

# Women and Psychiatry

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## Les femmes et la psychiatrie

L'auteur analyse les problèmes relevant de la psychiatrie traditionnelle et plaide en faveur d'une nouvelle thérapie fondée sur l'égalité entre thérapeute et cliente.

Psychotherapy and marriage have a lot in common. They represent two socially approved institutions where a woman is in an unequal relationship with a man. According to Phyllis Chesler, the similarity does not end there. Both therapy and marriage isolate women from each other, emphasize individual rather than collective solutions to women's unhappiness, and both are premised on women's relative powerlessness and dependence on a male.

Many women seek psychiatric help because of feelings of depression. Other feelings that may prompt a woman to seek help are unhappiness, loneliness, anxiety, and a sense of worthlessness or inadequacy. In our culture we are taught that these feelings are 'symptoms' that signal some deeper form of disturbance—a mental problem. The recommended solution is to seek therapy—usually from a male psychiatrist. As Dorothy Smith (1975) points out in her excellent article, 'she (the woman) needs fixing if she is sexually unresponsive; she needs help if she can't stand her children, or if she weeps uncontrollably; she needs treatment if she is depressed'

More women than men seek and get psychotherapy. This may be because women are more willing to admit their unhappiness than are men. If this were so, then why is it that more *married* women are more likely to be diagnosed as mentally ill? Could it be that the female adult sex role as defined and prescribed in our culture leads to mental illness? In one study, Gove and Geerken (1977) found that married women with small children at home were more likely than men to have feelings of too many demands being made on them. Married women were also more likely to feel they want to be alone at times (and cannot), and interestingly, they were also more lonely. All of these feelings may contribute to the development of psychiatric symptoms. In all, their results show that these feelings seem to be caused by an immersion in the world of children, with its incessant demands and lack of time for oneself, lack of adult interaction, and lack of opportunity to use instrumental skills. When comparisons were made of psychiatric symptoms, it was found that employed husbands reported the least, employed housewives somewhat more, and unemployed housewives reported the most. The socially acceptable practice of labeling women's misery and unhappiness as sickness, neurosis and deviance has thus obscured an alternative possibility, namely that the problem may have originated in the social role rather than in the individual woman. In other words, a social role explanation of the etiology of some forms of mental illness (namely neuroses typically attributed to females) shifts the blame for the woman's misery from *her* to her sex role—one that defines the woman as inferior to a man and encourages a slave-like psychology, particularly *vis-à-vis* men.

At the present time, the social role explanation of mental illness is not widely-held. Instead, the premise or much of today's psychotherapy is that the woman is the author of her own misery (usually because she is not conforming to the traditional female sex role as prescribed by a therapist). The 'patient' learns to understand herself in terms of what went 'wrong' in her past. Her anger, in response to a socially frus-

trating and repressive role, is treated as another symptom—she is assumed to be rejecting her submissive female role.

In the light of research findings, one can seriously question whether the psychiatric system can respond to the treatment needs of women—victims, in many instances, of stereotyping, sex bias, and institutional discrimination. For one thing, there is evidence that women, *per se*, receive more psychoactive medication than men. (Psychoactive drugs affect mental and emotional states.) Moreover, other evidence suggests that clinicians hold a double standard of mental health for men and women. For example, Broverman et al (1970) found that both male and female clinicians' ratings of a mentally healthy male closely approximated their ratings of a psychologically healthy person (sex unspecified). They perceived a mentally healthy woman, on the other hand, as being more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, and having her feelings more easily hurt. So, if a woman changes and becomes more like a healthy adult, she becomes sick as a woman; if she is a healthy woman, she is sick as a person. That psychiatry continues to regard woman's fulfillment as contingent on marriage, children and the vaginal orgasm, should come as no surprise. Familiar views of women expressed by Freud, Erickson and Bettelheim all emphasize women's maternal role to the exclusion of others. How many women have been buried alive in the traditional female role in the name of psychiatric help?

As increasing numbers of women become aware of the politicalization that pervades traditional psychiatry, alternative therapies begin to emerge. As formulated by feminist counsellors a 'new therapy' advocates an equal relationship between therapist and client. This new therapy offers a unified feminist ego ideal for women to model themselves upon—a balance of all the characteristics of being human. The new woman can accept a full range of emotions and behaviours and roles; she does not avoid activities because they are unfeminine. She and her partner share the family work so each is free to pursue his/her separate creative achievements (Feminist Counselling Collective, 1975). Successful therapy with women also requires a belief in their abilities to take on responsibilities in all the same areas as men. Female clients need to be informed that many of the problems they face are societal, not individual, and as such, require collective solutions. As David (1975) points out, women can best develop new skills such as assertiveness, self-reliance, expression of anger and achievement in groups where women can encourage and affirm such behaviours. Our work is cut out for us!

## References

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