

The Shrinking of Alice

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Manipulation thérapeutique de Alice

Antécédents culturels et politiques de femmes adonnées aux drogues administrées sur ordonnance.

Alice is forty-six. Alice has been divorced for three years. Her two sons and one daughter are grown and gone. Sometimes, often, Alice is lonely.

Alice works in the accounting department of a large insurance company. She types cheques from a stack of blanks placed on the corner of her desk, a stack which never seems to get smaller. Alice is very good at typing cheques — she's been doing it, after all, for eight years.

Since the divorce though, and since the kids left, Alice has been restless. Twice she applied for a transfer, but twice, for reasons not fully explained, she was turned down. The last time this happened, Alice got sort of depressed. She slept badly. She felt caught in a trap, with nothing much to look forward to. That scared her. In the evenings sometimes she drank more than she should. That scared her, too.

So Alice went to her doctor. He listened for a few minutes, in between phone calls, then nodded — more to himself than to Alice — and wrote out a prescription for Valium. He muttered something about this being common at her age and told her to call him in six weeks.

Alice took the Valium, at first when she was supposed to, but sometimes, later on, when she wasn't supposed to. It helped a little, but every now and then she felt so edgy and confused and tired she didn't go to work.

Then another job opened up, much more interesting than typing cheques, and Alice applied for a transfer again. The personnel manager looked over her record, interviewed her, and concluded she wasn't a good risk. She had been absent quite a few days, he noted, and during the interview she had been nervous, even close to tears. Unstable, he thought. Like so many women. He refused her request.

Alice really felt low. She started to think she wasn't worth much. Sometimes now she took a Valium on her coffee break, or at noon along with a drink. She phoned her doctor again. He recommended a psychiatrist.

Alice went to the psychiatrist. After she told him she was unhappy and scared and didn't sleep very well, he prescribed Elavil, for the depression, and Nembutal, for the insomnia. And he wanted to see her again: he had detected, he said, a certain hostility in her which indicated that her problems might stem from difficulty adjusting to her female role. He wanted, he told Alice kindly, to help her adjust. Alice said okay — and

hurried over to Shoppers' Drugmart to buy the lovely new pills. Alice was hooked.

There are thousands of Alices. Some work outside the home at jobs like hers, some work inside the home — at jobs like hers. One glance at the figures is enough: more women than men go to doctors, and they go more often; when they get there they complain of unhappiness thirteen times more often than men, of sleeplessness six times more, of loneliness and fatigue four times more; seventy percent of all Ontario prescriptions for mood-altering drugs are for women; in the last two decades the number of female psychiatric admissions has risen dramatically and inexplicably; and twice as many women as men give suicide a try.

It is perfectly clear, then, that women are sicker than men. Or is it?

Mightn't it be equally clear that something is terribly wrong with the situation in which women find — or lose — themselves? And mightn't it be pertinent that doctors and psychiatrists, ninety-two percent of whom are male, have been trained since Freud's time and earlier to view women as psychologically weak? And that they consistently perceive a woman's unhappiness and discontent as neurotic and maladjusted, when in fact it is a sign of suppressed rage, a rage altogether appropriate to a lifelong rip-off? And could it be possible, as their ads in the medical journals strongly suggest, that the pharmaceutical companies, with the doctors as pushers, encourage the indiscriminate tranquillization of women?

Last week Alice finally got a transfer, but it wasn't the one she had in mind. She's in the psychiatric ward now. Her psychiatrist says she's not getting any better. A few days ago, he says, Alice threw all her pills down the toilet and cursed him inventively and at length. Obviously, he says, she is still hostile and still not responding to treatment, even the shock treatment he ordered which makes her forget her own name. Poor Alice.

The irony is that Alice didn't need drugs. Alice didn't need a shrink. Indeed the real problem, for Alice and for most women, is that we're deliberately *pre-shrunk* to occupy a diminished and inferior place. Like her namesake in that wonderland world at the bottom of the rabbit hole (which often curiously resembles our own), Alice had to make herself small. So she kept swallowing things: her dreams, her pride, her anger, and finally, her pills.

The real problem is not personal and pathological, but cultural and political. And if that is so, then the real solution lies not in adjusting women to fit society, but in its revolutionary and humanitarian opposite: changing society to fit, at last, the needs of women.

I hope such change can soon begin. Alice is a friend of mine.