

Pseudo-Coping Strategies for the Double Bind

by S.W. Pyke

It is now well recognized that sex and gender roles, as traditionally defined by the culture, place women in a double bind or Catch-22 situation (Heriot, 1983; Woolsey, 1977). Heriot defines the double bind as follows: "Society conveys to women that they should find their greatest happiness and fulfillment in giving to and serving others and at the same time conveys on another level that they are not really valuable for doing this, or that they should be more like men" (p. 11). This message is combined with "a further injunction that women are abnormal if they do not want to fulfill their role" (p. 12). The double bind, a consequence of conflicting inputs from the cultural environment, creates a discontinuity between personal expectations, standards and goals on the one hand, and personal life experience on the other.

A sample of cultural inputs which influence self expectations include the following:

- Women should provide service and nurturance to others primarily through their roles of wife and mother. A corollary of this edict is that the needs, wants, desires and goals of others take precedence over one's own agenda.
- Every woman must have a man to love her. If unsuccessful in this enterprise, she is by definition a failure, a reject.
- Every woman should have children, for only through motherhood may a woman achieve true fulfillment.
- We live in a just world; a world where equality is an express and desired

goal, endorsed by all. In the just world, fairness will prevail and rewards will be commensurate with efforts.

- Any and all personal problems are solveable and solutions may be achieved through individual action.

- There is one right way to live, to think, to behave, to feel.

- It is possible to do everything well — to be an entertaining hostess, an accomplished, receptive lover, a witty and informed conversationalist, a model parent, a high achiever in the labour market or educational system, an enthusiastic athlete, an exemplar of feminine pulchritude.

Also influenced by the cultural environment are life experiences, experiences not isomorphic with the culture's press releases as described above. Unremitting service and nurturance is discovered to have a down side. The more one gives, the more that is expected and typically unappreciated. Self-sacrifice doesn't seem to lead to a sense of fulfillment. Adoption of, and competent, even superb compliance to cultural norms provides no increment in status, prestige or respect. Compliance is unlikely to improve one's lot, but failure to comply is sure to lead to the experience of negative sanctions. Indeed, a variety of life experiences reveal the mythic quality of the ideals of equality, justice, fairness and the like. The second-class citizenship accorded to women can hardly escape notice.

These clearly divergent sets of cultural messages or characteristics shape, mold

and influence both personal life expectations and personal life experience. Hence, at least some components of an individual woman's expectations, standards, and goals — her anticipations of her life's course — must be at variance with her actual life experience. In Betty Friedan's (1963) terminology, this discontinuity between what one is taught to expect and to believe and what one actually experiences, is "the problem that has no name."

Given a disparity between personal expectations and personal experience, two general resolutions are available — invalidation and devaluation.

Invalidation

Invalidation operates through denial of the reality or validity of one's own experience, that is, the experience is discounted in some way. Abundant support for this strategy is available in the environment from those with a vested interest in reinforcing cultural prescriptions (e.g., spouses, parents, children, clergy, employers) and maintaining the status quo.

Peggy, who sought counselling at the age of twenty-five, reported "I sort of feel like I've been through a lot, yet when I try to describe it all, it doesn't amount to much." What had Peggy been through that didn't amount to much? As a young child, she lived in fear and trembling of her mother's violent temper. At seven or eight, she was sexually assaulted by a neighbour's grandson. Feeling soiled and ashamed, she kept her dark secret to herself and "withdrew inside," distancing herself from her family and friends. About four years later, she witnessed her favourite aunt being brutally beaten by

the aunt's husband. A year later the aunt committed suicide. In her late teens, Peggy worked in a skid row coffee shop and had direct exposure to the callousness of police, the apathy and despair of the clientele. An intense, intimate relationship with a young man ended in rejection when she was twenty-one.

Direct consequences for Peggy of the rape experience included withdrawal, feelings of intimidation interacting with large men in positions of authority, episodic sensations of nausea and sadness in sex play, a sense of suffocating during sexual intercourse and great difficulty trusting men. Although these consequences are obviously severe, when Peggy at twenty-three finally disclosed the rape experience to her mother, its significance was discounted. Her mother's reaction was, "What a dirty trick; the little bugger. It's too bad you're so sensitive. It wouldn't bother most girls so much." This rape experience, which had such an enormous impact on Peggy, was interpreted as nothing more than a "dirty trick," analogous to a practical joke. Little wonder that Peggy too discounted her own experience. "I feel sorry for the guy 'cause maybe he was abused."

Undoing the invalidation process through an affirmation of the validity and legitimacy of the client's experience is a key goal of feminist therapy. The feminist therapist encourages clients to trust and to have confidence in their own intuitions, feelings, perceptions and judgments rather than accepting the constructions of others (Sturdivant, 1980). Peggy's feelings about the rape are by definition valid. Although others might not experience identical consequences, the validity of Peggy's own reactions are not open to question or dispute.

Devaluation

Another means of coping with or resolving a disparity between experience and expectations is to devalue the self. In Peggy's case, this would have involved accepting the validity of the horrific experience of the rape, but interpreting the rape as deserved or in some way justified. For example, Peggy might have viewed the rape as her fault, that she was bad or stupid or inadvertently encouraged it.

Devaluation of self is an extremely popular method of resolving the discontinuity between expectations and experience. This high frequency is not surprising given the congruence with cultural inputs in which devaluation of women generally is so salient. Most women

clients, regardless of their accomplishments, discount or demean their own achievements and/or contributions and/or personal characteristics.

Alice, a straight A fourth-year undergraduate says, "I've done very well at school — I surprised myself. I'm getting puffed up in this artificial environment where I get a lot of praise. My professors and classmates don't see that I'm not such a great student. I feel they are being bluffed." Donna, mother of two children and a mature part-time student in second year who works full time to support the family while her spouse attends university, comments, "I'm almost thirty and what have I done? Nothing. George's accomplishments are so much greater." Amanda, mountaineer, pilot, writer, artist, linguist, mother of three and a middle-management executive, shrugs and remarks, "Oh yes, I'm competent; I can do things but I still feel unworthy."

Feminist therapists highlight client strengths and attempt to provide a more realistic/balanced appraisal of the client's contributions. Exhibiting respect for the client and her achievements assists the client in her re-evaluation of her own accomplishments.

Other Resolution Strategies

Neither devaluation nor invalidation solve the "no name" problem and they frequently co-exist with a variety of other resolution strategies which are similarly ineffective. Women implementing these pseudo-coping mechanisms still find themselves experiencing a variety of negative, debilitating feelings and cognitions which ultimately motivate them to seek counselling. Included among the myriad tactics women employ to repair the split between expectations and experience are the following: avoidance; compensation; fantasy; masculinization; rebellion/rejection; the super syndrome; self suppression or self abnegation (conformity, excessive tolerance, alterocentrism, oscillation); separation/isolation; over-inclusive responsibility.

Responsibility. One technique a woman may employ to deal with the dilemma of incongruent expectations and experience involves playing down the importance of her experiences and incrementing the significance and weight of the expectations side of the equation. This may be accomplished through a catastrophizing mechanism. Amy, a reserved, attractive woman of thirty, was still unmarried. She was the eldest child in a

large, closely knit, loving, traditional family. Her boyfriend of two years, Santos, was orphaned as a child and as a young adult had been arrested, beaten and incarcerated for his political beliefs:

Santos wants to marry me and have children. He's attracted to my family and loves them. I feel I have such an abundance of love and support and he has so little. I should share and bring him into my family. But I don't think we communicate well and I'm not sexually attracted to him. I'm very fond of him, but I don't find him intellectually or emotionally stimulating.

Exploring Amy's reluctance to share her concerns about a marriage commitment with Santos revealed her inappropriate sense of responsibility for Santos and catastrophic view of the impact her message might have:

I feel so sad about Santos, guilty that I've let him down. I honestly don't know what will become of him. If I say no to him, I'm wrenching him away from something I've been promising him. I'm really worried about the possibility that he will commit suicide or run away and vanish or maybe even strike me.

When the dénouement did finally occur, Amy reported, "Santos wasn't upset at all, in fact, he actually seemed relieved. I had visions that his life would crumble and disintegrate without me. He even joked about it, saying, 'Now that you're not my girlfriend, will you still go to the movies with me?' Why did I let it go on so long?"

Jacqueline similarly functioned with overly inclusive control boundaries (albeit without the catastrophizing component):

I was very close to my Dad when I was little but he began drinking heavily when I was about eight and within a couple of years he disappeared into the skid row milieu. I didn't see him or hear from him for about fifteen years but I always felt that it was my responsibility to find him, dry him out and look after him as soon as I was able. Sam came with me and we searched through every sleazy bar and flophouse until we found him. When I saw him, I could hardly talk I was so overwhelmed with emotion, but he didn't even recognize me.

That women assume responsibility for what is totally outside their control (such as the behaviour of another person), is not surprising given their cultural assignment of responsibility for the well-being of others. Mothers are faulted for the misdemeanors of their offspring (Caplan and Hall-McCorquodale, 1985); victims are blamed for sexual assaults; wives are said to engender spousal abuse; and indeed, Eve's legacy is that women are culpable for all the ills of mankind (sexist language intended). Feminist therapists strive to refine and delimit client responsibility. The difficulty of even influencing others, quite apart from control, is common knowledge, especially among mothers of teenagers or daughters of aging parents. Nevertheless, women, aided and abetted by cultural inputs, continue to take responsibility for the ineffectiveness of their control attempts. Clients are encouraged to adjust the hole configuration of their responsibility sieve to allow all bodies to slip through except their own. The only agent one can hope to control is oneself and in many instances this seems an insurmountable task, as any smoker will testify.

Self Suppression. Suppression or denial of parts of the self takes many forms but all represent attempts to create some degree of isomorphism between the expectations and experience molded by cultural inputs.

Sensitivity to the cultural ideology that a woman without someone to love her is incomplete, is revealed in Winona's description of her relationship with the high school football hero. Excessive tolerance achieved at the expense of suppression of legitimate anger characterizes this pseudo-coping mechanism. "We dated for six months and then I found out he was seeing other girls. I continued to sleep with him for the next three years. I was so anxious for that bit of affection." Winona, who had subsequently become a lesbian, continued, "I'm doing the same thing with Jane. Last night after sex at my place, while we were both still in bed, she phoned another woman she's interested in. I'm o.k. for sex but I don't have the right pedigree, background or connections for Jane. Why do I tolerate this crap? I was furious but every time I get angry and lash out, Jane cries. Then I feel guilty and I end up apologizing."

In an effort to achieve the reality presupposed by the cultural messages which have shaped Winona's beliefs, she finds herself tolerating grossly disrespectful

treatment and forgiving almost any indignity. Anger and frustration are suppressed in order to maintain a precarious equilibrium between expectations and experiences.

Conformity. Another variant or self-suppression strategy as described by Heriot (1983), represents the ultimate compliance with the female sex and gender role. Independence strivings are vigorously suppressed by the ultra-feminine woman and incongruent experiences are interpreted in terms of personal inadequacies in role performance. Marie related a more circumscribed form of this pseudo-coping mechanism. The daughter of blind, non-English speaking parents, she recalls with a shudder her childhood experiences of the family being stared at. "Perhaps as a consequence of those awful times when I was a kid, I'm afraid now of being singled out in any way. I want to blend in. I don't want to be noticed. I just want to fit in, to be acceptable. I've always been motivated not to offend anyone. I always try to see the other person's side, even at the expense of masking my own beliefs." In the course of counselling, Marie discovered that: 1) the norm is not all that attractive; 2) as a divorced woman with a lesbian identity, adherence to the norm was impossible; 3) being singled out was not necessarily associated with scorn or disparagement but rather could reflect the confidence of others in her abilities as a confident, effective spokesperson.

Wendy illustrates the operation of the *alterocentric* approach to self-suppression:

Learning to say 'no' is so difficult. I'm always worried that people won't like me if I don't do what they ask or even if they don't ask. For example, my friend Kathy is really going through a rough time. I tried to help and she told me to leave her alone. I was trying to take care of her without her asking for it. Why do I assume she needs help when she's not asking for it? But of course I did help to solve one of her problems by inviting her to move in with me. I really don't need someone infringing on my space right now. I know I'll have trouble studying with someone else in the apartment right now.

A week later, Wendy reported, "I'm having my hair cut tomorrow. I need my hair cut like I need a third arm. Kathy set it up and I couldn't say no. When will I realize I can say no and it won't be the end of the world?"

Still another version of self-suppression takes the form of *oscillation*. Discontented with the constraints of the traditional role definition, a woman may express her instrumental leanings but often in exaggerated mode and without integration with other aspects of the self (Kaplan, 1979).

An extension of the above is the total rejection of the female role and an enthusiastic adoption of the male role model (Heriot, 1983). Discounting expectations and opting for a life style that is culturally valued and engenders social rewards requires suppression of the "feminine" aspects of the self and *identification with the oppressor*. Janet, the eldest child in a single-parent family of four, was obliged to develop independence and to handle responsibility early. From the age of seven, she was the primary caretaker and general family manager for her three step-siblings and her semi-invalid mother. Forced by default to adopt a "little mother" position, she recognized the necessity for task-oriented behaviours and ably discharged her responsibilities as head of the house. Yet her own needs for nurturance went unmet (Caplan, 1983). And fears of abandonment stemming from her mother relinquishing custody of her at age four to her father, who in turn handed her over to an aunt for three years and then returned her to her mother, remained strong. Janet summed up her purpose in seeking counselling:

Many people say I'm not emotional enough. I don't lose my temper and rarely cry. I don't get angry when others think I should. I have difficulty becoming emotionally attached to people. I have a problem being dependent or needing somebody. I have to know that if a relationship breaks down, I'll be able to walk away intact. People think I'm so together — that I never have any problem. I wish I had the confidence and power that others think I have. Because of this, people discount my distress because it doesn't show. I would really like to be more emotionally expressive.

Compensation. Beverly attained a resolution of sorts between her self expectations and the actuality of her life experiences through a compensation mechanism. Beverly, whose mother died when she was eight, was a victim of a teenage pregnancy, dropped out of school in grade nine, and married. Ten years and two more children later, Beverly divorced her abusive husband. Bereft

of physical, emotional, and financial resources, she gave up her children. Beverly's expectations about marriage and motherhood were that a husband should look after his wife and children, that all women should have children, that mothers should be available to their children and be the main person in their children's lives. Further, mothers should encourage education, should portray a positive role model, be someone children can look up to, should be open on sexual issues and in general should be the caregivers, protectors and providers for their children. Clearly, Beverly's life experiences were in contravention of these principles. After her divorce, Beverly took secretarial training, obtained employment, broke her valium dependency, and at thirty, remarried. In her second marriage, Beverly continued with her job, pouring all her earnings into the family unit, contributed to the purchase of a large old home, worked alongside her spouse to renovate and redecorate the home (a five-year project) and handled all the house-keeping chores. She was able to persuade two of her children to move in and lavished on them all the care and nurturance she felt she had denied them. In addition, perhaps as compensation for her teenage pregnancy and the distress this occasioned for her father, Beverly took on the job of nursing her father through the last several months of his life.

Some impetus for Beverly's adoption of a compensation strategy derived from her over-exclusive view of her own responsibilities. "I've deprived my husband of children. I can't have any more children and they won't let us adopt any because of what I did with my own kids." In regard to her children, Beverly took responsibility for all of their apparent inadequacies. "My real disappointment is that all three kids dropped out of school. I blame myself for that."

Beverly's motives for her behaviour were examined in counselling and it became increasingly obvious that much of

her behaviour was based less on her own wants or needs but rather was performed as a sort of penance or atonement. Her guilt around "deserting" her children was explored and her actions reframed as appropriate under the circumstances. She made the best possible decision given the minimal resources at her disposal. Her acceptance of the stereotype of the mother image as portrayed in the culture and its negative ramifications for women were discussed. These analyses significantly reduced Beverly's reliance on compensation as a coping strategy.

Clearly, there is both variability and commonality in the tactics women employ to cope with the "no name" problem — the problem(s) created by the discontinuity between expectations and experience. All of these tactics are pseudo-coping mechanisms: they yield only limited success in alleviating distress and resolving the disparity between goals, standards and beliefs on the one hand and actual life experience on the other.

All, or a majority of these strategies reflect an intrapsychic focus. That is, they necessitate individual accommodations or adjustments. However, what is most needed for effective resolution is modification at the environmental level, since the roots of the "no name" problem are to be found in the environment (rather than in the individual). One of the principles of feminist therapy is that at least part of a woman's distress is a function of social, political and economic inequities as opposed to personal inadequacies or deficiencies (Lerner, 1984).

Until a society is achieved wherein males and females are equally valued and expectations (for behaviour, attributes, aptitudes, etc.) are independent of sex and gender, women will continue to suffer from the "no name" syndrome, a syndrome noticeably absent in the DSM III-R. Perhaps the most salient distinction between feminist and other therapies is its identification of the cultural/environmental causes of psychological distress

and consequently, its focus on collective solutions for such distress. It is here that feminist therapists can make their most significant contributions.

References

- Caplan, P.J. "Between Women: Lowering the Barriers." In J.H. Robbins & R.J. Siegel (eds.). *Women Changing Therapy*. New York: Haworth Press, 1983. pp. 51-66.
- Caplan, P.J., & Hall-McCorquodale, I. (1985). "Mother-blaming in Major Clinical Journals." *American Journal of Orthopsychiatry*, July 1985.
- Friedan, B. *The Feminine Mystique*. New York: Dell Publishing, 1963.
- Heriot, J. "The Double Bind: Healing the Split." In J.H. Robbins & R.J. Siegel (eds.). *Women Changing Therapy*. New York: Haworth Press, 1983. pp. 11-28.
- Kaplan, A.G. (1979). "Clarifying the Concept of Androgyny: Implications for Therapy." *Psychology of Women Quarterly*, 3 (1979), 223-230.
- Lerner, H.E. (1984). "Special Issues for Women in Psychotherapy." In P.P. Rieker & E.H. Carmen (eds.). *The Gender Gap in Psychotherapy*. New York: Plenum Press, 271-284.
- Sturdivant, S. *Therapy with Women*. New York: Springer Publishing, 1980.
- Woolsey, L. "Psychology and the Reconciliation of Women's Double Bind: To be Feminine or to be Fully Human." *Canadian Psychological Review*, 18 (1977), 66-78.

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