



WomanView

Spring 2013

*The Newsletter of the Section for the Advancement of Women
Society of Counseling Psychology (Div 17)
American Psychological Association
Yu-ting Su, Editor*

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Notes from SAW Chair

Julie R. Ancis, Ph.D.



*Happy New Year!
SAW has been busy
this year with several
initiatives:*

*We are excited to
announce that our
new website is up and
running thanks to Nita
Makhija, doctoral
student at Seton Hall*

University. Please take a look at:

<https://sites.google.com/site/div17saw/home>

*Our Task Force on Women and Girls in the
Justice System has been productive. One of the
major objectives this year is gathering
resources for the scientist-practitioner, as well
as for those who are currently involved in the
legal system, whether as defendants, litigants,
mental health professionals, evaluators,
judges, or attorneys. We know that
psychologists and other mental health
professionals are often involved directly and/or
indirectly in the legal system. Yet, training and
education in this area is limited. The resources
can be found on the SAW website and will be
added to periodically. Currently, we have a
listing of journal articles, books, book
chapters, and website as relates to Family
Court (domestic violence, divorce transition,*

diagnosis, mediation, financial, custody evaluators and guardians ad litem, therapeutic approaches, and gender bias), the Criminal Justice System (women and crime, statistics, relationships, drug court, reentry, rehabilitation and counseling), and Domestic Violence. Please see:

<https://sites.google.com/site/div17saw/task-forces/saw-task-force-women-and-girls-in-the-justice-system>. We hope that they are helpful to you. If you are interested in helping with the Task Force, please contact me at julieancis@gmail.com.

We also have a new Facebook Page. Please like us on Facebook <https://www.facebook.com/SawDiv17APA> to keep abreast of events, news and initiatives. We hope that this page will inform others about SAW efforts and attract increased interest and membership. A special thank you to Dr. Riddhi Sandil for creating the FB page.

We remain interested and open to increased student involvement. Please contact our Student Representative, Erin Woike and Membership Chair, Riddhi Sandil for more information. Authoring or co-authoring a piece for our newsletter is a great way to contribute. Contact our Newsletter Editor Yuting Su.

Congratulations to Dr. Debra Mollen who has been nominated and elected as Chair-Elect. She will assume her position as Chair-Elect in August 2013.

Please continue to advertise SAW in your correspondences, in your work setting, and among your colleagues and friends. We want to make sure that all the hard work of our foremothers continues with the next generation.

May you all have a great year!

~ Julie R. Ancis, Chair

Research Updates

Reproductive Justice

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I write this article as we mark 40 years since the landmark decision in Roe v. Wade ended decades of unsafe and illegal abortion practices in the United States. Perhaps especially for those of us raised in a post-Roe world,

losing sight of the history of the fight for access to reproductive healthcare has inured us from the obstructions and injustices that characterized women's healthcare prior to Roe. In spite of the decades of organizing, educating, and picketing that resulted in increased access to both birth control and abortion, our hard-fought reproductive rights have been slowly but consistently eroded in the four decades that have passed. As with other health disparities, the persistent backlash against reproductive justice has disproportionately impacted marginalized women, including young, poor, and non-White women. The past two years specifically have resulted in more restrictive proposed and enacted legislation than at any time since Roe passed in 1973.

Restrictions on abortion access include parental notification and consent laws, mandatory waiting periods, pre-abortion counseling, sonogram requirements, and restrictions on late-term abortions. Lawmakers who promote abortion restrictions often mislead policymakers and the public by relying on erroneous information that is not grounded in medical or psychological science. For example, much of the current argument for restricting

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abortion access comes from the myth that women who have abortions regret and are harmed by them, although the most comprehensive studies have repeatedly demonstrated that the majority of women experience no adverse psychological or physical effects from abortion. Those who argue in favor of abortion restrictions often mislead people by co-opting and distorting medical and psychological language. For example, by invoking *informed consent* to justify performing sonograms and invasive transvaginal ultrasounds, enacting mandatory waiting periods, and requiring state-sanctioned abortion counseling, anti-abortion activists juxtapose the ethical practice of ensuring recipients of care understand the risks of and limits to treatment with medically and psychologically inaccurate language, misleading information, and unnecessary procedures and delays. Similarly, those who propose restrictions on reproductive healthcare often invoke the term *partial-birth abortion*, even though the medically correct term is *late-term abortion*. These strategic approaches serve to obfuscate the discourse and contribute to a climate increasingly hostile to women's reproductive well-being. Even terms like *pro-life* are problematic insofar as they presume that those who choose not to identify as pro-life must, by proxy, be pro-death.

While reproductive justice may conjure a one-dimensional depiction of abortion clinics, its practice and impact are much more encompassing than perhaps many people realize. For example, birth control was illegal for married couples to access until 1965 and for unmarried people until 1972. Contraception and abortion were considered obscene—and therefore illegal—for nearly a century under the Comstock Act of 1873. As recently as the last U.S. Presidential election, access to birth control was being hotly debated and although proposed personhood bills failed at the state level, they would have rendered some common forms of birth control, such as the IUD, potentially illegal. Of particular note, no U.S.

pro-life organization advocates the use of birth control. They more routinely equate birth control with abortion (calling it *abortifacient*) and typically endorse abstinence-only education, which has received millions of dollars in federal support in spite of a dismal track record that indicates adolescents who receive abstinence-only education are more likely to experience a sexually transmitted infection than those who are exposed to more widespread, medically accurate information.

Along with continued struggles to keep birth control and abortion safe, legal, and accessible, recent fights for advances in reproductive health include access to comprehensive sex education, emergency contraception, and the HPV vaccine. In all cases, as with the advent of the birth control pill in the 1960s, opponents feared and argued that such advances would compel girls and women to become casually and irresponsibly sexual, in spite of no scientific support for their argument. In fact, contrary to the persistent myths that have juxtaposed access to reproductive healthcare with the most dire consequences—for example, the fallacious claim that abortion increases the risk of suicide; it doesn't—women and their children fare best when pregnancies are planned, wanted, and spaced.

As psychologists and psychologists-in-training, we are in the unique and privileged position of providing therapy, education, consultation, advocacy, and activism. We can contribute to individual, local, and national discourses by clarifying, demystifying, and debunking myths and misinformation. We can strive to help those with whom we work make intentional choices around their sexual and reproductive health. We can volunteer as clinic escorts, design research studies to explore these topics further, and create and contribute to a discourse in which we discuss the vitally important issues of reproductive justice and sexual health openly, without judgment or shame, and in the spirit of empowering and emboldening ourselves and others to embrace the full scope

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of our ability to craft intentional, purposeful lives.

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Early Career Psychologists

My On-Going Experiences with Mentoring: Reflections of an Early Career Professional

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Over the past 10 years, I have crossed paths and developed professional relationships with some amazing people. In retrospect, the benefits that I've earned from spending time with my superiors and

peers seem obvious. At the time, I appreciated the wisdom and support of my instructors, supervisors, and senior colleagues; however, I rarely used the term "mentorship" or identified as a "mentee", at least in my early training experiences. Of course, I knew the term, as I would occasionally hear students refer to their

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mentors as their inspiration for becoming a psychologist or the reason they left their program to seek a new career trajectory. This reinforced my already narrow view of mentorship as requiring a level of trust equivalent to that of BFFs and domestic partnerships. I saw mentors as seasoned experts that select the most deserving protégés and could make or break one's professional trajectory.

Despite these skewed perceptions, I am fortunate that my views toward mentorship changed with time. With time, I realized I was engaging in quality mentoring relationships without having to declare servitude to my advisor and other faculty. In fact, my most valued mentorship experiences developed organically based on having shared interests and feelings of mutual connection and respect. I give credit to my training program for encouraging students to cast a wide net and work on more than one research team that allowed for exposure to multiple faculty perspectives. In addition, faculty did not paternalize students, but treated us as junior colleagues that were expected to take agency and contribute to the mentoring relationship. I was also fortunate to have developed connections with professionals outside of counseling psychology. These relationships have helped me appreciate the broader nature of academic life, and at the same time, have reinforced my connection to SCP (Society of Counseling Psychology).

Now, as a junior faculty member, I am engaging in new forms of mentorship by providing students with support while also receiving guidance as an early career professional. I continue to value multiple forms of mentorship, and encourage students to seek diverse professional experiences both within and outside of the training program. For example, I encourage students to join professional organizations and networks that represent different aspects of their identity, particularly when these areas are not

represented across their training program and faculty interests. This is particularly important for students of underrepresented groups that may not feel a sense of collective identity within their program. Although faculty can attempt to provide supportive experiences, I respect that certain types of mentorship cannot be fully replicated.

In summary, I now see mentorship as something that comes in many forms that may not be fully recognized or appreciated until later in one's professional development. I value my mentorship experiences and look forward to my on-going and future roles as both a mentor and mentee.



Relational Mentoring

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In my pursuit of an academic career, the support of various mentors has been essential to me in this journey. I remember being assigned a peer mentor right after I entered the doctoral program several years ago and was curious about what a mentor

was. At that time, I had no idea about what mentorship was due to my Taiwanese cultural background. In the academic culture in Taiwan, the role of teachers is central. Teachers (including professors in colleges) are highly respected, because they take on tremendous responsibilities in shaping and facilitating their students' professional development, and thus

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the students have obligations toward their teachers. This teacher-student dyad functions in accordance to the principle of reciprocity, just like other crucial role dyads in Chinese society. The teacher-student relationship is similar to the parent-child relationship, as students are expected to pay back to their teachers and fellow students. It is like a child is expected to help his/her parents and siblings once growing up. Hence, I had difficulty understanding why a more experienced student, a professor, or a counselor, who was not my advisor or someone else in my academic family, was willing to go out of his/her way to help me academically and personally without expecting something in return.

As I became more familiar with this idea of mentorship, I began to recognize the beauty of more advanced students and seasoned scholars/practitioners selflessly passing down their experiences and devoting time and energy to the development of newcomers in the field of counseling psychology. My mentors in the past few years have served as excellent role models of innovative and brilliant researchers and conscientious practitioners. They have offered guidance and resources when I felt lost or trapped. More importantly, they have provided emotional support when I felt discouraged, frustrated, and in despair when I encountered obstacles to achieving my goals. Sometimes they used their own stories to validate my experience and encourage me to keep trying. In Liang and colleagues' research (2006) on mentorship to Asian and white women in college, they cited Miller and Stiver's (1997) theory of gender differences in mentoring relationships. Compared to men, women tend to seek support more often and develop more dyadic and close relationships with their mentors. Liang and colleagues (2006) attributed these differences to men and women's varying concepts of "mentors". Based on Sullivan's (1996) idea, Liang and colleagues (2002) coined this term, *relational mentoring*, that focuses on empowering, building connections, increasing knowledge of

self and others, and fostering growth. This concept of relational mentoring is very much in line with a feminist perspective.

As a new faculty member, I especially appreciate the mentoring that my program offers me. My mentor has continuously provided me advice in teaching, researching, and community services, without taking an authoritative position. He is always there when I need emotional support and knowledge about our program and this campus to navigate my first year in academia. Our relationship mirrors Liang and colleagues' (2002) concept of relational mentoring, and I found myself grow professionally in this less hierarchical and very nurturing connection. I am also learning to provide mentoring to my students to support them, empower them, and help them build connections with other professionals and organizations.

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Inquiring Minds

Nourishing Who We Are To Prevent Burnout

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This last year I have had the pleasure of observing two groups for clients with eating disorders held at the Counseling and Psychological Services at my University's health center. The group that I am currently

observing is called "Nourish." As I have witnessed this group, I have begun to learn about the powerful meaning the word can hold both for people seeking help as well as for helping professionals. The online dictionary states that "nourish" means: 1. to provide with food or other substances necessary for life and growth; 2. to foster the development of, promote; and 3. to keep alive, maintain, (Free online dictionary). The group highlights the relationship between how we feel about ourselves and the ways we treat our bodies. Rather than nourish, clients with disordered eating often use eating practices to neglect or punish themselves. While this group focuses on strengthening the inner voices that promote nourishment, it also helps clients recognize the maladaptive but protective role that their critical, punishing voices play. A theme that comes up over and over again for group members is the difficulty in finding balance, as well as the damage caused by their strong critical voice. Although this group focuses on clients with disordered eating, I believe that the themes derived from this group can be

generalized to our society as a whole, as well as to helping professionals.

As both helping professionals and students in training, we are forced to juggle a lot, and balance can easily be lost. At times, I find myself struggling to balance my personal life with the many obligations (i.e., course work, teaching, research, and counseling practicums) I have as a doctoral student. With so much to do in a single day, after everything is done, I find myself being easily drawn into the brainless TV shows, when I know it might be more nourishing to go to the gym or enjoy a conversation with my partner.

I am not alone in this tendency to lose balance. Zur (2011) notes typical hazards of being a therapist, how these lead to burnout, and what can be done to prevent or counteract these hazards. Hazards listed by Zur (2011) include emotional depletion, isolation, vicarious traumatization, one-way intimacy, inability to shut off the therapeutic stance, and public vs. private split in personality. My growing awareness of these risks has made the themes from the "nourish group" even more salient. In group, individuals begin to gain an understanding of how we treat and "nourish" ourselves. Our patterns of eating and exercise often reflect our own inner attitudes towards ourselves and to others. The therapists that I observe running this group do an excellent job modeling for the group members. They address members' questions and highlight their interpersonal processes, which allows them to see the group as a nourishing place that benefits and elicits self-care. So here comes an important question: how do we model that sense of balance and self-nourishment in our profession and avoid the split between nourishing others and not nourishing ourselves?

Zur (2011) provides several suggestions for preventing burnout among our profession and these include: using consultation and supervision, using an interdisciplinary

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approach, setting boundaries, seeking a sense of belonging in a professional organization, and being involved in continuing education and non-professional activities such as sports or hobbies. Zur (2011) states that by being involved in the community, taking time off for vacation, and diversifying friendships, helping professionals can protect their sense of balance. There may not seem like enough hours in the day to get everything done, but I hope that this article serves as a reminder that as helping professionals, it is particularly important that we promote and model balance, self-care, and nourishment.

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Laurel Watson, Julie Ancis, and their colleagues published an article, "A Model Linking Diverse Women's Child Sexual Abuse History with Sexual Risk Taking" in the most recent issue of *Psychology of Women Quarterly* (March, 2013).

A big thank you to all the graduate students who helped with this issue of *WomanView!* Sara Pollard, Chris Lunder, Krystle Koelker, and Lindsey Nieman gave valuable suggestions to make this newsletter better.



News in the SAW Family

Dr. Sunny Hansen at University of Minnesota and her husband were delighted to observe their 50th wedding anniversary on December 15th, 2012!

<https://www.facebook.com/SawDiv17APA>

Visit the SAW Facebook page for a great way to meet many like-minded individuals seeking to address issues related to gender, sexuality, diversity, and social justice. This page will keep you up to date on the most current SAW information. It also provides non-members with a quick and easy way to join SAW. Like us on Facebook!

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SAW Membership Application/Renewal

The Section for the Advancement of Women (SAW) is seeking new members. Please pass along this membership form to a friend or colleague who may be interested in joining SAW. This form may also be used to renew your membership in SAW or update your information. Renewals are due in September of each year. If you have not renewed for 2012-2013, now is the time to do so.

There are three categories of membership:

Member: Any Associate, Member, or Fellow of Division 17 who has an interest in the goals of the section (see explanation below) may apply for SAW membership.

Professional Affiliate: Professional affiliates of Division 17, or Fellows or Members of APA who are not members of the Division but have an interest in the goals of SAW may apply for affiliate status.

Student Affiliate: Any student belonging to either Division 17 Student Affiliate Group or APAGS who has an interest in the goals of SAW may apply for student affiliate status.

Annual Dues

Annual dues are based on income:

\$15 ~ Over \$30,000/year

\$10 ~ Under \$30,000/year

\$5 ~ Student Affiliate

Make check payable to: *Division 17 Section for the Advancement of Women*

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