Book Reviews

Women Look at Pyschiatry Dorothy Smith and Sara J. David (eds.). Vancouver: Press Gang Publishers, 1975. Pp. 197.

The problems delineated in Women Look at Psychiatry are not limited to psychiatry alone. It is essential that any discipline or profession--especially one which wields tremendous power over people's lives--examine itself (e.g., Canadian Psychological Association Task Force on The Status of Women in Canadian Psychology). If the discipline refuses to accept responsibility for this self-examination then it is left up to the consumers to force the issue. Smith and David's anthology is an excellent combination of the examination of psychiatry by the "servicer," the "consumer" and the "consumed." It joins the ranks of Chesler's Women & Madness (1972), Miller's Psychoanalysis and Women (1973), Strouse's Women & Analysis (1974) and Tennov's Psychotherapy: The Hazardous Cure (1975). However, Women Look at Psychiatry is, in general, more scholarly than Tennov's work, less esoteric and more readable than Chesler's and more broadly based and relevant than Miller's or Strouse's anthologies.

The lead article "Women and psychiatry," by Dorothy Smith, serves as an excellent introduction to the issue: "Psychiatry as it is practiced (sic)... relies upon women's lack of authority to speak; it relies upon their subser-

vience to the abstracted modes of social control; it relies upon not knowing them and upon not listening to what they might have to say Psychiatry gives us ways of analyzing our protest which prevent us from recognizing and opposing directly the situations in which that protest arises." 14) This article sets up the expectation, or at least the hope, that the rest of the book will be just as articulate and authoritative. Elinore King's article, "How the psychiatric profession views women," provides a very good description of the "blame the mother" orientation in psychiatry, pointing out the inconsistencies in the logic behind the perceptions of woman. King very eloquently demonstrates how "certain words, examples, and research are used which suggest that any deviation on the part of the woman from her culturally acceptable role is potentially damaging not only to herself, but worse, to her family." (p. 35, emphasis mine)

The next four articles are written by former 'mental patients.' (Chamberlin; Anonymous; Chamberlin; Findlay) Of these the first is somewhat abrasive-reflecting legitimate anger and bitterness. It is an extremely pessimistic article, stating that psychiatry serves the status quo-and "it cannot be otherwise," (p. 42) and rejecting the work of feminist mental health professionals whom she accuses of having "unwittingly ignored or continued other dehumanizing psychiatric practices." (p. 44) Chamberlin's article can serve the function

of making feminist professionals more aware of possible biases, but it is occasionally strident enough to induce defensiveness and rejection of her position--e.g., "A true understanding of our own mental patients' oppression is hampered by the interference of others, no matter how well meaning." (p. 43. emphasis mine) However, the following three articles, including a second one by Chamberlin, are vivid accounts of the breaking of a patient by the system, the cycle of self-blame and the lack of credibility accorded anyone with the label "patient." These articles have to be read in their entirety to be fully experienced but I will provide here three quotes which illustrate part of their flavour:

They never picked up on the fact that I was looking for something.
(Anonymous, p. 47)

I had entered the hospital in an attempt to find relief for the pain of living, and found instead, that any attempt to show this pain to my "healers," so they could understand and help me, was swiftly met with repression.

(Chamberlin, p. 54)
Friendships with women were discounted by the shrinks as trivial. It never occurred to them that women had anything to say to each other or to learn from each other.

(Findlay, p. 71)

Smith's second article contains a pleasant surprise. The first 15 pages consist of a critical examination of



the Chesler (1972) and Gove and Tudor (1973) interpretations of mental illness statistics, exploring possible reasons why their interpretations do not fit with Statistics Canada data. While it is a good critical evaluation one begins to develop the suspicion that Smith too has been caught and trapped within the traditional nosology and "first admission" view of "mental illness." It is the pleasant surprise to find that this is not so for in the next 24 pages Smith presents an astute analysis of the social operations of psychiatry:

Symptoms are not observable independent of actual settings in which people are relating to one another. There are always two parties to a symptom. (p. 90) The agencies which produce the statistics also produce mental illness. They don't produce the suffering, the despair, the misery, the loss of self which leads in one way or another to someone's entry to the psychiatric process, but they do produce the distinctive behaviours, how they are recorded and understood and that pattern of relating to others which we call mental illness. (pp. 92-93, emphasis Smith's)

Meredith Kimball's article describes the Broverman et al. (1972) and Rosenhan (1973) work. These studies are well known to most psychologists but Kimball's survey will be informative to the general reader and its inclusion

definitely balances and broadens the scope of the book.

Rubin's article "Female 'neurosis:' a valid protest" links the sublimation of the Oedipus complex to the continuation of patriarchy, patriarchy in turn being linked with capitalism. Rubin's point that a superior/inferior type of relationship found frequently in therapy is not conducive to selfactualization in women is well-taken. Her solution appears to be the abolition of capitalism which some may find too simplistic.

Griffith discusses the liberation of woman through women's studies which achieve dissemination of information; consciousness-raising which validates the reality of woman and helps her assume and reject responsibility; and feminist counselling--the goal of which is awareness and preparation for change, i.e., changing the situation-not adjusting to it. She recognizes that feminist counselling is not value free but that it differs from other therapies in that it would attempt to make the value system explicit. is a very important recognition: therapy/counselling, whatever label is put on this process, is a social interaction relationship and cannot be value free. This honesty is in direct contrast to most therapies where the values of the therapist are frequently denied, covert and/or contradictory. Griffith's abstract description is made more concrete by the excerpts of

a session between client and therapist (both women) provided by Rita MacDonald and Dorothy Smith. (pp. 155-163)

Sara David outlines with specific concrete examples the necessity for mental health professionals becoming agents for change. She delineates some of the sources of problems for women inherent in the socialization process. justifiably lambasts clinical psychology for its contribution to woman's status through its failure to take into account the mass of evidence from other areas within psychology emphasizing the importance of social context and by studying sex differences in such a way as to perpetuate them. She illustrates the fact that just because a therapist is a woman does not ensure that she will not be feeding into her female client's negative self image. terminology of therapy is pejorative: we must develop language and approaches that encourage problem solving instead of labelling, and which focus on strengths instead of weaknesses.

Therapy is often justifiably accused of maintaining the status quo. David points out that by making the client aware of the societal pressures that contributed to her (the client's) distress, the potential for social change is increased—a very simple prescription but one of the most important points of the book. David's second article provides an example of the im-

plementation of the philosophy she espouses in her first article.

The last article in the book--"I'm not crazy after all" by Barbara Joyce is an encouraging, articulate testimonial to the effectiveness of, the lack of destructiveness in and the need for feminist oriented assistance for women.

The one objection I have to the book is stylistic. While the style of referencing and footnoting adopted by Smith and David is acceptable in some disciplines, I personally find it tedious and cumbersome. Flipping to the end of an article to find out who conducted the study cited, or when they published it, or to read an added comment interrupts the flow and increases the likelihood that I will not flip to the end of the article. This is perhaps a reflection of the fact that I have been brought up on the American Psychological Association Publication Manual (1952, 1974) and so feel it is the "best" way to write

It is heartening from both personal and teaching perspectives to see a Canadian book, by Canadian women, about Canadian women who are at the mercy of Canadian psychiatrists. It has been too convenient for students to deny the reality of the "crimes against women" in therapy by saying "Oh, that was an American study. It can't happen herein Canada." Now all they can say is "Oh, that's Western Canadian woman's

experience. It can't be happening here in Eastern Canada"--a considerably less defensible objection.

Women Look at Psychiatry is a book that should be read by all women-professional or non-professional, academic or non-academic--and by all therapists--female or male. Therapists

should pay particular attention to the articles by former "mental patients" for they are credible witnesses to their own destruction or near destruction. Smith and David's book is an excellent blend of the scholarly, the political and the personal, providing further evidence that these approaches are not antithetical.

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