

● REJOINDER

**Beyond Revisiting:
Moving Feminist Identity Development Ahead**

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The respondents' (Hansen, 2002 [this issue]; Hyde, 2002 [this issue]; Vandiver, 2002 [this issue]) thought provoking comments about feminist identity development sparked additional questions and ideas for us. This process seemed both overwhelming and exciting and highlighted the complexity and potential richness of feminist identity development theory and, more generally, the identity development paradigm. We hope that the ideas put forth by the respondents will move forward theory, research, and practice related to feminist identity development. In this spirit, we outline some of our thoughts related to (a) theory, (b) measurement, and (c) practice issues.

Theoretical Issues

We appreciated Hansen's (2002) discussion of additional contextual variables that impacted the creation of the feminist identity development model. One such variable noted by Hansen was the authors' "own clinical and personal experience as middle-class European American women" (p. 95). Relatedly, Vandiver (this issue) questioned the universality of the model. Vandiver's question about whether Downing and Roush's (1985) model should be labeled the White feminist identity development model highlighted for us the importance of exploring (both individually and as a field) how we conceptualize multiple identities. For example, are we to work toward developing population-specific identity development models such as Latina lesbian identity development or Black bisexual middle-class identity development? And/or are we to conceptualize multiple identities as the intersections of various existing identity development models? For example,

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could a Black lesbian feminist's identity development be captured by integrating an understanding of her Black, lesbian, and feminist identity development? In other words, can we add various dimensions of identity development to understand a whole, and/or do we need to start with the whole? The answer to this question may be explored by conducting qualitative, longitudinal, and cross-sectional (as suggested by Vandiver) research as well as cross-group comparisons with women of various backgrounds with the goal of understanding their lived experiences of identity development.

Further complexity is added by Hansen's (2002) reminder that salience of feminist identity (and perhaps other dimensions of identity) may change throughout one's life. Defining what is meant by "salience of feminist identity" seems an important step in elucidating the implications of salience for the feminist identity development model. The Multidimensional Model of Racial Identity (MMRI) (Sellers, Smith, Shelton, Rowley, & Chavous, 1998) provides one example of clarifying *salience*. The MMRI outlines four dimensions of Black racial identity, two of which (i.e., salience and centrality) seem relevant to the current discussion. The MMRI posits that racial salience is context dependent and shapes how other dimensions of racial identity influence one's experiences. Racial centrality reflects the extent to which race is a core component of one's self-concept. Borrowing from this distinction, and using a hypothetical example, we can apply the concepts of salience and centrality to feminist identity development. A woman who is reading a book and relaxing on the beach may experience a low level of salience of her feminist identity in that moment. The salience of this identity may increase exponentially in the next moment if someone makes an unwanted sexual comment toward her. However, the core importance (i.e., centrality) of this woman's feminist identity to her self-concept may or may not shift across these moments. The concept of centrality also may overlap with Reference Group Orientation as discussed by Vandiver (this issue). The extent to which being a woman in a sexist society is central to this woman's identity (i.e., centrality and Reference Group Orientation) may be dynamic across her lifetime. However, the salience of this identity would be expected to change across situations. How might the centrality of feminist identity development manifest itself (intra- and interpersonally) across situations where the potential salience of feminist identity is manipulated? Perhaps these manifestations mirror various feminist philosophies or reflect the latter three feminist identity development attitudes (Hyde, 2002). This process may be impacted by the salience and centrality of other dimensions of identity (e.g., race/ethnicity, sexual orientation, class).

Hansen's (2002) conceptualization of the feminist identity development model as a "double helix folded back on itself" highlights the complexity and dynamic nature of feminist identity development. We were interested in a more detailed description of this analogy. Such a description may yield testable hypotheses concerning the feminist identity development process. Relatedly, could the double-helix visual be used to map one's feminist identity development at a given time or throughout one's life? If so, in addition to being a useful theoretical pictorial, the double-helix image may be a useful tool for communication and assessment in therapy.

Hyde's (2002) proposal of a three-step developmental process (i.e., Passive Acceptance, Revelation, Synthesis/Accommodation) provides another possibility for refining feminist identity development theory. Incidentally, Kimmel's (1989) qualitative data seem consistent with a developmental process characterized by prefeminist identification, revelation, and integration. Thus, the three-stage model may provide a reasonable representation of the process of feminist identity development. Support for such a model would not preclude the importance of understanding and operationalizing manifestations of synthesis/accommodation (e.g., Embeddedness-Emanation, Active Commitment) and their implications for women's mental health. Such work may enrich theory and practice related to women's lives and experiences.

Vandiver (2002) raised several other interesting questions: How would one characterize the feminist identity development of Lil' Kim or Madonna? Is an "active" or intentional acceptance of traditional gender roles considered to be "passive acceptance"? These questions may also be related to her Latina students' comment that "'girly-girls' from her culture would not be considered feminist" (p. 97) according to the model. We were curious to know more about the exchange with Vandiver's Latina student. This highlights the need for hearing the identity development experiences of women from various backgrounds. If one views feminist identity development "stages" as values (e.g., Hyde, 2002), it follows that the entire universe of values may not be reflected in the model and that some characteristics are less valued (or pathologized) by the model. In the spirit of making the values of the model explicit, we agree with Vandiver that in defining passive acceptance, the distinction between unexamined and intentional acceptance/appropriation of traditional gender roles needs to be highlighted. In our opinion, intentional and reflective participation in traditional gender roles (e.g., I *want* to be a "girly-girl") is not necessarily indicative of passive acceptance, whereas unexamined acceptance of traditional gender roles may be (e.g., I *must* be a "girly-girl").

Measurement Issues

We agree with our respondents' conclusions that no clear "winner" emerged as a result of our literature review and our comparison of the psychometric properties of the three measures (i.e., Feminist Identity Development Scale [FIDS]; Feminist Identity Scale [FIS]; Feminist Identity Composite [FIC]); given the many limitations of the current body of empirical work on these measures (including the present work), it seems best, and most responsible, to document only areas of relative strength and weakness for each measure. Further, we certainly did not mean to "dismiss" the FIDS, as Hyde suggested (2002, p. 106), but rather felt compelled to offer, after completing our comparative analyses, some conclusions based on our overall assessment of the pros and cons of each measure (Moradi & Subich, 2002a). Clearly, the dimensions we considered most important to weight in our conclusions may differ from those chosen by others. Nevertheless, because comparisons across measures with a single sample were unavailable until now in the literature, we offered, at least tentatively, our view of the results.

Thus, we also regret the inconsistent wording noted by Hyde (2002) in our presentation of the published evidence concerning the factor structure of the FIDS and FIC; indeed, the reported variance accounted for in the articles mentioned differs little by measure. However, we stand behind our statements with regard to the alphas reported for the FIDS and FIC Synthesis (S) subscales; the concern we raised with regard to the FIDS S was based on our examination of a set of alphas ranging from .48 to .65, in which most fell below the .60 mark. In contrast, we had only one coefficient of .68 on which to judge the FIC. Given these clearly limited data, we saw more reason for concern with the FIDS S.

In terms of refining feminist identity development measures, attention to precise item content and the manner in which this content maps onto feminist identity development theory seems an important direction for future research (Hansen, 2002; Hyde, 2002; Vandiver, this issue). Hansen's observation that all items remaining in the FIDS S address women's perceptions with men is a clear example of how scale refinement may result in gaps in content if psychometric work on a measure does not refer back to the underlying theory. Relatedly, the three respondents differed in whether they perceived problems with factor structure to originate from theory or measurement difficulties and in what they believed needs to be done about these structural problems. We believe that improving structural validity of these instruments needs to be an iterative process, whereby item revision and development is informed by theory, and revisions to theory are made based on psychometric findings.

Work on item content must be done with sensitivity to contextual issues; how women from different backgrounds interpret and respond to items may

vary and previously has not been researched. Further, Hansen's (2002) suggestion to track women's experiences during a test-retest period is intriguing and consistent with an emphasis on attending to contextual variables. Employing electronic prompting devices to signal research participants to log their current activities or affective states at predetermined points of the day could provide a fascinating way of sampling such contextual information.

Practice Issues

We appreciated the respondents' cautions and ideas about the practice implications of Downing and Roush's (1985) model. Hyde's (2002) concerns about therapists' use of a feminist identity development model are useful reminders for practitioners to be thoughtful in their work with clients. We also highlighted the possibility that "the various 'stages' of feminist identity development may reflect various philosophies of feminism" (Moradi, Subich, & Phillips, 2002, p. 37) and, if so, that "scholars also must be mindful of the potential for pathologizing and/or inappropriately ranking the developmental sophistication of various philosophies of feminism" (Moradi et al., 2002, p. 37). The question remains, if a therapist encourages a client to "advance" through the stages, is she or he imposing her or his values on the client?

In practice, feminist therapists have long recognized that no therapy is value free and have encouraged therapists to make their values explicit to clients and to actively collaborate with clients in guiding therapy (Enns, 1997). To facilitate collaboration, therapists may share their own values and describe how they are using Downing and Roush's (1985) model in conceptualization and intervention. Therapists can help clients become active in the therapeutic process by remaining open to and facilitating the exploration of clients' values. Such a process may empower clients and reduce potential imposition of the therapist's values on the client.

Hyde (2002) suggested that the last three stages of feminist identity development as outlined by Downing and Roush (1985) may be different ways that women emerge from Revelation. If these particular stages are associated with ways of being that are distressing for clients, then the model offers practitioners a means of conceptualizing that distress and intervening appropriately. For example, we found that passive acceptance attitudes were related to greater levels of psychological distress for women in our sample (Moradi & Subich, 2002b). Thus, exploring with clients the possible costs and benefits of such attitudes may help them make informed decisions about their values. Also, dualistic thinking about men and women (e.g., Revelation) may contribute to interpersonal difficulties. Cognitive interventions challenging such

dualistic thinking would be a reasonable therapeutic goal. In each case, open discussion of the therapist's ideas about the client's feminist identity development and collaboration in setting therapeutic goals are ways to reduce the possibility that a therapist would impose his or her values on a client.

Hyde (2002) provided two examples as cautions for therapists. First, Hyde noted that therapists may encourage clients to advance through stages because they are uncomfortable with client anger related to Revelation and/or Embeddedness/Emanation. We agree that it is inappropriate for therapists to set therapeutic goals to meet their own needs (e.g., decrease their own discomfort). In addition, we believe that therapists should not be doing therapy if their discomfort with intense emotions such as anger has the potential to affect negatively their work with clients. We would like to emphasize that the model suggests that therapists encourage clients both to express anger about societal sexism and to use that anger constructively. Both are legitimate therapeutic goals, given research suggesting that ill health effects are associated with anger (Suinn, 2001). Second, Hyde compares the "lesbian feminist who embeds herself in a lesbian community," who "might well be categorized as being in Stage 3, Embeddedness-Emanation," to the "heterosexual woman who is characterized by Stage 4, Synthesis" (p. 108), and suggests that it may be inappropriate to imply that the latter is more advanced than the former. This example highlights the complexity of understanding women with multiple identities. A lesbian feminist's embeddedness in a lesbian community may be more reflective of her identity development as a lesbian than as a feminist. Thus, Hyde's example offers an important reminder to practitioners to incorporate an understanding of other aspects of clients' identities (e.g., lesbian/bisexual identity, ethnic identity) in addition to considering feminist identity development in assessment and treatment planning.

Finally, Hansen (2002) noted that client problems, such as eating disorders, are complex and multidetermined, as are process variables such as clients' therapist preferences. Feminist identity development is just one of many theoretical constructs that can inform practitioners' work with clients. Thus, the feminist identity development model is best used in the context of therapists' overall understanding of their clients and knowledge of human development and behavior change.

CONCLUSION

We hope that our work and the thoughts of the respondents serve to stimulate theory refinement, empirical investigation, and reflective practice related to feminist identity development. We believe that continuous and reciprocal exchange among theory, research, and practice is necessary to advance our

understanding of women's lives and experiences. Thus, we encourage continued critical evaluation and refinement of our work and the body of literature on feminist identity development.

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