliminated" (p. 86). Morell (1987), however, supports the view that "feminism must be radical or it ceases to be feminism, and instead becomes only a procedure for recruiting new support for the status quo" (p. 147). Wearing (1986) takes a less polarizing view and maintains that each perspective of feminism "has an important contribution to make to an understanding of women both as social workers and as client" (p. 52). This contribution includes the challenging of the status quo for women and creation of a future in which women have more control over their lives (Wearing, 1986).

Nes and Iadicola (1989) remind us that, "feminist social work is a model that is outside of the dominant perspective, especially in the case of radical and socialist feminist perspectives" (p. 20). The authors support feminist practice in general, but suggest that social workers become clear about which perspective they support, and examine the implications for practice.

In conclusion, Valentich and Gripton (1985) provide us with this analysis:

> hence, a liberal feminist position is congruent with social work. It focuses on freedom of choice, individualism and equality of opportunity. While informed by socialist feminism which emphasizes class analysis and radical feminism which views women as economically oppressed, liberal feminism is inherently reformist (p. 1).

Liberal feminism, as defined by Valentich and Gripton (1985), will be the definition of feminism used in the proceeding discussion.

Feminist Practice

Feminist practice "goes beyond a 'nonsexist' or 'women's issues' orientation, and beyond a grafting of feminist perspectives onto a humanistic core" (Bricker-Jenkins, 1991, p. 272). Feminist practice is founded on some essential values. These are summarized succinctly by Cammaert and Larsen (1988). The key values are that the personal is political, women have choice, all individuals should have equal power, and, the therapist should act as a role model.

The personal is political is a value that drives helping professionals to raise their client's consciousness regarding the social roots of their problems. "Women are relieved of the blame of being totally responsible for their problems" (Cammaert & Larsen, 1988, p. 16). Thus, clients may feel freer to connect with other women as they become aware of the commonality of their difficulties. These connections have led to collective action and social change (Cammaert & Larsen, 1988).

Choice involves "psychological and economic autonomy" (Cammaert & Larsen, 1988, p. 16). The goal of therapy is to have women define themselves and exercise choice in their lives. The therapeutic situation itself is used to promote these outcomes, and client's choices are respected by the helping professional. Feminist practitioners encourage

clients to take control of their therapy by selecting their therapist, negotiating fees, developing contracts and evaluating the therapy (Cammaert & Larsen, 1988).

Feminists espouse equal power between individuals. Power is an important factor in the helping relationship with clients. Typically, people become clients because they feel that they lack the power to solve their own problems. They, therefore, perceive the therapist as more powerful than themselves. This dilemma for a feminist practitioner can be resolved by conceptualizing the helping relationship as one of "temporary inequality" (Cammaert & Larsen, 1988, p. 18).

Role modeling by the therapist involves not only presenting oneself as a strong woman who enacts choice and power in her personal and professional life, but also includes sharing information about one's feminist views. Personal self-disclosure about opinions or difficulties, if appropriate, can help to affirm the commonality between all women. Disclosing one's values about feminism, however, needs to be carefully timed to meet the client's needs (Cammaert & Larsen, 1988).

These key values, that the personal is political, women have choice, all individuals should have equal power, and, the therapist should act as a role model, form the underpinnings of feminist practice.

Feminist practitioners are further defined by Sturdivant (1980), who believes that feminist practitioners must be women. Valentich (1986) questions this belief. She notes the difficulties of feminist practice with men, who may not be open to change through a social analysis, but feels

that feminist practice by men who are feminists may have value. Sturdivant (1980) states that a feminist practitioner's values must be communicated to her clients. Her own social action on behalf of women must be congruent with her feminism. Also, she should be congruent in her own life, and be working towards functioning as fully and independently as possible.

While feminist practice is based on values, Russell (1989) states that feminist practice can also be defined through "five central skills: positive evaluation of women, social analysis, encouragement of total development, behaviour feedback and self-disclosure" (pp. 75-76). Positive evaluation of women includes labelling and highlighting their strengths, especially when their situations are complex and difficult. This redefinition of women as strong may be met with a negative reaction in a society which defines feminine traits differently. Traditionally defined feminine traits include passivity and dependence. Russell (1989) cautions that social workers and clients should be prepared to withstand these reactions from society.

Social analysis on a individual basis refers to the naming of the deficits in the requirements for the client's growth. These deficits might involve changes in educational levels, relationships and other major factors. Therefore, skills, support and graduated change efforts must be provided. "Actions must follow understanding" (Russell, 1989, p. 74).

Encouraging total development in clients addresses the goals of individual change and societal change. This change effort will vary depending on the abilities of the client and their current situation. "Women with more plentiful resources [can] pursue the task of changing the institutions responsible for the distress" (Russell, 1989, p. 76).

Behaviour feedback means commenting on client behaviours without judging them. Confrontation of a client's negative self-evaluation or behaviour can lead to a more positive or realistic outcome. Other negative evaluations, such as diagnostic labelling, is avoided. Clients are also supported when they disagree with the helping professionals' feedback about themselves. This affirms the egalitarian relationship (Russell, 1989).

Lastly, self-disclosure is a skill used by feminist practitioners to provide clients with an informed choice about the kind of help they are receiving. The client can choose whether the goals of feminist therapy are acceptable to them. Self-disclosure also equalizes the relationship as the helper shows herself as a woman who shares some pressures common to other women and to the client (Russell, 1989).

Valentich (1986) also summarizes the characteristics of feminist social work practitioners. Feminists "avoid the use of diagnostic labels, emphasize present concerns, and use historical material to facilitate the client's understanding of her oppression" (p. 572). Some strategies for maintaining equality in the helping relationship are, use of first names, self-disclosure by the social worker of her personal experiences, attention

to the atmosphere and safety of the counseling setting, flexible fees, limited note-taking and recording, sharing of records with the client, contracting, and, explaining interventions and involving clients in decisions about interventions (Valentich, 1986).

Butler (1985) provides eight guidelines for feminist therapy. These guidelines reflect the values, skills and characteristics already described. However, Butler (1985) makes a few additional points, which will be briefly noted. The client's own self-nurturing and healing resources will be supported. This counteracts any sense of powerlessness and dependency and restores the client's ability to take care of her own needs. The client will not be labelled as sick; the psychoeducator model will replace the medical model. In the psychoeducator model, clients are viewed as adult learners and therapists as consultants in that educational process. Therapy is considered as an adjunct to other growth experiences (Butler, 1985).

In addition to the psychoeducator model, another theory and model is also proposed within the feminist practice perspective. Weber (1983) recommends a social learning approach to practice with women, as it attributes women's problems to reinforced learning about how to be feminine in the sexist culture in which they are raised. Sturdivant (1980) also supports the social learning approach to practice as it "implies that the problems of women occur on two levels" (p. 136). These levels are problems within the person and problems within the social environment. Sturdivant (1980) notes that social workers and helping professionals are used to intervening on the personal problem level, in order to relieve the

client's discomfort. However, the sociocultural problem level, is usually not addressed, except in feminist therapy. The social learning approach, therefore, "opens the possibility not only of changing many of [women's] negatively valued personality characteristics, but of changing their role in society as well" (Sturdivant, 1980, 136).

Feminist practice with women, therefore, needs to reflect at some level, that the personal is often political. "The relationship between the goals of treatment and social change is emphasized through a discussion of the ways in which social roles, and, particularly, the rights of women influence the client's personal change" (Al-Issa, 1980, p. 57). Feminist practitioners move away from automatic, exclusive, investigation into the psyche of the woman client, to a search for what is common to most women and what are the systems that maintain her problems. The feminist practice model is based on clearly defined values, skills and guidelines that flow from feminism and the philosophical position that women are oppressed. While individual practice may vary depending on theories about learning, interventive techniques, the type of feminism espoused by the therapist, and the client's needs, some characteristics remain constant. "The mandate for feminist counselling includes a healing process, an educational process, and a political process, and is based on a feminist understanding of society" (Levine, 1983, p. 79).

Client Education in Feminist Practice

Feminism, therefore, is a valid perspective for all aspects of social work practice with women. Feminist practice has characteristics that are discernible. The feminist practice characteristic of intervention through education, will be discussed in this section.

Interventive strategies that include educational processes are described in the literature and include: behaviour feedback, role modelling, self-disclosure and learning through social analysis. The psychoeducator and the social learning models can be used to reeducate and provide information to clients in a variety of ways. The information is about individual characteristics of women as well as about the impact of the social environment and external constraints on all women. Education seeks to connect the professional helper to the client in a personal manner in which equality is acknowledged. Information facilitates new choices and alternatives for women. Women's strengths as well as their realistic difficulties are confronted.

Belenky, Clinchy, Goldberger and Tarule (1986) discuss the results of a study they conducted on women and knowledge. This information was gained through a qualitative study in which they interviewed 135 women, academics and mothers at family service agencies. They describe three types of women, who they categorize by the method the women use to make sense of the world. The "silent women", who feel overpowered by the harsh authorities in their lives, neither learn from the words of others nor

feel competent enough to ask questions. They learn and know only from being shown how to do things. The "received knowers" are those women who listen to the voices of others but cannot acknowledge their own voice of wisdom. They are dependent on the experts. They are good listeners, but not to themselves. Lastly, there are the women who develop inner knowing, who acknowledge their own inner voice and their subjective expertise. These are the "subjective knowers". These three types of knowers, therefore, would require a variety of educational approaches in the feminist helping relationship.

Belenky et al. (1986) also interviewed the women about their learning needs. The women wanted to be acknowledged as competent thinkers. "Most of the women reported that they had often been treated as if they were stupid" (p. 194). This was particularly so for the mothers in their interactions with health care professionals. Confirmation of intelligence was first achieved by some women at the college level. However, experiential learning and learning about women from women, held more meaning for the women than less personal, abstract classes. Structure was important, especially to women who already were using their energies to manage their complex domestic lives. Some women identified that major learning had occurred for them when they finally broke the rules regarding academic expectations, and figured out "how to be bad and do what [they] wanted to do" (Belenky et al., 1986, p. 210). This rebellion against authority and listening to their own needs was an important step in their education.

In describing experiences of students from more progressive colleges, responses showed that valued educators were not authoritarian, but were helpful in the development of the curriculum. These educators supported students' own learning needs, validated their abilities and knowledge, and allowed students some space and freedom to find they own way.

This "connected teaching" (Belenky et al., 1986, p. 218) is likened to midwifery. The student's knowledge is the focus, with contributions from the teacher when needed. "Midwife-teachers help students deliver their works to the world, and they use their own knowledge to put the students into conversation with other voices-past and present-in the culture" (Belenky et al., 1986, p. 219). Clients are educated through a personal, shared process, in which the development of the client's own knowledge and inner voice is facilitated. She is trusted and learns to trust herself. Providing personal and cultural information, when it is helpful to the client, is a method of being a midwife-teacher to a client. Belenky et al. (1986) call this kind of education the "culture for growth" (p. 221).

Findings in the Belenky et al. (1986) study parallel characteristics of feminist practice. These general characteristics are: validation of women as having strengths and abilities, a personal, egalitarian stance, use of mutually developed contracts and, respect for client choices. More specifically, support is provided for the feminist educational practice characteristics of the provision of structured information about relevant issues and personal sharing, such as through self-disclosure.

Self-Disclosure

Self-disclosure is not a new characteristic of helping professionals. For example, Carl Rogers used self-disclosure in his evolving model of therapy. Rogers believed that therapists should share themselves as if they were authentic friends, and give subjective feedback to clients (Cole, 1982).

Self-disclosure has also been the subject of several studies. An early study by Jourard and Jaffe (1970) studied the influence of self-disclosure on female subjects. Twenty topics were selected and rated on the basis of their intimacy value. The study showed that the subjects' length of response matched the length of the interviewers' self-disclosures. In addition, the subjects talked longer on topics of high intimacy. Jourard and Jaffe (1970) conclude, "if one wishes to invite disclosure from another person, an effective means of doing so is to engage in the activity oneself" (p. 256).

Hill, Mahalik and Thompson (1989) report on a study of self-disclosure and its usefulness to therapists and clients. Experienced therapists interviewed eight anxious or depressed female clients. The videotaped interviews were analyzed for self-disclosing material. Clients were asked to rate the helpfulness of each disclosure. The researchers found that the type of disclosures they categorized as "reassuring" were helpful to both therapists and clients. Reassuring disclosures resulted in a sense of equality for client and therapist. Clients, therefore, felt more inclined to share personal information.

In their survey of professional social workers and their use of personal self-disclosure, Anderson and Mandell (1989), found that self-disclosure has been gaining acceptance. However, some social workers with a psychodynamic orientation were less likely to use self-disclosure because of transference issues. In the psychodynamic model, emotional distance between the social worker and client facilitates reactions within the client which may be symptomatic of their therapy issues (Greenspan, 1983). These reactions become the focus of therapy. In the feminist model, however, feelings are not labeled in these pscychoanalytic terms. Rosewater (1988) states that "these labels tend to perpetuate an hierarchical model" (p. 140) in which the therapist is the expert on the client. Greenspan (1983) comments on the different kind of transference that self-disclosure elicits. Transference may result in the client's disappointment or anger in the therapist out of "her desire to cling to her fantasy of me as an all-purpose savior figure" (p. 246). Thus, transference is used to illustrate how women can be both strong and yet vulnerable.

Anderson and Mandell (1989), from a review of the literature, provide several guidelines for self-disclosure. These guidelines include: keep the focus on the client; limit self-disclosure until trust and rapport are achieved; too little self-disclosure is as unhelpful as too much self-disclosure; consider client variables; prepare clients in advance for self-disclosure as a possibility; elicit feedback to self-disclosure, especially if there appears to be a negative reaction; use both positive and negative

self-disclosure to give a well-rounded view of oneself; show emotions that are appropriate to the disclosure; and, do not respond to client disclosure with self-disclosure. Respondents to the survey used self-disclosure most frequently to increase "client awareness of alternative viewpoints/options" (Anderson & Mandell, 1989, p. 265). The authors conclude that social workers are not sufficiently trained in the timing of self-disclosure or in addressing client responses to self-disclosure.

While Anderson and Mandell (1989) conclude that the use of self-disclosure is increasing among social workers, and Russell (1989) states that self-disclosure "is a skill that promotes effectiveness in social work practice generally" (p. 77), Greenspan (1983) notes that "therapists rarely...reveal themselves in therapy" (p. 243). She wonders about this strong taboo against a natural process that is comforting and helpful to women. She likens it to professional listening and empathy that is enhanced by knowledge of a shared experience and discovering the "social roots of female emotional pain" (p. 247).

Greenspan (1983), however, emphasizes the need for a clear rationale for self-disclosure. "The goal is for the therapist to use her own feelings and responses to the client in order to help the client learn about herself through these responses" (p. 243). Greenspan (1983) provides these additional details about self-disclosure:

> it is a matter of sharing, where appropriate, the understanding of their problems that comes from my own experience; of expressing empathy where their own pain touches on mine; of letting them know what I learned from an experience of mine

> that was similar to their own; of expressing certain feelings I have toward them in order to give them feedback on how they affect others (p. 244).

Self-disclosure is not to meet the therapist's needs; the therapist must be clear about her boundaries (who she is, as distinct from the client); and, the traditional therapeutic stance of emotional distance is seen as injurious to the client. Distance is another form of isolation which often has been a part of women's history that has kept them oppressed.

The commonality of women's experience can, therefore, be a powerful component in the therapeutic relationship (Levine, 1983). In supporting self-disclosure, Thomas (1977) encourages social worker's "deliberate use of themselves (including their) values and their experiences" (p. 449), to impart knowledge about women. Self-disclosure provides a medium through which misinformation about the roots of women's problems can be corrected, and new knowledge relevant to women can be shared. Butler (1985) specifically states that "modeling by the therapist, includ[es] appropriate self-disclosure" (p. 36), while Thomas (1977) and Weber (1983) also refer to the modeling effect of self-disclosure.

Self-disclosure as modeling has several benefits. It establishes a relationship between client and social worker that allows behavior feedback and an egalitarian relationship (Russell, 1989). Equality is an important aspect in the resocialization of women, especially those who find themselves in the unequal position of being a client. Greenspan

(1983) characterizes the traditional relationship as "Woman as Patient,...Man as Expert" (p. 8), with expertise often being based on knowledge, attitudes and practices where the authority is male. Levine (1983) notes that social workers expect clients to share their pain, while the "one-up" position is maintained by the lack of personal sharing by the worker. Butler (1985) comments that the relationship becomes more egalitarian and less expert through appropriate self-disclosure by the social worker.

A sense of equality is important in the helping relationship, particularly as powerlessness is often an issue for women. "Knowledge *is* [italics added] power " (Levine, 1983, p. 84). Women who have been isolated, or have limited access to education, or have been influenced by knowledge about women that is outdated or biased, feel that they have limited options. Knowledge gained through self-disclosure, therefore, expands their knowledge about themselves and the world in which they live. This new knowledge can be empowering as new self-definitions and choices emerge. Self-disclosure, therefore, is a way of sharing power (Levine, 1983). It is a method of demystifying the helping process (Greenspan, 1983; Valentich, 1986). Knowledge is shared in a way that increases equality (Russell, 1989).

Information as intervention

Personal self-disclosure is one way of providing information to a client. However, information can also be provided in less personal ways,

and can fulfil the goal of consciousness raising. Information about the history and nature of women in society, sexism, stereotypical roles, oppression and obstacles to well-being can do much to educate and impact clients. Not only are female clients impacted, but male clients may also be affected in ways that change the environment for women. Sturdivant (1980) writes that, "the process by which these changes occur in feminist therapy is best understood in terms of resocialization" (p. 143).

Resocialization depends on new information. Communication theory provides us with a framework for understanding how information and resocialization are linked. Nelsen (1986) states that "all that one sees or hears is information, including observations of the world, what one reads, one's own image in a mirror, one's own voice and the voices of others, sounds of machines, and so on" (p. 221). Also, people acquire rules about what to do with information. These rules are formed as a result of "past and present interpersonal experiences, which are in turn strongly influenced by the values of their sociocultural groups and of the larger society" (p. 221). Communication theory, as described by Nelsen (1986), teaches that people are restricted by the limits of their information. Solutions to problems are based on current information. New information, therefore, allows them to analyze their problems differently or come up with new solutions. Communications theory's "greatest utility [is] as a teaching tool" (Nelsen, 1986, p. 240). Women who have been socialized restrictively, who are dependent on others, and feel they have little power

can be taught to think about their problems differently. When they are given a societal view of their difficulties and are provided with new information, choices and ways of having some power emerge.

Levine (1983) states that "literature is not seen as the private preserve of the professional, but as material that can be of direct value to the consumer" (p. 84). This literature can include statistics and information about the incidence of problems common to women. For example, Levine (1983) believes that the private troubles of a client, such as "wife battering, incest, depression among women, the high rate of drugs prescribed for women, the responsibility women currently carry for using dangerous chemicals or technology to prevent contraception" (p. 82) should be generalized.

NiCarthy (1987) notes the benefits of bringing to the client's awareness the historical and cultural roots of abuse against women. The client is relieved of responsibility. Otter (1986) sees value in providing women who are victims of domestic violence with information about shelters, financial supports, legal advice and other resources she may need when she is ready to leave her home. The woman may even be shown a shelter. "As such victims can be exposed to new ideas, they may find out that other people outside their homes can and do care for their welfare" (Otter ,1986, p. 117). Rosewater (1988) also endorses the education of women who are divorcing about their legal rights. This may be in the form of personal recommendations or referrals to feminist and other resources in the community.

In a discussion about social work and health-care policies, George (1986) comments that "the outcome of professionalism in medical practice is that it not only reflects the class and gender relationships in our society, but by influencing services and values helps maintain them" (p. 176). George concludes, "social workers are both mediators and dispensers of access to reality" (p. 182). Social worker activities are categorized as those that maintain the status quo by supporting male definitions of women's problems, those that seek incremental reform or, those that are more subversive and are intended to lead to structural change. Providing information to women about the bias in the medical definitions and treatment of their health problems, can help women to evaluate their own health-care and to contribute to the reform of the health-care system.

Rosewater (1988) suggests that feminist therapists can have influence in the realm of health-care through sharing information about medication. This information would include describing the advantages, side-effects and limitations of specific drugs, such as anti-depressants. Including the client in this way involves them in the decision about whether to accept medication or which medication they should take. Rather than reacting against medication or depending on medication, medication can be chosen as a part of the healing process in feminist therapy.

Brodsky (1980) discusses depression and its connection to women's roles. Roles are either overemphasized, such as childrearing, and are therefore mourned when lost, or, roles limit women so women mourn for

lives they have never experienced. Role conflicts and stress are also triggers for depression. A social analysis of these role-related depressions for women may lessen women's sense of personal inadequacy.

Information can also help women about reproductive choices. Rosewater (1988) advocates "teaching women to examine and rank the issues necessary for any decision-making process" (p.146). Information can be gained through connecting women with similar issues. Bryant and Collins (1985) also support:

> the right to accurate information about [women's] reproductive selves, and the right to choose among a series of reproduction-related alternatives including whether or not to engage in sexual activity, to use contraception, to become pregnant, to abort or to proceed with the pregnancy (p. 106).

Bryant and Collins (1985) recommend that practitioners should be well-informed in the area of sexuality. This information should include an examination of the helping professional's personal attitudes and biases. Social workers should be comfortable about discussing issues regarding sexuality with their clients.

Client education, through self-disclosure and the direct provision of information, therefore, is both a characteristic of feminist practice and a more generally supported helping strategy in intervening with women who are clients.

CHAPTER 3

Methodology

Study Rationale and Hypotheses

Social workers' contemporary knowledge and attitudes regarding women have been shown to be relevant to practice, to social policy development, and to social work education. An evaluation of knowledge levels, feminist or sexist attitudes among social workers, and feminist practice characteristics can be used to assist in social work curriculum development. Continuing education for social workers already in the field, can also be more effectively designed to keep professionals abreast of contemporary research, attitudes, knowledge and practices regarding women as clients. Sensitivity to any gender bias in the culture of social work will only evolve with a willingness to examine the status quo.

The purpose of the study, therefore, was to measure the levels of contemporary knowledge about women, of attitudes towards feminism and indicators of feminist clinical practice in registered social workers in Alberta and to examine the relationships between these variables. The study was descriptive, using several standardized measures, as well as questions collecting demographic information. Specifically, the study was designed to examine the relationships between contemporary knowledge

about women and feminist attitudes and practice among registered Alberta social workers.

The four dimensions of social work practice with women that were being evaluated in this study were: knowledge about women, attitude toward feminism, the importance of providing information to clients, and the likelihood of personal self-disclosure to clients.

The research utilized two standardized measures, the Knowledge About Women Scale (KAWS) and the Attitudes Towards Feminism scale (FEM). In addition to these two standardized scales, questions regarding social work practice were constructed to obtain information about the importance of providing information and about the likelihood of using personal self-disclosure on specified topics related to the "knowledge" questions.

The hypotheses were:

1. Social workers who had more contemporary knowledge about women would also have more feminist attitudes.

2. Social workers who had more contemporary knowledge about women would be more supportive of the feminist practice characteristic of providing information to clients about important issues for women.

3. Social workers who had more contemporary knowledge about women would be more supportive of the feminist practice characteristic of personal self-disclosure to clients about important issues for women.

4. Social workers who had more feminist attitudes would be more supportive of the feminist practice characteristic of providing information to clients about important issues for women.

5. Social workers with more feminist attitudes would be more supportive of the feminist practice characteristic of personal self-disclosure to clients about important issues for women.

Research Participants

The instrument was mailed to 300 Registered Social Workers in Alberta whose names were randomly drawn from a sampling frame, the public RSW roster, obtained from the Alberta Association of Social Workers office. The total population on the sampling frame (Albertans only) was 950. To obtain a representative sample for a population of 1,000, a sample of 179 cases is recommended (Slonim, 1960). However, because a previous mail-out of a similar questionnaire in Alberta yielded a 73% return-rate, a larger number of 300 was chosen to ensure adequate data. The questionnaires were mailed from the AASW office and included a stamped, addressed envelope for return questionnaires. Respondents received a covering letter explaining the purpose of the questionnaire and outlining the measures to be taken to ensure confidentiality (see Appendix A).

A follow-up letter was mailed out within three weeks to encourage non-respondents to complete their questionnaires (see Appendix B). After this time all identifying information, such as address labels, lists of

names and the sampling frame were shredded at the AASW office. In total, 176 responses were received. The author received four returned, unanswered questionnaires. These four questionnaires reduced the total sample from 300 to 296. Five questionnaires were received after the statistical analyses were completed and were not used. Therefore, 185 (62%) of the 300 mailed questionnaires could be accounted for and 115 (39%) non-responses were unexplained. The actual response rate of questionnaires used in this study drops to 59% if the five late questionnaires are not included, and the survey sample size is adjusted to 296. This is a somewhat smaller return rate than the Marshall (1987) study, in which the response rate was 73%, with 175 questionnaires distributed to specially recruited agencies. The fact that the current study utilized a fairly lengthy, mailed out questionnaire, to a randomly selected sample, probably accounts for the lower response rate of this survey. Mindel and McDonald (1988) state that self-administered questionnaires typically have low response rates. The Marshall (1987) response rate was probably enhanced by the researcher's efforts to generate cooperation from agencies prior to the distribution of the questionnaires. Receiving a questionnaire at work may seem more personal, and deserving of a response, than receiving one more anonymously in the mail. However, Mindel and McDonald (1988) suggest that a response rate of 50% is adequate and that 60% is good. Therefore, the 59% response rate of the current survey is acceptable.

The target sample size of 179, recommended for representativeness of a population of this size (Slonim, 1960), was approximated and, thus, generalization of results from this randomly drawn sample to the total population of Alberta social workers is appropriate.

Instrumentation

Knowledge About Women Scale (KAWS)

Marshall (1987) developed the Knowledge About Women Scale (KAWS) to measure clinical social workers' knowledge about women. Marshall reviewed the recent literature about women that was relevant to clinical social workers, from psychology, sociology and women's studies, and organized the knowledge into eight content areas. These were: theories and theoretical frameworks regarding personality development; women and therapy, which included information about the effects of feminist and traditional therapies on women; women and their bodies, which covered such topics as sexuality and reproduction; women and abuse, which contained knowledge about the different kinds of abuse of women; women in transition referred to personal and societal change, such as divorce and aging; women and their mental health focused on issues such as the pattern of depression for women and the institutionalized biases in mental health; women and social institutions looked at the key issues of power, inequality, discrimination, and control in institutions such as the family and work; and, women and lesbianism. These content areas formed the

subscales of the measure. Marshall then developed a true-false questionnaire consisting of 46 statements of facts about women which fitted the various subscales. A category of "don't know" was also included as a response option because Marshall was as interested in measuring gaps in social worker's knowledge about women as in measuring their incorrect knowledge. Correct responses were awarded a score of +1, incorrect responses -1 and, and "don't know" or no response 0. Thus scores could range from -46 to +46. Marshall, Valentich and Gripton (1991) contend that the instrument can identify gaps in knowledge about women of social work students and professional social workers.

Marshall tested the scale on 122 MSW clinical practitioners. Cronbach's alpha, a measure of the internal consistency of an instrument, was used to determine the reliability of the total scale and sub-scales. The final 46-point scale has a reliability coefficient of .91, and "item to total" correlations that range from .21 to .63, with an average correlation of .41.

The criterion validity of KAWS was established by correlating scores obtained from the scale with self-report measures included in the questionnaire in which respondents provided quantitative data about the following items: gender ($r=.53$; $p<.001$), level of awareness of women's issues ($r=.40$; $p<.001$), level of activity regarding women's issues ($r=.58$; $p<.001$), subscriptions to women's periodicals ($r=.55$; $p<.001$), frequency of reading women's literature ($r=.56$; $p<.001$), frequency of attending lectures on women's issues ($r=.63$; $p<.001$), participation in research on women's

issues (r=.32; p<.001), submitted for publication material on women's issues (r=.36; p<.001), member of organization promoting gender equality (r=.47; p<.001), and priority of women's issues for social work (r=.55; p<.001). These results indicated good criterion validity suggestive that the KAWS can distinguish between clinical social workers who are knowledgeable about women and those who are not.

A significant difference was also found between scores of men and women (p< .0001, one-tailed). Male clinical social workers in the study had significantly less contemporary knowledge about women than the female clinical social workers. This was particularly noticeable in the Women and Therapy sub-scale which included questions such as, "the majority of female clients remain in counselling longer than male clients" and, "power aspects of sex roles are largely disregarded or denied in counselling situations except when women are perceived as having more power" (see Appendix C). An incorrect response to a question such as one of these is "especially disquieting because it suggests that male social workers, by and large, are unaware of or unconvinced by a substantial body of research that confirms important gender differences in clients and the way that they are treated by counsellors" (Marshall et al., 1991, p. 35).

The overall mean score of female respondents was 24.85 with male respondents averaging 8.41. Standard deviations were 11.01 and 15.29 for females and males respectively. Scores ranged from -27 to +44, with only one female respondent (1.4%) scoring negatively and 12 males (24.5%) who scored in the negative range. High negative scores indicate that any

correct information is cancelled out by stereotyped, prejudiced views about women, based on misinformation (Marshall, 1987).

Marshall's scale filled a void for those interested in measuring clinical social worker's knowledge about women. It is capable of discriminating between social workers' overall knowledge as well as knowledge in specific areas. The disadvantages of the scale are that, although it was based on literature that was current at the time it was developed, some statements of fact within the questions, particularly those relating to current statistics about women's issues, may have changed over time. For example, we can hope that the incidence of sexual assault within marriage may decrease as strategies such as stronger legislation against domestic violence increase. Current literature may also reflect new concerns for helping professionals about women that are not included in KAWS. Marshall (1987) herself pointed out several limitations to the study. She noted its feminist bias, the exclusion of questions about social policy and applied social practice, its limited lifespan, and finally, its lack of applicability outside of Canada, especially for issues regarding women of minority. However, in spite of these concerns, KAWS appears to be sufficiently current and appropriate as a measure of knowledge about women to recommend its use in the present study.

In the current study, overall KAWS scores were calculated for each respondent. The sub-scale scores were not calculated since overall knowledge about women was considered more pertinent to this study of registered social workers.

Attitudes Towards Feminism Scale (FEM)

In looking for a standardized instrument to measure feminist attitudes several scales were identified as potentially appropriate for use in the current study: the FEM, the Attitudes Toward Women scale and the Therapists' Attitudes Toward Women questionnaire.

The Attitudes Towards Women Scale (AWS) (Spence, Helmreich and Stapp, 1973) was the only other standardized scale available which appeared to be relevant. It is a twenty-five item scale, with statements to which respondents agree or disagree on a Likert scale. The AWS is slightly longer than the FEM, and seemed a little less contemporary. For example, one question stated, "women should worry less about their rights and more about becoming good wives and mothers" (Spence et al., 1973, p. 219). The scale was used in a study of sexism among BSW students (Weiner, 1988) which found that "social work students are less sexist than are other groups of students" (p. 77). Nevertheless, social work students still evaluated clients differently, depending on the gender cues that were presented in the study.

The author admitted a weakness in the study relating to the AWS. The AWS does not necessarily measure sexism itself, though it measures important components of this construct. The AWS measures traditional and less traditional views about women's roles. Traditional and contemporary groups were defined through above and below mean scores. Because of concerns about the length of the measure, its less than contemporary language, and, concerns about the validity of the scale as a measure of the

construct "feminism", the AWS was not considered suitable for the current study.

Brown and Hellinger (1975) also discuss a study of contemporary and traditional attitudes towards women of therapists from different professions and in three different settings. The scale they constructed had twenty-nine statements (contemporary or traditional), to which respondents agreed or disagreed on a Likert scale. One question stated, "a certain amount of male dominance is essential for a woman to feel adequately feminine" (Brown & Hellinger,1975, p. 268). This question, and others in the measure, seemed dated and would possibly elicit antagonism on the part of some respondents. Respondent reaction, therefore, might bias the study. Once again, the scale was longer than the FEM, and did not clearly measure the construct of feminism. Some additional concerns about the study in which the scale was developed were that the sample was selected from a limited population (two hospitals and one social service centre) and, the response rate of 66% suggested that self-selection of research participants might have occurred. Though female respondents generally showed more contemporary attitudes, social workers could not be distinguished from other helping professionals through this measure. However, a large difference was found between the overall scores of hospital professionals (psychiatrists, psychiatric nurses, psychologists and social workers) and social workers in social service agencies such that the latter scored in the direction of more contemporary attitudes. The author notes that the study was flawed because of the "limited scope of

the attitudinal items in the questionnaire, the possibility of a biased response because of the worker's reaction to the instrument, and the mortality rate" (Brown & Hellinger, 1975, p. 269). This measure was not selected primarily because of the concerns about validity and reliability, which have been previously discussed. In addition, the length of the questionnaire was an added concern.

The Attitudes Towards Feminism scale was developed by Smith, Ferree and Miller (1975). Their purpose was to develop a simple measure of attitudes towards feminism that could be used in a larger study. They found that the FEM correlated with "activism in, and subjective identification with, the women's movement" (p. 51)($r=.63$; $p<.01$). A factor analysis revealed a single factor "feminism" accounting for 38% of the total variance (Smith et al., 1975, p. 53). The FEM is reported to have internal consistency with a coefficient alpha=.91 (Smith et al., 1975), making it a highly reliable instrument. This scale was selected, therefore, on the basis that it represents the central beliefs of feminism. In addition, the FEM has been successfully tested on varied populations, the test takes only five minutes to complete and is not overtly feminist. As such, respondents are unlikely to react to it negatively.

Singleton and Christiansen (1977) in a study conducted to validate the FEM scale, state that the FEM "may be more generally conceived as a measure of prejudiced or authoritarian attitudes towards women" (p. 295). The FEM was found to correlate significantly with measures of anti-black prejudice ($r=-.46$; $<.001$)), dogmatism ($r=-.51$; $p<.001$), and identification

with the Women's Movement (r=.64; p<.001). "Significantly higher correlations between pro-feminism and anti-black prejudice were obtained for males than for females (r=.59 vs. -.36 on the 20-item scale; z=2.549, p<.011, two-tailed)" (p. 298). The authors conclude that "sexist and racist attitudes are more likely to be associated among males than among females" (Singleton & Christiansen, 1977, pp. 298-299).

In addition, the authors found significant differences beyond the .001 level, between the mean FEM scores of a pro-feminist group (91.30), female students (77.24), male students (66.16) and Fascinating Womanhood (an anti-feminist group) (51.03) providing evidence of its construct validity. Thus, the FEM measures attitudes characterized by sex role stereotypes, prejudiced or authoritarian attitudes towards women and identification with feminism. Poff and Michalos (1986), in reviewing alternative measures of feminism, comment positively on the FEM. They note its good discriminant validity.

Smith et al. (1975) report on the original testing of the FEM which was with 100 Harvard Summer School students, while Singleton and Christiansen (1977) report on their follow-up testing of the FEM on a more heterogeneous group of students (from a university, community college and a class of students at a women's prison). In both studies, the FEM correlated significantly with measures related to feminism.

Recent uses of FEM, with other populations, were sought in order to test its usefulness with social workers in the 1990s. Lewis, Epperson and Foley (1989) used the FEM on women seeking treatment at an outpatient

psychiatric clinic. These subjects were assigned to feminist and non-feminist groups on the basis of their FEM scores (a score of 82 or greater-the median split-was used to determine the feminist condition). When subjects were presented with a description of a feminist counselor, those in the feminist group agreed with the statement "this counselor is a feminist counselor" [F(1,141) = 227.72, p=.0001] (Lewis et al., 1989, p. 281). Thus, feminists who were identified by the FEM, accurately identified feminist counselors. The FEM scale was again demonstrated to have good discriminant validity.

In 1988, the FEM was used by Bliss in a study about the effects of feminist attitudes in parents on their kindergarten children. Mean scores for women in this study were 89.18 compared with 80.60 in the original Smith et al. (1975) study. Mean scores for men were 82.45 and 77.0 in the respective studies (Bliss, 1988). Bliss (1988) deduced that there was a strong skew in her sample towards the acceptance of feminist attitudes. Although the sample was found to be non-representative (strongly feminist, affluent and educated), the effects of feminism on respondents' children was discernible and in the expected direction. Children of feminist mothers appeared more liberal regarding women's abilities [r (22)=.350, p<.05] (Bliss, 1988, p. 188). The responses of children of feminist parents correlated with the childrens' non-traditional sex role concepts [r(23)=.347, p<.05] (Bliss, 1988, p. 188). In addition, fathers' feminist scores correlated with their children's positive self-esteem

[r(22)=.353, p<.053] (Bliss, 1988, p. 188). These findings suggest that FEM is current and useful in studies correlating feminism and other related variables. Also, it can be used with mature, educated populations, such as professional social workers, which are likely to be more feminist than others.

Recent use of the FEM in a study of sexual harassment at the University of Calgary (Valentine-French & Radtke, 1989) showed an association of high FEM scores with respondents who ascribed less responsibility for the harassment to victims, and with attributing more responsibility to the perpetrator when the victim was female (FEM, [F(1,223)=16.39, p>.01] and victim gender [F(1,223)=5.60, p<.05]). Participants who scored at the traditional end of the FEM scale, held the female victim more responsible than the male victim. The FEM, therefore, appears to be able to discriminate between traditional and contemporary attitudes towards women today in an Albertan, undergraduate population.

In the current study, the FEM scores for each respondent were converted to a mean score. While norms for the FEM are not available, mean scores demonstrate expected ranges. Mean scores for women responding to the FEM in the studies reported previously are: 4.57 for known feminists (Singleton & Christiansen, 1977), 4.46 for parents (Bliss, 1988); 4.03 for students (Smith et al., 1975); 3.86 for students (Singleton & Christiansen, 1977), and 2.55 for traditional women (Singleton & Christiansen, 1977). Thus, there is a range of scores for women from 4.57 for avowed feminists to 2.55 for traditional women. Mean scores for men are: 4.12 for parents

(Bliss, 1988); 3.85 for students (Smith et al., 1975); and 3.31 for students (Smith et al., 1975). Scores for men range from 4.12 (these men were considered to be pro-feminist) to 3.31 for students.

The continued use of the FEM as a measure of feminist attitudes suggests its utility for purposes of this study.

Feminist Practice Characteristics

As described in the previous chapter, sharing of information and personal self-disclosure are characteristics of feminist practice. Therefore, data about the importance of sharing information and use of personal self-disclosure was collected through specially constructed questions. These questions were related to the knowledge questions through the eight concepts/sub-scales contained in the KAWS. The set of questions regarding sharing information asked, "please indicate the importance of providing information to clients, about the following issues", as for example, about "women and therapy". A Likert response scale (four levels) was provided: extremely important, important, seldom important and never important.

A second set of questions was in regard to personal self-disclosure and converted the concepts/sub-scales of KAWS into areas of personal disclosure. For example, women and therapy was converted into, "how likely are you to self-disclose a personal experience about your experiences with your own counselor?". Likert response options were: extremely likely, likely, unlikely and extremely unlikely.

Demographic questions included personal information (age, gender, etc.) and professional information (highest degree, work setting, etc.). This 93 item questionnaire was submitted to two members of the Faculty and to two graduate students for pretesting and minor revisions were made.

Statistical analyses were conducted using the SPSS-PC system. Descriptive statistics were obtained for all variables. Statistical analyses were completed as suggested by the hypotheses, for example, to look for relationships between the variables, knowledge about women and attitudes towards feminism, and between knowledge about women and providing information, or self-disclosure. These variables were then examined in relationship to the demographic variables: gender, age, professional education, year of graduation, years in practice, practice setting, kind of practice, sources of influence of knowledge, attitude and practice with women, and whether the respondent declared that they were a feminist.

Rather than using simple correlations which measure the extent of the relationship between two variables, simple and multiple regression analyses were employed. These regression analyses allow the prediction of the values of relevant variables from the known values of other variables. Also, the relative importance of predictor variables can be rank-ordered through the beta coefficient. Thus, the influences of more than one variable on another variable can be examined.

Limitations of the Study

A total of 59 % of randomly selected social workers responded to the survey. Although this is a good response rate to a lengthy, mail-out questionnaire, and the total number of responses (176) is adequate for the population size (Slonim, 1960), how the other 41% of social workers might have responded is unknown. Those who responded may have been more favorably disposed to women's issues and to feminist ideas, for example.

With regard to the instrumentation, the Knowledge About Women Scale has only been used in one major study and has not been updated since 1987. Other criticism of KAWS might include the fact that it is based on "biased" information (the feminist literature). Also, it was designed for and tested on a clinical social work population.

The subject matter of the questionnaire itself, might have caused some reactions, both positive and negative, within respondents. Feminist overtones can result in defensiveness or an eagerness to support the research.

The major limitations, therefore, are with regard to the subject matter of the study.

CHAPTER 4

Results

Characteristics of Respondents

Respondents varied on several demographic features. Personal characteristics regarding gender and age will be first presented (see Table 4.1), followed by professional characteristics.

TABLE 4.1

A Description of Respondents by their Gender and Age

	Frequencies	% of Respondents	Cumulative %
Gender			
female	118	67.0	67.0
male	58	33.0	100.0
Age			
under 30	6	3.5	3.5
30-39	62	35.8	39.3
40-49	66	38.2	77.5
50-59	30	17.3	94.8
60+	9	5.2	100.0

The only demographic information available with regard to all registered social workers in Alberta, was on gender. Thirty one percent of all registered social workers in Alberta are male, and 29% of those sampled randomly for this study, were male. Thus, with 33% of respondents to the questionnaire being male, the sample was fairly representative of the population on the basis of gender alone.

Respondents' ages covered a wide range of 25 to 70 years, with a mean age of 43 years.

Feminism

Respondents were also asked, "Do you consider yourself a feminist?". Ninety two (55.1%) answered "yes", 75 (44.9%) answered "no", and 9 either did not respond or their responses were not clear. Perhaps not surprisingly, 61.1% of females declared themselves feminist, while only 30.9% of males responded affirmatively. The Chi-Square statistic (6.69) confirmed a significant relationship ($p = .009$), indicating that the variables of gender and feminism are not independent. Though almost a third of the male social workers identified themselves as feminists, significantly more women than men in the profession think of themselves in that manner.

Professional Qualifications

Descriptions of respondents' highest qualifications, the year they graduated and their years in practice are shown in Tables 4.2 and 4.3.

TABLE 4.2

A Description of Respondents' Highest Degrees and Graduation Years

	Frequencies	% of Respondents	Cumulative %
Highest degree			
BSW	71	40.5	-
MSW	93	53.1	-
Ph.D/DSW	4	2.3	-
undergrad.	1	.6	-
graduate	2	1.1	-
RSW only	5	2.9	-
Graduation years			
1950s	3	1.7	1.7
1960s	16	9.1	10.9
1970s	47	26.9	37.7
1980s	98	56.0	93.7
1990s	11	6.3	100.0

TABLE 4.3

A Description of Respondents' Years in Practice

	Frequencies	% of Respondents	Cumulative %
Practice years			
less than 5	13	7.5	7.5
5-9	37	21.3	28.7
10-14	40	23.0	51.7
15-19	36	20.7	72.4
over 20	48	27.6	100.0

Not surprisingly, 95.4% of the respondents had received social work education (BSW, MSW, Ph.D/DSW) and the other 4.6% (with "other" undergraduate and graduate degrees, or RSW only), had been evaluated by the Alberta Association of Social Workers as having adequate social work qualifications.

The majority of respondents (62.3%) graduated with their highest degree after 1980, and three respondents graduated as recently as 1991. Respondents had practiced social work from one to forty years. The mean was 15 years and the standard deviation was 9.1 years. Of interest, perhaps, is the modal score of 20 years (17 respondents). The survey respondents, therefore, represented new graduates as well as "seasoned" practitioners.

Social Work Agencies and Types of Social Work Practice

A wide range of agencies and types of social work practice were represented in the sample (see Tables 4.4 and 4.5).

TABLE 4.4

A Description of Respondents' Work Settings

	Frequencies	% of Respondents
Types of Settings		
Social Service (Govt.)	62	35.2
Social Service	18	10.2
Family Service	8	4.5
Hospital	35	19.9
Institution	1	.6
Private Practice	22	12.5
Academic/Educ.	9	5.1
Other	21	11.9

TABLE 4.5

A Description of Respondents' Types of Practice

	Frequencies	% of Respondents
Types of Practice		
Income Security	2	1.1
Child Welfare	31	17.7
Probation/Judicial	3	1.7
Community	8	4.6
Family Therapy	13	7.4
Individual Counseling	32	18.3
Groupwork	2	1.1
Mixed Clinical	11	6.3
Hospital/Multidiscip.	21	12.0
Social Work Education	5	2.9
Supervisory	12	6.9
Administration	27	15.4
Other	8	4.6

Counselling Experience

Respondents involved in clinical social work (family therapy, individual counselling, hospital, groupwork, mixed clinical) comprised 45.1% of the total. In an effort to quantify the counselling experience (past

and present) of those in clinical practice, respondents were asked to give the percentage of time spent in counselling (the direct, professional helping of individuals, families or groups). Responses ranged from 5% to 100%. The median and the mode were both 60%. The mean was 59%. Those counselling less than 25% of their time comprised 16% of the total. Forty seven respondents did not answer this question, presumably because they were not involved in any counselling.

As this study was interested in social work practice with women, respondents were asked to estimate what percentage of their clients were women. Answers ranged from 3% to 100%. The mean response was 64%, while the modal response was 50%, and the median was 70%, supporting the norm of "woman as client".

Gender and Types of Practice

The gender distribution in the supervisory and administration groups were notably different from the distribution in the rest of the practice groups. In the following table (Table 4.6) the gender distribution of the sample is compared with the gender distributions of the practice type.

TABLE 4.6

Gender Distribution of Respondents by Selected Types of Practice

	Female %	N's	Male %	N's
Total Sample	67.0	117	33.0	58
Hospital/Multid. (21)	71.4	15	28.6	6
Child Welfare (31)	71.0	22	29.0	9
Indiv. Couns. (32)	62.5	20	37.5	12
Supervisors (12)	91.7	11	8.3	1
Administrators (27)	51.9	14	48.1	13

In the total sample there were approximately twice as many women as men, with a similar gender distribution in three selected types of practice. The gender distribution is different in the supervisory and administrative types of practice. The percentage of women increases in the supervisory category and decreases in the administrative category. Women, therefore, are more likely to be in front-line and supervisory positions than men, but men are more likely to be in administrative positions.

Sources that Influence Practice Variables

Respondents were asked to circle three items listed on the questionnaire reflecting the sources of most influence to them with regard

to their knowledge, attitudes and practices regarding women. "Literature and research" was the most frequently circled item (29.3%). "Women and men you know" was next (26.6%). "Colleagues at work" came a distant third (13.3%). An additional category was added during coding in response to several handwritten suggestions from respondents who mentioned that clients were highly influential.

Respondents were then asked to rate the single source of most influence, on their knowledge, attitude and practice regarding women clients. The results are summarized in Table 4.7. Educational sources are grouped separately in Table 4.8.

TABLE 4.7

The Single Sources of Most Influence Regarding Practice with Women

Sources	Response %	Sources	Response %
Women/men you know	37.1	Workshops/conferences	8.4
Literature/research	24.0	Other helping profls.	7.2
Colleagues	12.6	Women's organizations	1.2

TABLE 4.8

A Comparison of Educational Sources that Influenced Respondents

Course type	Response %
Social work core	1.2
Social work elective	.6
Other faculties	6.0

In comparison, social work core and elective courses were much less frequently cited as the single source of most influence on knowledge, attitude and practice of social workers with women clients.

Descriptive Results Regarding the Practice Variables

KAWS

Registered Social Workers (RSWs) in Alberta had KAWS scores ranging from -10 to +36 (the possible range of KAWS scores is -46 to +46). Incorrect responses are deducted from the total number of correct responses, so that +46 indicates complete, correct information; -46 indicates that all responses were incorrect. Scores around 0 indicate correct responses were cancelled out by incorrect responses or, respondents answered "I don't know" to many questions. Forty four percent of RSWs scored below the mean (16.59). Mean scores for females

and for males are shown in Table 4.9. Female RSWs scored significantly higher than male RSWs ($t=3.58$; $p<.001$). The current knowledge about women, as indicated by KAWS, is less accurate or complete for male RSWs in Alberta than for female RSWs.

TABLE 4.9

A Comparison of KAWS Scores by Gender

	N	M	sd	t	p
Females	118	18.21	7.60	3.58	.001
Males	58	13.28	9.07		

The KAWS scores of Registered Social Workers (RSWs) in Alberta and the KAWS scores of MSWs in clinical practice (Marshall, 1987) are compared in Table 4.10. The lower Alberta scores in 1991 appear to reflect fewer high scores rather than more negative scores. However, a t-test calculation showed that the two KAWS populations were not significantly different ($t=1.2$, $df=296$, $p<.05$). Table 4.10 displays these results.

TABLE 4.10

A Comparison of KAWS Scores in Two Alberta Studies of Social Workers

Studies	N	M	sd	t	p
Marshall (1987)	122	18.25	15.12	1.2	>.05
Devereux (1992)	176	16.59	8.39		

FEM

The Attitudes Towards Feminism (FEM) scale is a 5-point Likert scale, yielding a "perfect" mean score of 5.00 for respondents most in agreement with attitudes towards feminism. Responses ranged from 2.25 to 5.00. The mean was 4.40. The variance (.215) in this sample is small. Though norms for the FEM are not available, comparisons were made with earlier studies which utilized the measure (Table 4.11) resulting in the conclusion that Registered Social Workers in Alberta are quite feminist in their attitudes.

TABLE 4.11

A Comparison of FEM Mean Scores

Studies	Females	Males
RSWs in Alberta (Devereux,1992)	4.46	4.30
Pro-feminist parents (Bliss, 1988)	4.46	4.12
Known feminists (Singleton & Christiansen, 1977)	4.57	-

The Importance of Providing Information to Women

Feminist practice includes the resocialization of women with education as one of the major strategies to reach this goal. Women clients are typically provided with information about issues of relevance. In this study the issues were identified as the sub-scales of KAWS. These were: theories and theoretical frameworks about women, women and therapy, women and their bodies, women and abuse, women in transition (life stages), women and their mental health, women and social institutions, and women and lesbianism. Respondents were asked to rate the importance of providing information on these topics on a 4-point Likert scale.

This aspect of practice was estimated by calculating a mean score with a score of 4.0 indicating "extremely important" responses to providing information about all eight issues and a mean score of 0 reflecting that providing information on any of these issues is "never important". Mean scores give a general profile of respondents' practice with regard to providing information to women. The mean was 3.3 indicating that, in general, Registered Social Workers in Alberta feel it is important to provide information to clients about the women's issues presented in the questionnaire.

A positive response score was also calculated. The addition of positive scores was an attempt to provide more detail about respondents' practice. A mean score of 3.0 for a respondent can be interpreted as indicating that providing information is fairly important. However, a mean score of 3.0 could, in fact, represent only four positive responses or, it could represent eight positive responses, depending on the Likert rating. Therefore, positive scores provide more information than mean scores. Positive scores were calculated by adding all the "extremely important" and "important" scores. Positive scores could range from 8-0. Social workers with higher positive scores, therefore, would be judged as more feminist in their practice than social workers with lower positive scores.

The positive scores show that 71 (41.5%) respondents scored the maximum of eight positive responses. These 71 respondents clearly support the feminist practice of providing information to women about relevant issues. Those who scored four positive responses or less,

accounted for only 9.9% of the sample. The mean of these positive responses was 6.7. Thus a large portion of the sample reported that providing information to women on the specified issues was important.

Likelihood of Personal Self-Disclosure

Personal self-disclosure is another feminist practice through which women can be resocialized. Sharing personal experiences and values is a way of modeling for the client that the social worker is similar to them and shares some common pressures. Clients, therefore, can be influenced through personal self-disclosure. Respondents were asked to rate on a 4-point Likert scale how likely they were to self-disclose a personal experience about eight items. These items were constructed from the sub-scales of KAWS (theories and theoretical frameworks about women, women and therapy, women and their bodies, women and abuse, women in transition, women and their mental health, women and social institutions, and, women and lesbianism). For example, the women and therapy sub-scale was converted into, "how likely are you to self-disclose a personal experience about your experiences with your own counselor?".

This aspect of practice was scored in the same manner as the question about providing information to women. A mean score was calculated. A mean score of 4.0 indicates "extremely likely" responses to personal self-disclosure about all eight issues and a mean score of 0 reflects that personal self-disclosure on any of these issues is "extremely unlikely". Mean scores give a general profile of respondents' practice with

regard to personal self-disclosure with women. The mean was 2.8 indicating that, in general, Registered Social Workers in Alberta appear somewhat cautious about the use of personal self-disclosure with women clients.

A positive response score was also calculated by adding all the "extremely likely" and "likely" scores in a similar manner to the provision of information set of questions. Positive scores could range from 8-0. Social workers with higher positive scores, therefore, would be judged as more feminist in their practice than social workers with lower positive scores. Positive scores show that 49 (28.2%) of respondents scored the maximum of eight positive responses. These 49 respondents clearly support the feminist practice of personal self-disclosure to women about relevant issues. Those who scored four positive responses or less, accounted for 27.6% of the sample. Six (3.4%) respondents gave no positive scores and, presumably, do not ascribe to feminist practice. The mean of these positive responses was 5.6. Thus a smaller portion of the sample than those supporting the provision of information, reported a likelihood of using personal self-disclosure with women. Many respondents wrote comments about "appropriateness", "relevance", and other concerns regarding the need for professional judgement around whether self-disclosure was helpful or not to a particular client. These ethical concerns are appropriate and other respondents may have been similarly affected skewing the responses negatively. However, the 6 responses of 0 and 49 responses of 8, on the positive scores, possibly show that some social

workers are unlikely to ever self-disclose, as a matter of principle, while others are extremely likely to self-disclose probably because of differing principles.

The Research Hypotheses

Hypothesis 1. Social workers who had more contemporary knowledge about women would also have more feminist attitudes.

TABLE 4.12

A Simple Regression of KAWS Scores based on FEM Scores

Predictor Variable	Simple r	Adjusted R^2	Regression Coefficient	F	p
FEM	.53	.28	9.58	67.07	.0000

A regression analysis was conducted on the model $Y^1 = A + BX$ where A is the intercept and B is the slope. This simple regression model suggests that KAWS scores could be predicted by knowing a social worker's FEM score. The results confirm that there is a positive relationship between KAWS and FEM and that this relationship is highly significant (see Table 4.12). Fully 28% of the variance in KAWS scores could be predicted by knowing the score on the FEM scale. We can imply, therefore, that social

workers' with higher levels of knowledge about women will likely also have more feminist attitudes. As we cannot make causal statements from these analyses, we cannot say whether having a more feminist attitude leads social workers to be better informed, or, whether better information leads to a more feminist attitude.

Hypothesis 2. Social workers who had more contemporary knowledge about women would be more supportive of the feminist practice characteristic of providing information to clients about important issues for women.

The relationship between the KAWS scores and the feminist practice characteristic of providing information to women was analyzed through a simple regression model which suggested that KAWS scores could be predicted by knowing the extent to which social workers provide information to clients. The positive scores (8-0) of the eight questions about the importance of providing information to women were used as the measure of providing information. These scores were calculated by adding all the "extremely important" and "important" scores. The results of this regression analysis are shown in Table 4.13.

TABLE 4.13

A Simple Regression of KAWS Scores based on Providing Information to Women Scores

Predictor Variable	Simple r	Adjusted R^2	Regression Coefficient	F	p
Information	.33	.11	1.68	20.44	.0000

A regression analysis of KAWS and information scores showed a positive linear relationship between these two variables. Eleven percent of the variance in KAWS could be accounted for by knowing the extent to which a social worker sees providing information as important. Higher KAWS scores are significantly predictive of social workers who believe in providing information to clients. Similarly, social workers who believe strongly in giving information to clients are likely to have higher KAWS scores.

Hypothesis 3. Social workers who had more contemporary knowledge about women would be more supportive of the feminist practice characteristic of personal self-disclosure to clients about important issues for women.

The feminist practice characteristic of personal self-disclosure was analyzed through the positive scores (8-0), which were calculated by

adding all the "extremely likely" and "extremely unlikely" scores. Table 4.14 displays the results of a simple regression analysis.

TABLE 4.14

A Simple Regression of KAWS Scores based on Personal Self-Disclosure Scores

Predictor Variable	Simple r	Adjusted R^2	Regression Coefficient	F	p
Self-disclosure	.16	.03	.59	4.70	.0316

A simple regression model which suggests that KAWS scores can be predicted by knowing self-disclosure scores revealed a mildly positive relationship. Three percent of the variance in the KAWS scores could be predicted by knowing the extent to which the social worker sees personal self-disclosure as important. Higher KAWS is slightly predictive of higher levels of self-disclosure in social workers. Table 4.14 shows that this relationship, though small, was still significant (p=.0316).

Hypothesis 4. Social workers who had more feminist attitudes would be more supportive of the feminist practice characteristic of providing information to clients about important issues for women.

The feminist practice characteristic of providing information to women was analyzed through the positive scores (8-0), which were calculated by adding all the "extremely important" and "important" scores.

TABLE 4.15

A Simple Regression of FEM Scores based on Providing Information to Women Scores

Predictor Variable	Simple r	Adjusted R^2	Regression Coefficient	F	p
Providing Information	.28	.08	.08	14.34	.0002

A simple regression model which suggests that FEM scores can be predicted by knowing information scores showed a positive linear relationship between these two variables. Eight percent of the variance in FEM could be predicted by knowing the social worker's score on the importance of providing information. Higher FEM scores are, therefore, somewhat predictive of social workers who believe in providing information to clients. This relationship is significant (p=.0003) (see Table 4.15). Similarly, social workers who believe strongly in giving information to clients are predictive of more feminist attitudes.

Hypothesis 5. Social workers with more feminist attitudes would be more supportive of the feminist practice characteristic of personal self-disclosure to clients about important issues for women.

The feminist practice characteristic of personal self-disclosure was analyzed through the positive scores (8-0), which were calculated by adding all the "extremely likely" and "extremely unlikely" scores.

TABLE 4.16

A Simple Regression of FEM Scores based on Personal Self-Disclosure Scores

Predictor Variable	Simple r	Adjusted R^2	Regression Coefficient	F	p
Self-disclosure	.27	.07	.06	13.59	.0003

A simple regression model which suggests that FEM scores can be predicted by knowing self-disclosure scores showed a positive linear relationship between these two variables. Seven percent of the variance in FEM could be accounted for by knowing the self-disclosure score of a social worker. Table 4.16 shows that higher FEM is, therefore, slightly predictive of social workers who believe in personal self-disclosure as a practice with clients and is significant (p=.0003). Similarly, social workers who

believe more strongly in personal self-disclosure are also predictive of social workers with more feminist attitudes.

Thus, all five hypotheses of the study were supported.

Relationships Between Practice Variables and Demographic Variables

The relationships between the practice variables and personal and professional characteristic variables will now be examined. Significant relationships among practice variables will be shown first.

TABLE 4.17

A T-Test Comparison of KAWS Scores Among Feminists and Non-Feminists

	N	M	sd	t	p
Feminists	92	20.3	6.8	6.54	.000
Non-feminists	75	12.7	8.1		

A t-test comparison based on whether or not one labelled oneself as a feminist, revealed a significant difference in KAWS scores (see Table 4.17). Social workers who identify themselves as feminists have higher levels of contemporary knowledge about women.

Results of a similar comparison of FEM scores among feminists and non-feminists are shown in Table 4.18.

TABLE 4.18

A T-Test Comparison of FEM Scores Among Feminists and Non-Feminists

	N	M	sd	t	p
Feminists	91	4.58	.33	5.40	.000
Non-feminists	75	4.21	.50		

A t-test comparison based on whether or not one labelled oneself a feminist, revealed a significant difference in FEM scores. Feminists scored significantly higher on the feminist attitude scale than non-feminists (t=5.40; p=.000). This result also provides added construct validity of the scale for this variable.

TABLE 4.19

A T-Test Comparison of KAWS Scores Among Females and Males

	N	M	sd	t	p
Females	118	18.21	7.60	3.58	.001
Males	58	13.28	9.07		

A t-test (see Table 4.19) revealed significant differences in KAWS scores depending on gender (t=3.58 <.05). Female social workers in

this survey scored significantly higher in their knowledge scores than males.

TABLE 4.20

A Simple Regression of FEM Scores based on the Ages of Respondents

Predictor Variable	Simple r	Adjusted R^2	Regression Coefficient	F	p
Respondents' Ages	-.27	.07	-.01	13.16	.0004

A simple regression model which suggests that FEM scores can be predicted by knowing the age of a social worker, showed a negative linear relationship between feminist attitude scores and age such that younger social workers are more likely to be feminist in their attitudes. Seven percent of the FEM variable could be predicted from the age of the respondent. Table 4.20 shows that this relationship was significant (F=13.16; p=.0004).

A simple regression model which suggests that FEM scores can be predicted by knowing the number of years a social worker had been in practice, showed a negative linear relationship between feminist attitude scores and years in practice. These results are shown in Table 4.21.

TABLE 4.21

A Simple Regression of FEM Scores based on Respondents' Years in Practice

Predictor Variable	Simple r	Adjusted R^2	Regression Coefficient	F	p
Years in Practice	-.18	.03	-.01	5.87	.0165

Three percent of the variance in FEM scores can be predicted by knowing the number of years a social worker had been in practice. This relationship is significant (F=5.87; p=.0165). Generally, one would expect younger social workers to have fewer years in practice than older social workers, supporting the results in the previous analysis of FEM and age.

TABLE 4.22

A Simple Regression of FEM Scores based on Respondents' Years of Graduation

Predictor Variable	Simple r	Adjusted R^2	Regression Coefficient	F	p
Years of Graduation	-.23	.05	-.01	9.77	.0021

A simple regression model which suggests that FEM scores can be predicted by knowing the year a social worker graduated implied that 5% of the variation in FEM scores could be predicted by knowing the graduation year. As the number of years since graduation increased, FEM scores decreased. Table 4.22 shows that this negative linear relationship was significant (F=9.77; p=.0021). The fact that more recently graduated social workers had higher FEM scores, is consistent with the profile emerging in this survey of higher levels of a feminist attitude among younger social workers.

TABLE 4.23

Summary of Simple Regressions of Major Study Variables

	KAWS	FEM	information	self-disc.
KAWS	-	.53	.33	.16
FEM	.53	-	.28	.27
feminist	.46	.40	-	.22
information	.33	.28	-	.29
gender	.27	.16	-	-
self-disclosure	.16	.27	.29	-
age	-	-.27	-	-

Table 4.23 summarizes the significant relationships between the major study variables, knowledge (KAWS), feminist attitude (FEM), providing information, self-disclosure and, declaring oneself a feminist, gender and age ($p<.05$). In fact, all the relationships excepting KAWS and self-disclosure and FEM and gender were significant at the $p<.01$ level.

A multiple regression analysis of KAWS and significant practice/demographic variables.

A multiple regression model ($Y^1=A+B_1X_1+B_2X_2+B_3X_3...$) was employed in which several variables (information, self-disclosure and feminist attitude as indicated by the FEM), were tested to see how well they could predict a social worker's KAWS score when considered collectively. Results showed that 32% of the variance in the KAWS scores (see Table 4.24) could be predicted by knowing the scores on these variables.

When two other variables, gender and feminist (which had previously been shown to be significantly related to the KAWS) were added, 41% of the variance in KAWS scores could be predicted by knowing the scores regarding, information, self-disclosure, the FEM, gender and whether social workers declared themselves as feminist (see Table 4.25). In both multiple regression models, self-disclosure was not significant as a predictor of KAWS scores. Most of the variance in KAWS scores, therefore, can be predicted by knowing the FEM, feminist, gender and information scores.

TABLE 4.24

A Multiple Regression of KAWS Scores and Practice Variables

Variables	Regression Coefficient	Beta	T	p
FEM scores	8.73	.48	7.013	.0000
Information scores	1.02	.20	2.9	.0042
Self-disclosure scores[a]	-0.07	-.02	-0.29	.7696
R^2=.32	F=25.74	Standard Error=6.91		

[a]This variable was not significant in this model.

TABLE 4.25

A Multiple Regression of KAWS Scores and Other Study Variables

Variables	Regression Coefficient	Beta	T	p
FEM scores	6.01	.33	4.6	.0000
Feminist	-4.44	-0.27	-3.9	.0001
Gender	-3.35	-1.9	-3.0	.0030
Information scores	1.04	.20	3.0	.0034
Self-disclosure scores[a]	-0.10	-.03	-0.39	.6943
R^2=.41	F=21.49	Standard Error=6.42		

[a]This variable was not significant in this model.

The relationship of FEM and practice/demographic variables.

Similarly, a multiple regression model was employed in which the KAWS, information and self-disclosure scores, as well as the values of the age, year of graduation, practice years, feminist and gender variables were analyzed to see which of them contributed to predicting a social worker's FEM score. These variables were selected on the basis that in a simple regression model knowledge of each variable could significantly predict the FEM score. The model revealed that these variables together accounted for 40% of the variation in feminist attitude scores (see Table 4.26). However, in this multiple regression model only KAWS scores, whether one was a feminist or not, and self-disclosure scores were significant predictors of the FEM scores.

TABLE 4.26

A Multiple Regression of FEM and Other Relationships

Variables	Regression Coefficient	Beta	T	p
KAWS scores	.02	.33	4.19	.0000
Feminist	-.19	-.20	-.27	.0071
Self-disclosure scores	.03	.14	2.01	.0461
Age[a]	-.01	-.17	-1.84	.0685
Information scores[a]	.03	.11	1.53	.1271
Years since graduation[a]	.01	.14	1.46	.1459
Gender[a]	-.05	-.05	-.70	.4864
Years in practice[a]	.004	.07	.66	.5100
R^2=.40	F=12.10		Standard Error=.36	

[a]These variables were not significant in this model.

KAWS scores and other relationships.

Three additional simple regression models were tested to see the extent to which they were related to KAWS scores.

The results of the simple regression model which included KAWS scores and social workers' ages showed that a non-significant linear relationship exists between these two variables (F=.97; p=.33), such that KAWS scores cannot be predicted from knowing a social worker's age.

In the simple regression model which examined KAWS scores and a social workers' year of graduation, a non-significant linear relationship was also found (F=.55; p=.46). KAWS scores of social workers cannot be predicted from knowing the year in which they graduated.

Similarly, in the simple regression model which included KAWS scores and the number of years a social worker had been in practice, a non-significant linear relationship between these variables was also shown (F=.92; p=.34). Thus, KAWS scores of social workers cannot be predicted from knowing the number of years they have been in practice.

TABLE 4.27

An Analysis of KAWS Scores by Respondents' Kinds of Practice

Source	DF	Mean Square	F-Ratio	F-Prob.
Kinds of practice	12	123.72	1.82	.0490

Oneway analysis of variance of KAWS scores within the groups formed by social workers' different kinds of practice (administrative, child welfare, counselling, etc.) found no two groups of KAWS scores with significantly different means (see Table 4.27). Levels of contemporary knowledge about women appear to be unrelated to different kinds of social work practice.

TABLE 4.28

An Analysis of KAWS Scores by the Single Sources of Most Influence of Respondents' Knowledge, Attitudes and Practice with Women

Source	DF	Mean Square	F-Ratio	F-Prob.
Single sources of most influence	9	96.27	1.43	.1787

Oneway analysis of variance of KAWS scores within the groups formed by social workers' single sources of most influence of practice (literature, women and men you know, etc.), found no two groups of KAWS scores with significantly different means (see Table 4.28). Levels of contemporary knowledge about women appear to be unrelated to how social workers have been influenced regarding practice with women.

Mean scores of KAWS were also examined through a oneway analysis of variance for each of the eight practice settings (family service agency, social service agency/government, social service agency/non-government, hospital, institution, private practice, academic/educational institution, other). No significantly different mean scores of KAWS were found among any of these practice settings (seeTable 4.29). Social workers who score higher on KAWS are not significantly represented in any one setting.

TABLE 4.29

An Analysis of KAWS Scores by Respondents' Practice Settings

Source	DF	Mean Square	F-Ratio	F-Prob.
Practice settings	7	66.80	.95	.4711

The variable "highest degree" was collapsed into two categories: BSW and all other qualifications that were below the Master's level; MSW and all qualifications at or above the Master's level. A t-test comparison of KAWS scores and respondents' educational levels, revealed no significant differences (t=-.78; p=.437).

A simple regression model which suggests that KAWS scores can be predicted by knowing the "percentage of women counselled" score of each social worker showed that only 2% of the variance in the KAWS scores could be accounted for by this variable. While a scatterplot suggested a positive linear relationship between higher KAWS and larger percentages of women counselled, this relationship is not significant (F=.02; p=.89).

FEM scores and other relationships.

A t-test analysis indicated that there were no significant differences in FEM scores based on gender (t=1.93; p=.06). Similarly, there were no significant differences in FEM scores by graduate and undergraduate educational levels (t=-1.04; p=.30).

TABLE 4.30

An Analysis of FEM Scores by Respondents' Practice Settings

Source	DF	Mean Square	F-Ratio	F-Prob.
Practice settings	7	.20	.91	.4981

A oneway analysis of variance of the FEM scores of social workers among groups formed by the different practice settings revealed that no two mean scores were significantly different (see Table 4.30). Thus, there appears to be no relationship between the feminist attitude of social workers, as measured by the FEM, and where these social workers practice.

TABLE 4.31

An Analysis of FEM Scores by Respondents' Kinds of Practice

Source	DF	Mean Square	F-Ratio	F-Prob.
Kinds of practice	12	.32	1.54	.1165

Similarly, a oneway analysis of variance of FEM scores among groups formed by the different kinds of social work practice (administrative, child welfare, counselling, etc.) indicated that no two groups had significantly different mean scores (see Table 4.31). There appears to be no relationship

between social workers' feminist attitudes, as measured by the FEM, and how they practice social work.

TABLE 4.32

An Analysis of FEM Scores by the Single Sources of Most Influence of Respondents' Knowledge, Attitudes and Practice with Women

Source	DF	Mean Square	F-Ratio	F-Prob.
Single source of most influence	8	.21	1.02	.4217

Oneway analysis of variance of the FEM scores among the groups formed by the different single sources of most influence regarding practice with women (social work courses, literature, women's organizations, etc.) showed that no two groups had significantly different mean scores (see Table 4.32). Thus, the feminist attitudes of social workers seems to be unrelated to any particular, single source of influence.

While a scatterplot suggested a slight positive linear relationship between counselling larger percentages of women and a more feminist attitude, only 2% of the variance could be accounted for and this linear relationship was not significant ($F=2.90$; $p=.09$).

Summary

The contemporary knowledge about women (KAWS) of surveyed Albertan social workers and their feminist attitudes (FEM) are related as hypothesized. The feminist attitude variable accounts for 27% of the variance in the knowledge variable in this sample.

Social workers' contemporary knowledge about women (KAWS) and their feminist attitudes (FEM) were also related, as hypothesized, to the practice variable of providing information to women about relevant issues. Simple regression analyses (in which values of one score are used to predict the values of another score) showed that we can account for 11% of the variance in KAWS scores and 8% of the variance in FEM scores by the variance in providing information scores.

Social workers' contemporary knowledge about women (KAWS) and their feminist attitudes (FEM) were also related, as hypothesized, to the practice of personal self-disclosure to clients about relevant issues. Simple regression analyses showed that we can account for 8% of the variance in KAWS scores and 7% of the variance in FEM scores by the variance in self-disclosure scores.

Social workers' feminist attitudes (FEM) are related to their relative youth, in terms of their age, their years of practice and how recently they graduated.

The key variables, contemporary knowledge about women (KAWS) and feminist attitude (FEM) are significantly related to whether one is a

feminist, while the key variable of contemporary knowledge about women (KAWS) is also significantly related to gender.

CHAPTER 5

Discussion and Implications for Social Work Practice

Results

Registered social workers in Alberta vary in their contemporary knowledge about women, as evidenced by their KAWS scores. In contrast, their FEM scores showed that the attitude of registered social workers in Alberta are generally feminist-oriented. There was a significant positive relationship between higher feminist attitude scores (FEM) and declaring oneself a feminist. This analysis supports the use of the FEM scale as a measure of the construct "feminism".

Lower knowledge (KAWS) scores among social workers support the view that gender bias is a part of the culture for social workers, and that social workers are not exempt from this bias (Richey, 1987; Weiner, 1988). They also suggest that contemporary content on women has not been a core component of social work education (Abramovitz, Olds & Waring, 1982), and that the social work knowledge base may still reflect false generalizations derived from research based on men (Tice, 1990). This suggests that social workers need to scrutinize their knowledge and assumptions about women and women's issues (Garvin & Reed, 1983; Lerner, 1988; Sturdivant, 1980).

Higher feminist attitude (FEM) scores were clearly predictive of social workers with better contemporary knowledge about women. Thus, social workers with higher knowledge (KAWS) scores tend to be feminists, female and also to score higher on the feminist attitude scale (FEM). These results support the contention that feminism has played a major role in influencing the knowledge base of social workers with regard to women (Berlin & Kravetz, 1981; Kravetz & Jones, 1991; Mednick, 1979; Tice, 1990; Valentich, 1986). However, Sturdivant (1980) suggests that a feminist social work knowledge base has to be sought out through special training and education. It appears that feminists and some women who are social workers seek out contemporary knowledge about women, while others, including men, are less likely to acquire this feminist perspective through their regular training or education.

Social workers with more contemporary knowledge about women can be found in any setting or kind of practice. They are not distinguishable by their level of education, age, or years in practice. Social workers with more feminist attitudes, however, tend to be younger, recently graduated and with fewer years of practice. They are more likely to be female and to declare themselves as feminists. This apparent trend may support the optimistic view of Kravetz and Jones (1991) that the entire field of social work has been influenced by feminist theory and knowledge and that this influence is becoming more widespread.

Registered social workers with higher knowledge scores also show significantly higher levels of support for the practice of providing

information to clients about the issues covered in the knowledge scale. This relationship is consistent with descriptions of feminist practice in which women are viewed as adult learners. Information about women's issues is shared with clients in order to alleviate self-blame and to link their problems to the social environment (Al-Issa, 1980; Butler, 1985; Cammaert & Larsen, 1988; Levine, 1983; Sturdivant, 1980).

While supportive of providing information to clients about the issues captured in the knowledge scale, social workers with more feminist attitudes are also more likely to use personal self-disclosure about these same issues than social workers with higher knowledge alone. A simple regression model, in which a social worker's FEM score can be used to predict their likelihood of using personal self-disclosure, shows that a feminist attitude seems predictive of the feminist social work practice of using personal self-disclosure to build an egalitarian relationship, provide modelling and share information (Butler, 1985; Greenspan, 1983; Levine, 1983; Russell, 1989; Thomas, 1977; Weber, 1983). As with the knowledge variable, social workers with feminist attitudes are distributed through all settings, kinds of practices and cannot be distinguished through their educational levels.

Practice Variables

Generally, registered social workers in Alberta are supportive of providing information to clients about issues relevant to women. However, this research revealed that those who have up-to-date knowledge are more

likely to share this information than those who are less well-informed. This is somewhat encouraging. However, there was also evidence that some social workers who are poorly informed also believe strongly in providing information to clients about issues relevant to women. Even though there are not large numbers of such, it is disconcerting to think of some members of the helping profession disseminating misinformation about women and the issues that relate to them. Out-of-date, incorrect knowledge can contribute to clients' sense of self-blame or lack of options, while contemporary information can be liberating. Social workers, obviously, can be a powerful source of influence for clients and can provide new information that is accurate, non-stereotyping, and, therefore, more helpful.

Sources of influence

The under-representation of social work core and elective courses as a source of influence in shaping respondents' knowledge, attitudes and practices with women clients is interesting. It appears that informal, social encounters with people are more memorable and influential than curriculum. Or, perhaps, as the literature suggests, little emphasis has been given, in the past, to instructing social work students in social work practice with women. The fact that literature was the second highest source of influence suggests that some social workers have been introduced to a body of knowledge relevant to practice with women, but not necessarily in the social work curriculum. The research showed that out of

a possible maximum score of +46 on the KAWS scale, Registered Social Workers in Alberta only attained a mean score of +16.59, and 45% of them scored below the mean. Increased emphasis in the curriculum on knowledge about women might, therefore, result in an increase in KAWS scores.

I would have expected to find that literature, workshops, or, women's organizations might have shown up as significant sources of influence. Not many respondents cited workshops or women's organizations as sources of influence. This may explain why these results were not significant. As the type of influencing literature was not specified in the question, respondents who reported that they were most influenced by literature might have been referring to feminist or traditional literature. If so, this collapsing of two categories (feminist and traditional literature) into one literature category, may have detracted from a significant result.

Generalizability of Results

This sample of social workers was randomly drawn, with a total of 59% of those sampled responding to the survey. The demographic profile of respondents appears to reflect what might be expected to be found in the population. There were twice as many women as men. Their ages reflected beginning social workers, those in mid-life and, perhaps, mid-career, as well as some workers close to retirement age. Most were around forty years of age. Just over half of the respondents held graduate social work degrees, while only four social workers held post-graduate qualifications.

The year of graduation spanned forty-one years; however, most respondents graduated after 1980. In addition, their years of practice ranged from one year to forty years, with most respondents having been in practice for more than a decade. All work settings were represented, as well as all kinds of practice.

The only demographic information available with regard to registered social workers in Alberta, was on gender. This variable proved to be critical in the study. Thirty one percent of all registered social workers in Alberta are male. Twenty nine percent of those sampled randomly were male. Thirty three percent of respondents to the survey were male. Thus, the sample can be considered fairly representative of the population based on gender alone.

Because of the use of random sampling, the fact that respondents displayed a broad range of characteristics, the fact that gender rates in the sample matched those of the registered social workers in Alberta, and, that the sample size that was recommended for generalizability from a population of this magnitude was obtained, the results can be generalized to all Registered Social Workers in Alberta.

Summary and Discussion of the Limitations of the Study

Instrumentation limitations include concerns about the possible bias in the KAWS and whether it is still current. Also KAWS has only had limited testing, so its suitability for a variety of social work populations

has yet to be established. The subject matter of the study itself (a feminist perspective of social work practice with women) could have biased reactions to the questionnaire.

The questions that respondents had the most difficulty with related to the two practice variables, providing information and personal self-disclosure. The majority of respondents completed the questions without comment. However, about 30 social workers provided feedback regarding their difficulties with these particular questions and most were in response to the self-disclosure question. The problems included: lack of definition in the wording of the questions; a need to qualify responses for professional reasons; and, the lack of a category, such as "not applicable".

The major problem with the "providing information" question was in the realm of appropriateness for the client. One respondent qualified positive responses in the margin with, "It depends on the circumstances regarding counselling". Another failed to score the item but stated, "Extremely important if relevant to client's (sic) issues".

The personal self-disclosure question seemed more difficult than the information question for respondents. A few social workers were astute enough to notice that the recipient of self-disclosure was not specified in the question. Some added the word(s) "client" or "in a counselling situation" or "to whom?". All proceeded to respond based on their assumptions about the recipients. Those that did not add these comments,

but responded, presumably made the correct assumption, based on the stated purpose and previous tone of the questionnaire.

The lack of a category for "not applicable" responses possibly skewed the results of this item. Some respondents answered affirmatively on all items except one or two, such as "a situation in which you felt abused". This negative response could likely be due to never having been in that situation rather than not choosing to share it with a client. As one respondent correctly wrote, "Hard to answer sensibly if don't (sic) have strong experiences of some of these issues.".

Two contrasting responses illustrated a dichotomy that seemed to emerge in response to this question. On one side, respondents appeared clear that, for them, self-disclosure was not a practice principle. One such respondent gave all negative scores and added, "These issues are not what clients should necessarily know about the therapist". Another, who also scored negatively, stated in response to the item regarding comfort with homosexuality/homosexuals, "Unless working with a homosexual and that's an issue". The contrasting responses came from social workers who unequivocally scored all positive, including "extremely likely" responses to the self-disclosure question. These social workers seemed to be answering this question from a position of belief in self-disclosure as an important practice principle, rather than from concerns about appropriateness, relevance or applicability.

When the questionnaire was being developed, the issue of appropriateness was deliberately omitted from the questions on

information and self-disclosure. The argument was that if the question added "if appropriate and relevant", differences in respondents' principles around these practice variables would be harder to detect. For the most part, social workers did assume that their professional integrity would be assumed by the researcher.

However, the lack of a "not applicable" category is a limitation on interpreting the results. This limitation affects positive scores. Possibly, personal self-disclosure among registered social workers in Alberta is more significant than the results showed. The measure could be revised to include the conditions of timing, relevance and appropriateness of personal self-disclosures. The question might read, "If you and a client both had one of the following personal experiences, or were discussing an issue about one of these topics, if your professional judgement regarding timing, relevance and appropriateness were satisfied, how likely would you be to self-disclose your personal experience or feelings about the following?".

Feminist Social Workers in Alberta

Enumerating feminists among Registered Social Workers was not a goal of this study. However, it seemed a relevant personal characteristic variable in a study on social work practice with women. As feminism was not a major focus of the study, concerns about how to define and categorize feminism were avoided. A simple question, "Do you consider yourself a feminist?" seemed respectful of social workers' own self-definition and

was, perhaps, the most valid measure of this construct. This variable proved useful in the subsequent analysis of results.

The question itself did not reveal any negative reactions among respondents. Most simply answered "Yes" or "No". One exception, however, was the respondent who circled the word "feminist" and wrote, "Don't know what this means. I consider myself a citizen who is open to growing!". Among male social workers, one respondent circled "Yes" and humbly added "-not too good a one yet though".

Recommendations for Future Research

This research was limited to social work practice with women, as a class. However, there is a class variable among women. White, middle class women, married women in affluent or two income families, educated, professional, working women, women of colour, lesbian women, single women and single mothers and, elderly women differ in some of their issues. Mednick (1979) cautions, *"we must force ourselves to overcome the biases that lead us to study only ourselves."* (pp. 205-206). The effects of class and race in social work practice with women were beyond the scope of this study but warrant attention in future research efforts.

The scope of this study also precluded attempts to elicit qualitative information. Much more information could have been gained through a qualitative component about practice variables, sources of influence regarding social work knowledge, attitude and practice, and suggestions for

future directions in the profession with regard to social work practice with women.

The two practice questions could be improved as already suggested. In addition, instead of simply using the subscale heading as the focus of each question about the importance of providing information to clients, examples of topics included in the sub-scale headings might be helpful for future respondents. The researcher in the current study assumed, perhaps incorrectly, that all respondents would be familiar with contemporary women's issues.

Implications of the Study Results for Social Work and Social Workers

While some registered social workers in Alberta are quite well-informed about women and most are not noticeably sexist, gaps in knowledge, some traditionally sexist attitudes and differing practice principles do exist.

The fact that males still lag behind females with regard to knowledge and attitudes is a concern, despite the smaller numbers of males in the profession. It appears that the effects of the culture in which we are all socialized are greater than the effects of social work education, whether formally through the curriculum and professional development, or informally through collegial sharing of information and personal self-disclosure. It seems that we are most affected by the impact of "women and men we know" to shape our attitudes, knowledge and practices. These

women and men differ, as they should, and are also subject to the forces and biases prevalent in our society. My concern is, therefore, that in a profession that serves a predominantly female population, strategies are not more widely applied to counteract these inherent biases in social work students and practitioners. In the realm of the Social Work Faculty, strategies might include the hiring of instructors with feminist attitudes to provide modelling, offering a core course "Social Work Practice with Women", and, showing a commitment to gender-sensitivity throughout the curriculum and the socio-cultural environment of the faculty. Social work educators are in a prime position to influence students in the curriculum, as role models and in the culture of the faculty.

Agencies could review the professional development of their social work staff and include workshops on practice with women from a feminist perspective. Also, the agency itself could foster a culture in which feminist concerns about women clients could be comfortably discussed. Feminist social workers, who appear to be represented in all agencies, would be able to share their knowledge, attitude and practices with colleagues more openly.

The Alberta Association of Social Workers could also take a more active role in providing support for contemporary knowledge, attitude and practice regarding women clients. The 1992 Annual Conference has a focus on gender issues in practice. This is the kind of activity that might stimulate males (who, in general, are less well-informed about women as clients) to update their knowledge and practice. Older social workers and

males (who are, in general, less feminist in their attitude) might also become aware of any of their own outdated attitudes towards women clients.

While sexism (inappropriate knowledge, attitude and practice regarding women) is particularly relevant to clinical social work, sexism is also a concern in other areas of social work. Social policy development, impacting on groups of women in special categories, can similarly be affected by social workers who lack contemporary information or who hold traditional attitudes regarding the roles and rights of women. Issues such as daycare, abortion and equal pay are a few that spring to mind.

Social workers in administrative or supervisory positions can either foster a culture of openness about contemporary responses to women within their agencies, or, they can maintain a culture that is limiting for both clients and staff.

It would seem to me that the feminist practice principles of providing information and using personal self-disclosure might be useful among social workers themselves. Being "professional" does not necessarily mean being guarded about oneself. Openness about one's personal experience as a woman or as a man should not feel "dangerous" or seem "inappropriate" or "irrelevant". Rather, the communication about oneself, directly or indirectly, can be a powerful re-education of and support to colleagues and clients, of both sexes. While this study was about social work practice with women, I believe that the practice variables of information and self-disclosure are of value with male clients.

Their resocialization also has an impact for women they relate to as well as for themselves.

The term "feminist" provides a framework for examining history, literature, research and the culture in which we live. However, it is a term which is still fraught with negative overtones for some people. While feminism is, therefore, a useful label as a starting point, it is also a construct that confuses and creates defensive reactions in those we might most wish to convince. In this study the term "feminist" and the self-identification question was reserved until last. This was in an attempt not to alienate respondents. This attempt seems to have been successful. The implications, therefore, for future efforts with regard to social work practice with women are both to legitimize the feminist perspective and to be sensitive to those who react against it. This sensitivity, however, should not be permitted to silence the voices of women in the social work profession.

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APPENDIX A

SURVEY COVER LETTER

Dear colleague,

I am a graduate student in the Faculty of Social Work at the University of Calgary. You have been randomly selected, from the roster of registered social workers in Alberta, to assist me in collecting the data for my thesis. I would be most grateful for your help.

The topic of my study and the questionnaire is, **social work practice with women.**

Your response to the study questionnaire will be treated anonymously and confidentially. Please **do not** write your name on the questionnaire. The list of selected names and addresses will not leave the AASW office and will be destroyed as soon as a follow-up letter is mailed to you.

If you have any further questions about this study, please call me in Edmonton (457-4807), or, my thesis advisor, Dr. Leslie Tutty (220-5942), in Calgary. A summary of the findings will be submitted to the Advocate for publication.

I hope that I will have the opportunity to thank you for your support of this study.

Yours sincerely,

Sally A. Devereux

APPENDIX B

SURVEY FOLLOW-UP LETTER

Dear colleague,

I hope that you received the questionnaire mailed to you three weeks ago. It concerned **social work practice with women.**

If you have already responded, thank you very much for your contribution to this study. As promised, I plan to summarize the results and submit them to the Advocate.

If you haven't responded as yet, this letter is intended as a friendly reminder. I do appreciate that social workers are busy people! I'm sure that you have intended to reply and I still would really welcome your response. If you have mislaid the questionnaire, please give me a call in Edmonton - 457-4807 (collect if necessary), and I will send you a duplicate.

I hope to hear from you soon. As I mentioned in my original letter, all responses are **anonymous and confidential.** The names and addresses of registered social workers selected for this study will be destroyed following this mail-out.

Yours sincerely,

Sally A. Devereux

APPENDIX C

SURVEY MEASURES OF PRACTICE VARIABLES

Knowledge About Women Scale (KAWS)

Respondents were asked to "Please place an X under the response of your choice, TRUE, FALSE, DON'T KNOW ".

1. Women with potential breast malignancies often delay seeking medical attention. (**True**)
2. When a woman pursues a career, her children's identification with their same sex parent is often impeded. (**False**)
3. Battered women who are not ready to leave their partners often become resentful when it is suggested they do so. (**True**)
4. Female employment is overwhelmingly concentrated in low-paying clerical, sales, and service occupations. (**True**)
5. Women tend to be more involved in the decision-making process in a marriage when they contribute financially to the household. (**True**)
6. Some women have a biologically determined disposition to masochism. (**False**)
7. There are two types of physiological orgasmic responses in women: clitoral and vaginal. (**False**)
8. Female socialization in our culture tends to place women in a position of powerlessness relative to men. (**True**)

9. Gender bias is found in the theoretical frameworks which comprise the social work knowledge base. (**True**)

10 The majority of female clients remain in counselling longer than male clients. (**False**)

11 Male "envy of motherhood" is much stronger than female "penis envy". (**True**)

12 Women want less private time to themselves than men do. (**False**)

13 Wives tend to judge their success as individuals by comparing their achievements to those of their husbands'. (**False**)

14 Single women are more likely to develop emotional difficulties than single men. (**False**)

15 The female personality is usually defined in relation to other people while the male personality is usually defined in relation to socioeconomic institutions. (**True**)

16 Most battered women are aware of the resources available to them as battered women, but are reluctant to use them. (**False**)

17 Approximately one out of every eight wives is sexually assaulted by her husband. (**True**)

18 Changes in a woman's body chemistry during pregnancy can contribute to feelings of depression. (**True**)

19 Working wives no longer bear most of the responsibility for housework. (**False**)

20 In general, counselors tend to support sex-typed definition of roles and relationships within the family. (**True**)

21 Theoretical concepts in the social sciences often have a sexist bias. (**True**)

22 Non-conjugal sexual assault usually causes more psychological upset in victims than sexual assault within a marriage. (**False**)

23 It is more common for the battered woman to have witnessed abuse in her family of origin than the battering husband or partner. (**False**)

24 The vagina is shortened during a hysterectomy. (**False**)

25 Battered women can, more often than not, predict what will serve to trigger off the husbands' violence. (**False**)

26 The majority of clients who state a preference for the gender of a counselor prefer female counselors. (**True**)

27 The percentage of lesbian women in the general population is estimated to be under 2 percent. (**False**)

28 Nearly 40 percent of women experience some form of severe emotional disturbance during pregnancy. (**False**)

29 Although birth control pills can cause blood clots, tumors, hyperthyroidism, and other serious conditions, there is no evidence that they cause psychological symptoms in women. (**False**)

30 As a result of internal conflicts, many battered women unconsciously seek out abusive relationships. (**False**)

31 Traditional theories of personality development use the male model as the norm. (**True**)

32 Housewives have a lower rate of depression than women who work outside the home. (**False**)

33 The majority of North American women aged 18-64 are paid workers. (**True**)

34 Women become more assertive with the arrival of children. (**False**)

35 As a result of more liberal sexual mores, women experience greater pressure to agree to sexual activity. (**True**)

36 During the sex-role socialization process, most females learn that they are inferior to males. (**True**)

37 Most women experience higher levels of happiness and satisfaction during the "empty nest" stage than in other life stages. (**True**)

38 The majority of women experience no long-lasting negative consequences after having an abortion. (**True**)

39 Erik Erikson's "life-cycle stages" apply equally to females and males. (**False**)

40 Menopausal status is one of the major contributing factors in the self-evaluation of middle aged women. (**False**)

41 A woman's transition to old age is more often smoother, less demoralizing, and easier than for men. (**False**)

42 Power aspects of sex roles are largely disregarded or denied in counselling situations except when women are perceived as having more power. (**True**)

43 Many women experience increased sexual satisfaction after menopause. (**True**)

44 Sexual assault within a marriage may be more common than all other kinds of sexual assault combined. (**True**)

45 Approximately one out of every five women in North America have had some homosexual experience during their lifetime. (**True**)

46 Between lesbian couples, financial status determines which partner has greater influence in decision-making. (**False**)

Attitudes Towards Women Scale (FEM)

Respondents were asked "For each statement, please indicate the extent to which you agree or disagree with the statement using the following guide: strongly agree (1), agree (2), neither agree nor disagree (3), disagree (4), strongly disagree (5)".

(Scores for starred items are reversed)

47 Women have the right to compete with men in every sphere of activity. *

48 As head of the household, the father should have final authority over his children.

49 The unmarried mother is morally a greater failure than the unmarried father.

50 A woman who refuses to give up her job to move with her husband would be to blame if the marriage broke up.

51. A woman who refuses to bear children has failed in her duty to her husband.

52 Women should not be permitted to hold political offices that involve great responsibility.

53 A woman should be expected to change her name when she marries.

54 Whether or not they realize it, most women are exploited by men. *

55 Women who join the Women's Movement are typically frustrated and unattractive people who feel they lose out by the current rules of society.

56 A working woman who sends her six month old baby to a daycare center is a bad mother.

57 A woman to be truly womanly should gracefully accept chivalrous attentions from men.

58 It is absurd to regard obedience as a wifely virtue. *

59 The "clinging vine" wife is justified provided she clings sweetly enough to please her husband.

60 Realistically speaking, most progress so far has been made by men and we can expect it to continue that way.

61 One should never trust a woman's account of another woman.

62 It is desirable that women be appointed to police forces with the same duties as men. *

63 Women are basically more unpredictable than men.

64 It is all right for women to work but men will always be the basic breadwinners.

65 A woman should not expect to go to the same places or have the same freedom of action as a man.

66 Profanity sounds worse generally coming from a woman.

Providing Information to Clients

Respondents were asked to "Please indicate the importance of **providing information** to clients by circling the appropriate rating, extremely important (1), seldom important (2), important (3), never important (4) for the following issues:"

67 Theories and theoretical frameworks about women

68 Women and therapy

69 Women and their bodies

70 Women and abuse

71 Women in transition (life stages)

72 Women and mental health

73 Women and social institutions

74 Women and lesbianism

Personal Self-disclosure

Respondents were asked to circle the appropriate rating, extremely likely (1), likely (2), unlikely (3), extremely unlikely (4), in response to the question, "How likely are you to **self-disclose a personal experience** about the following?".

75. Your need for private time
76. Your experiences with your **own** counselor
77. Your experiences around sexuality/reproduction
78. Your experience in your past/present life stage
79. A situation in which you felt abused
80. A time when you were depressed
81. Your feelings when you are/were financially dependent on your partner
82. Your comfort with homosexuality/homosexuals