

Sexism in Psychotherapy

Shirley Lo

School of Applied Psychology, Counseling and Family Therapy, Antioch University

PSYC7020: Social Justice in Clinical Psychology

Dr. Jude Bergkamp and Dr. Melissa Kennedy

February 14, 2022

Sexism in Psychotherapy

The purpose of this paper is to examine sexism in psychotherapy. Specifically, the focus is on how therapists experience sexist gestures from their clients. This topic has been overlooked in the literature because research focus is typical on client experience. If one agrees that psychotherapy is two-way communication in which both parties can influence the outcome, therapist experience should be as important as client experience in terms of client outcome. Much like Freud would likely argue that working through therapist countertransference is as important as supporting clients to work through their transference. However, there is limited research on the topic. A greater volume of research is available on sexism against clients by therapists. Thus, this paper argues for the need to understand therapists' experience of sexism by drawing on the experience of clients.

My effort in this paper focuses on the understanding of sexism and its manifestation in the system of psychotherapy. While I am aware of the different meanings conveyed by words like prejudice, stereotype, and discrimination (Schütz & Six, 1996), it is beyond this paper's scope to dissect and delve into the nuances of these different meanings. Thus, for this paper, I use the terms prejudice and discrimination interchangeably to mean the unjust attitudes (prejudice) and behaviors (discrimination) toward an oppressed group or individual. The term stereotype is used to refer to common perceptions about various groups of people.

In addition, I should clarify that the discussion of sexism in this paper is based mainly on the literature about the dichotomous biological sexes, namely men and women. Although gender-related topics like heterosexism and LGBTQ may be inferred, my effort in understanding sexism and research for this paper was limited to the named dichotomous sexes. As a result, this paper presents an argument on the two sexes' interaction only. It cannot represent the experience of persons whose gender identity is beyond the dichotomous sex assignment.

With these clarifications in mind, the first section of the paper aims to set the foundation for the current topic by first defining sexism through a historical lens, then providing a historical context of sexism in psychotherapy from the client's perspective. The second section of the paper attempts to provide a picture of therapist experience with sexism by laying out the individual therapist's challenges and the problems on a systemic level. The last section argues for the need to understand therapist experience with sexism by asking and answering some evocative questions, aiming to generate thoughts and discussions about this topic. The paper ends with some suggestions on how to move forward.

Defining Sexism

American Psychological Association (APA), the authority of psychology in the United States, defines sexism as "discriminatory and prejudicial beliefs and practices directed against one of the two sexes, usually women" (APA, n.d.). The definition also refers to the sex-role stereotypes that can be manifested overtly, covertly, or subtly on different levels of human experiences, such as individual, organizational, and cultural. While this definition may make sexism seem comprehensible on the cognitive level, the experience of sexism is far from easy to discern. Looking at the history of how scholars have attempted to define sexism along with the changing lived experience, we may be able to get a taste of its complexity.

Traditional Sexism

Although not employing the term sexism, Spence and Helmreich's (1973) work on developing the Attitudes Towards Women Scale (AWS) provided a traditional view of sexism, focusing on the sex role assigned to men and women by the societal norm. These sex roles prescribe a man's and a woman's location in their relationship with each other. They also set parameters to what women versus men can do and how they should behave publicly and privately. In general, women are ascribed to a caretaking and homemaker role, following men's authority and directions in most daily events. Men are ascribed to leadership and are responsible and capable of intellectual and social problems. From this point of view,

men would “normally and naturally” have more power and should assume a higher than women position based on women’s lower level of competence portrayed by their sex role. These sex-role stereotypes can easily be imagined as creating greater opportunities and privileges for men but limitations and disenfranchisement for women (Swim et al., 1995; Zehnter et al., 2021).

Modern Sexism

To understand the evolving experience of sexism, Swim et al. (1995) saw parallels in racial/ethnic prejudice and discrimination (i.e., racism). Modern racism describes the shift from overtly discriminating against Black people to subtle discrimination by manipulating the social structure and political system. Swim et al. (1995) observed a similar phenomenon also happening to women, which they termed modern sexism. Based on their findings, the researchers described modern sexism as having three characteristics: (a) a denial of explicit sexism, (b) being dismissive of women’s political and economic demands, and (c) expressing resentment about any policy designed to support women’s needs. Modern sexism is insidious and makes it difficult for women to advocate for their rights. As Zehnter et al. (2021) put it in a forthright manner, “[a]lthough modern sexists do not explicitly belittle women, denying anti-female discrimination allows them to subtly trace back the causes for women’s social stagnation to women’s own shortcomings, rendering further measures for the advancement of women obsolete” (p. 3).

Ambivalent Sexism

Instead of the negative totality of sexism, Glick and Fiske (1996) proposed that sexism can be expressed both negatively and positively from the sexist’s subjective account. Their theory of ambivalent sexism differentiates hostile sexism, the traditional view of discrimination and prejudice against women, from benevolent sexism, a subjectively positive tone in sexist beliefs and behaviors, based on men’s opposite evaluative feelings towards women. Hostile sexism describes the traditional sex-role prejudice in which when women, such as feminists, do not conform to their stereotypical sex role, men would

become judgmental and dismissive. On the other hand, benevolent sexism explains men's positive feelings (e.g., feeling intimate) for women and the prosocial actions (e.g., seeking intimacy and providing protection) men are willing to take. Despite the opposite evaluations, Glick and Fiske (1996) found that the two kinds of sexism are positively correlated; speaking to the underlying attributes about women being weak and incompetent still hold true in either sexist's mind. In turn, women continued to be oppressed by either practice in which upholding patriarchy is the goal and the consequence.

Belief in Sexism Shift (BSS)

The newest form of sexism is arguably the belief in sexism shift (BSS, Zehnter et al., 2021). BSS believes that women are no longer the target of sexism, but men are. In the Men's Rights movement, White men have argued that they have become the victims of the feminist movement because preferential treatments are often offered to women but not men (Coston & Kimmel, 2012). Thus, from their perspective, reverse discrimination has happened. However, Coston and Kimmel (2012) argued that the Men's Rights advocates were confused in their own claims. For example, while White men complain about their overrepresentation in hazardous jobs, they also refuse to let women in when women seek entry into these occupations, claiming that women are ill-equipped for the positions.

A recent study on BSS may provide some insights into this confusion. Zehnter et al. (2021) created a scale to measure the endorsement of BSS. Compared with other sexism scales such as the Attitudes towards Women Scale (Spence & Helmreich, 1973), the researchers found strong correlations between their BSS scale and these different sexism scales. The authors concluded that belief in sexism shift is, in fact, "a new manifestation of anti-female sexism" (Zehnter et al., 2021, p. 15). The difference between BSS and previous forms of sexism is that effort to keep women in their stereotypical position is asserted through victimizing White men instead of minimizing women directly.

Sexism in Psychotherapy - Historical Implications from Client Experience

Although it is widely accepted nowadays that sexual relationships between psychologists and their clients are indubitably wrong and unethical, the path to reaching today's consensus on such an issue was painful, especially for women.

In the 1970s, when men were dominant in psychology and occupying most of the leadership roles (Hallett et al., 2018), there was a debate held at the APA about whether having sex with clients was beneficial for patients (Psychology's Feminist Voices, 2013). Merely 50 years ago, this discussion may seem unbelievable from today's standard. Freudian psychoanalysis was the predominant practice at the time (Kim & Rutherford, 2015). Although Freud did not endorse sex in therapy, some of his followers did.

Overt Transference

James L. McCartney (1966) was one of the defenders of sex encounters in therapy. In his article explaining why sexual relations with psychoanalytic patients were important, McCartney named his "therapeutic technique" overt transference. While recognizing that transference originally referred to only emotional expression, McCartney argued that transference needed to be both emotional and physical to complete. In this argument, McCartney utilized the word full throughout the passage to imply that transference to its fullness is natural and best for clients. Thus, if clients accept psychoanalysis as a way of healing, they should also take transference to its fullness as the best way to heal, which involves physical expression.

He referred to his female patients as immature when they encountered psychological issues. The word "immature" signaled that the female patients had something innately wrong and infantilized them. So, the change needed to come within the patient instead of from any outside forces. Thus, when McCartney (1966) claimed that "the patient must emotionally grow up and accept full sexuality" (p. 232), he had already set the stage for change as being entirely up to his patient. His job, as the analyst, was to "remain objective and yet react appropriately in order to lead the immature person into full maturity" (p. 231). The language around the process of overt transference set the tone of the client as

the active agent (i.e., having free choice in the process of therapy) when the analyst remained passive (i.e., only responding to the patient's needs when they arise).

The patient's agency was further highlighted by the consent process McCartney (1966) laid out in his article. He emphasized that so long as the patient is beyond the age of consent, it does not matter if they are single or married. McCartney stated that the consent process would usually involve the husband if the patient was married, or the family if the patient was single. The emphasis on the client's age and the involvement of family members appeared to build a case that the client, under this procedure, would have ample opportunity to exercise their rights to say no if they did not think that the therapy was appropriate.

Sexism Perpetuation

McCartney's account and practices eventually earned him an expulsion from the American Psychiatric Association (Kim & Rutherford, 2015). However, the debate did not end. It is noteworthy that some of his views were also shared by some female psychotherapists at the time. Rubin-Rabson (1975, as cited in Kim & Rutherford, 2015) argued that entering a psychotherapeutic interaction is like trading in the free market. Female clients as the consumers had the ultimate control in their decision to enter the relationship or not.

Despite the logic sounding reasonable, it has arguably ignored the power differential that has been granted to the professionals due to their status in society. It also ignored clients' trust for their therapists to act in their best interests. As the APA Task Force on Sex Bias and Sex-Role Stereotyping (APA, 1975) later acknowledged,

the position that women who enter therapy are fully responsible for their behavior would at least require that we educate the female public so they may choose the kind of relationship they wish to pay for before a transference relationship obscures their objectivity. (p. 1170)

To this end, Hare-Mustin (1974) challenged the ethical use of sex in therapy when there was no evidence showing its effectiveness and no training or supervision available for those who might want to explore the matter. Thus, the client introduced to this method could not be adequately informed when the very information needed was lacking.

Sexism against women may include not only men but also women. In a study that measured clients' experience of microaggression in therapy sessions, Owen et al. (2010) showed that microaggression negatively correlated with working alliance and therapy outcomes for both male and female therapists. More importantly, no difference was found in the microaggression rate between male and female therapists, supporting the idea that female therapists are not particularly immune to exercising microaggression to their female clients. The question remains: could these results be an indicator that female therapists have internalized the female sex-role stereotypes?

APA's Response

Practices like sex in therapy inevitably left female clients feeling angry, confused, helpless, and disempowered (Kim & Rutherford, 2015). Some of these female clients eventually became feminist psychologists. They realized that the practice of sex in therapy was extremely troubling. They took the concern to the APA and confronted the prestigious association with a statement entitled "APA's Obligation to Women" (Kim & Rutherford, 2015). In response to the confrontation, the APA eventually formed the Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice in 1974 to look at the seriousness of the issue.

The Task Force's final report confirmed that the then male-dominant practices had exploited women in psychotherapy (Kim & Rutherford, 2015). The report identified four major issues affecting women as psychotherapy clients: (a) fostering traditional sex roles, (b) communicating bias in expectations and devaluations of women, (c) the sexist use of psychoanalytic concepts, and (d) responding to women as sex objects, including the deduction of female clients (APA, 1975). It also

marked the official start of naming the inappropriate sex-in-therapy sexism. The effort of the advocating psychologists and the Task Force eventually led to the revision of the Ethical Standards of Psychologists in 1977 to include a statement that officially made sexual relationships in a psychotherapy setting unethical (Kim & Rutherford, 2015).

Sexism Today

Despite the significant shift and attention to women in psychology, the issue remains. A recent study was done using a spatial meta-analysis to investigate how sexism in society might potentially reduce effectiveness among girls receiving psychotherapy across the United States (Price et al., 2021). The result showed that the treatment was significantly less effective for girls who received therapy in states with higher levels of sexism. The results indicated not only that sexism is very much alive in the US (higher level in some states and lower in others) but also that sexism continues to permeate through the supposedly bias-free practice of psychotherapy and harm the girls who received the service.

Notwithstanding the contribution made by Price et al. (2021), Fahy & Stricker (2021) pointed out another layer of issue that most psychologists appear to have missed. To address the root cause of the social injustice, Fahy & Stricker (2021) suggested that starting a conversation with defining the ism would be more appropriate, in this case, sexism. Price et al. (2021) began the paper with a discussion about the individual issues of girls and failed to situate their argument in the realm of sexism. This practice may have fallen into the trap of pointing fingers back at the oppressed instead of working on a systemic level to make changes (Fahy & Stricker, 2021).

In addition, Price and colleagues' (2021) study employed inclusion criteria that effectively excluded states and counties with the highest rate of cultural sexism, likely because studies examining sexism and psychotherapy did not exist in these areas (Fahy & Stricker, 2021). Additional efforts in exploring this phenomenon may help get closer to the root of the problem.

Sexism in Psychotherapy - What About the Therapists?

From no women represented in the first APA meeting in 1892 (Scarborough, 1992), to women sharing the APA membership body with men equally in 2002 (APA, 2006), to women outnumbered men in many settings, including the APA (Clay, 2017), female psychologists have gone a long way establishing their ground in the field. However, sexism appears to have been perpetuated.

The overrepresentation of women in psychology has some psychologists start posing concerns about losing prestige as a field when average salaries fall or become stagnant (Willyard, 2011). One may become curious about how salary fall or stagnation is related to having too many women in the field. Female psychologists typically earn at least \$20,000 less than their male counterparts (Hallett et al., 2018). It may seem like an easy fix by attracting more men to the field from a mathematical sense. But the more challenging question is: why do female psychologists earn less?

The salary problem is one solid piece of evidence that sexism has continued to live despite the efforts made by the 1974 APA Task Force. The sadder news is that while efforts have been continued to improve female clients' psychotherapy experience (e.g., consider the Guidelines for Psychological Practice With Girls and Women was revised in 2017), female therapists appear alone in dealing with the issue.

The Female Therapist's Challenge

To elaborate on my point, I turn to the literature on female therapists' experience working with male clients of domestic violence and sex crime.

According to Päivinen and Holma (2012), literature on male perpetrators treatment groups has promoted the inclusion of a female therapist in mixed-gender co-therapy. It is believed that a female therapist's confrontation of the members' behaviors would be seen as more valid than a male therapist's perspective. However, female therapists in these treatment groups could face openly hostile comments or gestures from group members as the therapists become the target of gender-specific anger (Päivinen & Holma, 2012; Tyagi, 2006). If the male co-therapist cannot provide appropriate support, or worse yet,

displays outright sexist behavior in a session, the female therapist would be left with a tremendously challenging situation (Tyagi, 2006). In other words, female therapists in these treatment groups may need to rely heavily on their male co-therapists from whom the female therapists have no way to ensure support. The benefit of including a female co-therapist has not been conclusive in male perpetrators' group treatment (Tyagi, 2006). But such a practice continues based on a general understanding of male clients' preference for female therapists and other female therapists' characteristics associated with therapeutic success in general (Tyagi, 2006).

This oversight or blindness to the issue of supporting male clients at the expense of female therapists' integrity is, I would argue, a case of sexism. What would the outcome be for female therapists working with male clients needed to rely on their male co-therapists for support (benevolent sexism) when targeted by sexist behaviors and gestures (thereby facing hostile sexism)? Ultimately, the female therapist is the tarte.

This is no news to the APA. In the Report of the Task Force on Sex Bias and Sex-Role Stereotyping (APA, 1975), a verbatim response from a female therapist co-leading a treatment group for people involved in sex crimes was chosen to represent the bias in expectations and devaluation of women. The excerpt stated:

My co-therapist [male] and the male patients [in a psychoanalytically oriented group] made it clear that they assumed a woman patient had encouraged an unknown male to attempt to rape her. This was within one-half hour of the actual incident. The woman patient was extremely frightened and upset. Myself [female therapist] and other female patients saw the incident as potentially dangerous to the woman and having occurred without seductive motivation on the part of the patient. The male therapist interpreted my support . . . and view . . . as penis envy. (APA, 1975, p. 1172)

This was an example from the 1970s. The sexist gestures may seem more apparent when read from today's perspective. However, a similar scenario could still happen in a more subtle and perhaps insidious manner where the male therapist knowingly or unknowingly aligns with the male perpetrator's view and denies the opportunity to work on the power dynamic when the female therapist attempts to stand up against the oppressing force.

On a Systemic Level

Similar to the case discussed from the clients' experiences, not all female scholars and practitioners regard sexism against female therapists as a problem. For some, the topic is too sensitive requiring careful articulation, and the issues to be discussed become rather indirect. In my search for relevant discussion in the literature, I had a difficult time finding a study or an article that directly discusses therapists' experience of sexism in psychotherapy.

Sackett and Jenkins' (2019) article was the only one that directly named sexism in counseling relationships as an issue from the therapist's point of view. Similar to my experience, they found that most discussions that occurred in the literature about sexism in psychotherapy have focused on clients' experiences of microaggression from therapists. Essentially no study has addressed the reverse direction. Therefore, the authors' set their aim to fill the gap in the literature. Unfortunately, they fail to explore and define the problem. Instead, they moved rather quickly to introduce a possible solution before elaborating more on a thorough understanding of the sexist scenario they wanted to discuss (i.e., sexism from a male client to a female therapist).

For therapists, it is understandable that there is always an urge to help. However, as Fahy & Stricker (2021) has pointed out, in doing social justice research, the ism at hand needs to be defined and named. If not done properly, the root cause cannot be addressed. Any solution provided may only be scratching the surface.

Moving Forward Through More Questions

While psychology may want to celebrate the advancement in treatment for girls and women, albeit relatively small, female therapists appear to have been left behind in the movement. As a female therapist, I am also left puzzling with some questions: does a woman become a superwoman who is immune to sexism when she becomes a therapist? Or is being a therapist in conflict with being a woman, thus, a female therapist needs to choose whether she wants to be a therapist or a woman in psychotherapy?

The paper thus far has presented one specific version of sexism, the oppression of women by men in psychotherapy. In reality, I would agree with the endorsers of Belief in Sexism Shift (Zehnter et al., 2021) that sexism can go both ways. For example, Trepal (2018), an experienced therapist, supervisor, and professor specializing in rape trauma, reflected on a shocking moment when she realized that she unconsciously endorsed the statement “men can’t be raped” despite her expertise and feminist practice. If this unchallenged belief becomes accepted as the basis of policy establishment regarding men’s right to access service or even broader resources, there is evidence of sexism against men.

Regardless, the discriminative belief about male rape survivors should be challenged as part of advocating for men’s right to have the care they need. However, this work should not diminish women’s need to be represented (Coston & Kimmel, 2012). Suppose an agreement can be reached that men’s position in sex crime deserves a second chance to be reconsidered. I would argue, then, that female therapists’ position in psychotherapy should also be awarded the same opportunity.

The questions remain, then, what makes it so challenging to address therapists’ experience of sexism in psychotherapy? Why are most people, female therapists included, silent and letting the insidiousness of sexism continue to ruin the relationship between the two sexes? Who benefits from this continued blindness to relevant issues? And most importantly, what can we do to address sexism against female therapists in psychotherapy?

The Difficult Part

In their Transconceptual Model of Empowerment and Resilience (TMER), Brodsky and Cattaneo (2013) proposed that whether a person would take the approach of resilience or empowerment depends on several factors. First, an unsatisfying state must be recognized, and an intention to change needs to be developed. Then, the next step would be to assess the fundamental risk a person has in the situation. If the risk is high and resources to take any external changes are low, resilience, which is defined as internally “adapting, withstanding, or resisting the situation as it is” (Brodsky & Cattaneo, 2013, p. 338), might result.

In applying this model to the question of sexism in therapy, there is likely not a recognized unsatisfying state for men in psychotherapy because men are traditionally the privileged group. In contrast, women would probably have a recognized unsatisfying state, and an intention to change may be developed. However, the risk of taking any external actions (i.e., empowerment) is likely very high as they may face rejection from men and a lack of support from other women. For female therapists, another layer of professional pressure is added, in which they may face accusations of unprofessionalism. So, staying resilient by internally adapting, withstanding, and resisting the situation might be the practical choice.

Albeit reasonable, TMER seems to provide limited elucidation to address oppression. To tackle this problem, Ferber and colleagues’ (2007) perspective might be helpful. These authors suggested that oppression does not exist in a silo. They posited that if one person is oppressed in any human interaction, the other is privileged. Thus, acknowledging and understanding privilege is an essential key to fighting oppression. From this perspective, it is worthwhile to examine why men do not recognize a problem in sexism. King’s (1991) concept of dysconsciousness may offer some insights.

According to King (1991), a crucial feature of dysconsciousness is being uncritical about one’s mind. Being dysconscious is a habit of accepting the dominant norm and privileges without critically evaluating one’s thinking about the status quo, thereby perpetuating injustice. Based on this concept, it

can be said that men, perhaps some women, are dysconscious about sexism. Women, including female therapists, may have internalized sexist beliefs passing down generations, uncritically accepting their sex-role stereotyping of caretakers and empathy providers. Men likely have taken the privileges they have enjoyed as a natural occurrence, thereby believing that they are entitled to seek warmth and reassurance from women, particularly in a male client and female therapist setting, regardless of how they treat their female counterparts.

What's Next?

Clinical psychologists are at the center of fighting and perpetuating sexism in psychotherapy because of their relationship with their clients and society. They are the ones who have the knowledge, experience, and power to address the issue, though also the risks from doing so. Female psychologists may employ Brodsky and Cattaneo's (2013) TMER to reflect on their positions in taking internal or external actions against sexism. Understanding that the availability of resources plays a vital role in determining whether a female psychologist could take external actions, she could gather support from her community to build the pool of resources. Conversations and discussions about sexist experiences may be a good starting point. Using this experience, a critical evaluation of their thinking about their role as female therapists can be underway to tackle the cognitive distortion of dysconsciousness.

On the other hand, male psychologists would need to reconsider the naturality of the privilege and power they hold and examine how such a belief manifests in working with their female counterparts. Reflecting on BSS endorsers' claims and asking more profoundly meaningful questions might be helpful. For example, how did men become entitled to what they have had, and why are they now angry at women's advancement, as if men have lost something that naturally belonged to them? This reconsideration and critical thinking process can serve as experiences shared with male clients and the larger public, for an opportunity to recognize sexism against female therapists can still occur despite female therapists' status power over clients in general.

More urgently, psychologists as sources of knowledge need to start asking questions about this topic. Research is warranted to learn from female therapists' experiences so that a better understanding of sexism happening in a therapy session can be formed. There may also be wisdom from these female therapists who can teach us how to address the issue. But more knowledge is needed to provide a solid ground to support the effectiveness of any solution to be proposed.

For example, Sackett and Jenkins (2019) suggested that Relational Cultural Theory (RCT) provides a framework to respond to sexist situations in therapy. They argued that RCT is suitable for female therapists because of its relational focus, which aligns with women's identity as relational beings. It may be tempting to take up the suggestion as proposed. However, as a profession that emphasizes critical thinking, it is difficult not to wonder about the support for such a claim if the topic itself is still a mystery.

Conclusion

Sexism is a complex phenomenon as reflected in the developmental history of its definitions in the literature. Sexism in psychotherapy has a painfully sad history represented by client experiences. For the therapists, it appears that there is still a lot of unknown about how the phenomenon has set to play. This paper's purpose was to raise awareness, evoke questions, and create space for more discussion around this topic. People appear to be either still shying away from it because of the difficulty and potential dangers of bringing up this topic, or they are enjoying their dysconsciousness because some privileges and advantages are hard to give up. While efforts to address therapists' experience of sexism should be applauded, too much unknown is perhaps preventing any resolution from being successful. An urgent call for further investigation is in line to shed light on this topic.

Reference

- American Psychological Association. (n.d.). *APA Dictionary of Psychology*. Retrieved February 3, 2022, from <https://dictionary.apa.org/sexism>
- American Psychological Association. (1975). Report of the task force on sex bias and sex-role stereotyping in psychotherapeutic practice. *American Psychologist*, *30*(12), 1169–1175. <https://doi.org/10.1037/0003-066X.30.12.1169>
- American Psychological Association. (2006). *Women in the American Psychological Association*. <https://www.apa.org/pi/women/committee/wapa-2006.pdf>
- Brodsky, A. E., & Cattaneo, L. B. (2013). A Transconceptual Model of Empowerment and Resilience: Divergence, convergence and interactions in kindred community concepts. *American Journal of Community Psychology*, *52*(3–4), 333–346. <https://doi.org/10.1007/s10464-013-9599-x>
- Clay, R. A. (2017, July/August). Women outnumber men in psychology, but not in the field's top echelons. *Monitor on Psychology*, *48*(7), 18. <https://www.apa.org/monitor/2017/07-08>
- Coston, B. M., & Kimmel, M. (2012). White men as the new victims: Reverse discrimination cases and the Men's Rights Movement. *Nevada Law Journal*, *13*, 368.
- Fahy, L. B., & Stricker, G. (2021). Cultural sexism, and so much more. *Clinical Psychology: Science and Practice*, *28*(3), 317–319. <https://doi.org/10.1037/cps0000035>
- Ferber, A. L., Herrera, A. O., & Samuels, D. R. (2007). The matrix of oppression and privilege: Theory and practice for the new millennium. *American Behavioral Scientist*, *51*(4), 516–531. <https://doi.org/10.1177/0002764207307740>
- Glick, P., & Fiske, S. T. (1996). The Ambivalent Sexism Inventory: Differentiating hostile and benevolent sexism. *Journal of Personality and Social Psychology*, *70*(3), 491–512. <https://doi.org/10.1037/0022-3514.70.3.491>

- Hallett, K., Fassinger, R., Miles-Cohen, S. E., Burrwell, T., Ward, E., & Wisdom, J. P. (2018). The changing gender composition of professions: Lessons for psychology. In C. B. Travis, J. W. White, A. Rutherford, W. S. Williams, S. L. Cook, & K. F. Wyche (Eds.), *APA handbook of the psychology of women: Perspectives on women's private and public lives* (pp. 403–421). American Psychological Association. <https://doi-org.antioch.idm.oclc.org/10.1037/0000060-022>
- Hare-Mustin, R. T. (1974). Ethical considerations in the use of sexual contact in psychotherapy. *Psychotherapy: Theory, Research & Practice*, 11(4), 308–310. <https://doi.org/10.1037/h0086370>
- Kim, S., & Rutherford, A. (2015). From seduction to sexism: Feminists challenge the ethics of therapist-client sexual relations in 1970s America. *History of Psychology*, 18(3), 283–296. <https://doi.org/10.1037/a0039524>
- King, J. E. (1991). Dysconscious racism: Ideology, identity, and the miseducation of teachers. *The Journal of Negro Education*, 60(2), 133–146. <https://doi.org/10.2307/2295605>
- McCartney, J. L. (1966). Overt Transference. *The Journal of Sex Research*, 2(3), 227–237. <https://www.jstor.org/stable/3811518>
- Owen, J., Tao, K., & Rodolfa, E. (2010). Microaggressions and women in short-term psychotherapy: Initial evidence. *The Counseling Psychologist*, 38(7), 923–946. <https://doi.org/10.1177/0011000010376093>
- Päivinen, H., & Holma, J. (2012). Positions constructed for a female therapist in male batterers' treatment group. *Journal of Feminist Family Therapy*, 24(1), 52–74. <https://doi.org/10.1080/08952833.2012.629132>
- Price, M. A., McKetta, S., Weisz, J. R., Ford, J. V., Lattanner, M. R., Skov, H., Wolock, E., & Hatzenbuehler, M. L. (2021). Cultural sexism moderates efficacy of psychotherapy: Results from a spatial meta-analysis. *Clinical Psychology: Science and Practice*, 28(3), 299–312. <https://doi.org/10.1037/cps0000031>

- Psychology's Feminist Voices. (2013, January 17). *PFV interview with Rachel Hare-Mustin: Sex with patients?* [Video]. YouTube. <https://youtu.be/nILYgOi4Yug>
- Sackett, C. R., & Jenkins, A. M. (2019). Utilizing Relational Cultural Theory in addressing sexism in the counseling relationship. *Journal of Creativity in Mental Health, 14*(4), 492–498.
<https://doi.org/10.1080/15401383.2019.1632768>
- Scarborough, E. (1992). Women in the American Psychological Association. In R. B. Evans, V. S. Sexton, & T. C. Cadwallader (Eds.), *The American Psychological Association: A historical perspective* (pp. 303–325). American Psychological Association. <https://doi.org/10.1037/10111-010>
- Schütz, H., & Six, B. (1996). How strong is the relationship between prejudice and discrimination? A meta-analytic answer. *International Journal of Intercultural Relations, 20*(3–4), 441–462.
[https://doi.org/10.1016/0147-1767\(96\)00028-4](https://doi.org/10.1016/0147-1767(96)00028-4)
- Spence, J. T., Helmreich, R., & Stapp, J. (1973). A short version of the Attitudes toward Women Scale (AWS). *Bulletin of the Psychonomic Society, 2*(4), 219–220. <https://doi.org/10.3758/BF03329252>
- Swim, J. K., Aikin, K. J., Hall, W. S., & Hunter, B. A. (1995). Sexism and racism: Old-fashioned and modern prejudices. *Journal of Personality and Social Psychology, 68*(2), 199–214.
<https://doi.org/10.1037/0022-3514.68.2.199>
- Trepal, H. (2018). “Men can’t be raped”: The challenge of sexism in counseling. In Anderson, S. K., & Middleton, V. A. (Eds.), *Explorations in diversity: Examining the complexities of privilege, discrimination, and oppression* (3rd ed., pp. 223-228). Oxford University Press.
- Tyagi, S. V. (2006). Female Counselors and Male Perpetrators of Violence Against Women. *Women & Therapy, 29*(1–2), 1–22. https://doi.org/10.1300/J015v29n01_01
- Willyard, C. (2011, January). Men: A growing minority? *gradPSYCH, 9*(1), 40.
<https://www.apa.org/gradpsych/2011/01/cover-men>

Zehnter, M. K., Manzi, F., Shrout, P. E., & Heilman, M. E. (2021). Belief in sexism shift: Defining a new form of contemporary sexism and introducing the belief in sexism shift scale (BSS scale). *PLOS ONE*, *16*(3), e0248374. <https://doi.org/10.1371/journal.pone.0248374>