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## HEALING AND EMPOWERING WOMEN

“It can be tough to be a female in a dude dominated world and feel like your opinions and knowledge are legitimate. Hockey Barbie does not help.”<sup>1</sup>

Gender fair counseling of women must involve some degree of social and political analysis of the psychological oppression of women, as well as an examination of the ways in which economic oppression and psychological oppression intertwine. Decades after the entrenchment of the Charter of Rights, white, male, heterosexual, middle and upper class individuals still rule in Canadian politics, health care, financial institutions, academic institutions and world power. There is still widespread denial by many men that they are over-privileged, even amongst liberals who concede that women are disadvantaged. Many men are still convinced their success is strictly the result of "merit". Few acknowledge the unearned advantage they have as a result of the large pool of unpaid and underpaid female labour. Fewer still grasp the extent to which vast numbers of women are disabled by the lack of self-confidence and the absence of a feeling of entitlement that is part

<sup>1</sup> Shannon Proudfoot, internet post May 24, 2012, re the sexism of the recent CBC sports talk show: "While the Men Watch Hockey Night".

and parcel of standard female socialization. This internalized oppression accords men a further invisible advantage over women in both the workplace and personal relationships.

Despite women's understanding of the political roots of their oppression and their keen awareness that many of their problems stem from "a woman's place in a man's world", many women still suffer oppression related depression, anxiety, self-destructive behaviour, dysfunctional relationships, chronic victimization, hopelessness and despair. Women facing these and other chronic and acute challenges often require skilled professional assistance. Second wave feminists have called upon psychologists and other therapists offering services to women to be vigilant in our efforts to overcome a patriarchal mindset so as not to further harm women finally courageous enough to initiate a serious exploration of the path to freedom.

I co-edited and contributed articles to *Women Look At Psychiatry*, (1976) with Dorothy E. Smith, sociologist. We articulated the destructiveness of traditional therapeutic approaches on women seeking assistance with their emotional turmoil. The book includes personal accounts of their therapy within in-patient and out-patient settings. Many had sought help to overcome depression, confusion, a sense of purposelessness and an inability to leave or transform difficult life situations. Many of these accounts document that these women felt far from safe to explore the perils they faced. Instead, they felt these therapists ended up further oppressing them by invalidating their reality and inaccurately pathologising them. Thirty five years later the needs and demands of women for gender fair counselling continue to warrant a more concerted effort from all mental health service providers.

Judi Chamberlin, a former mental health patient who went on to become a spokeswoman for the

Mental Patients Liberation Movement, wrote a moving account of the double oppression experienced by women patients both as women and as mental patients. She reports being punished: "for questioning, for wondering, for trying to figure out who I was and what I should do and what it all meant." She concludes correctly: "Every time I let an 'expert' speak for me, I betray myself."<sup>2</sup>

Barbara Findlay, a B.C. lawyer and a former mental health patient who has gone on to receive a Q.C. as well as recognition for her professional contribution to overcoming racism, sexism, and homophobia movingly articulates her experiences as a young woman. She describes the humiliation, further suffering, and agony that drove her to feel suicidal as a result of the treatment she experienced at the hands of the two therapists she consulted. Legions of women echo similar experiences: that therapists they turned to for help, instead seemed to cause them 'further harm' when they were already desperate and vulnerable. Economic hard times, reduced funding for women's shelters and cuts to mental health programs have increased the need for both improved service and advocacy on behalf of all women; especially for the multiply oppressed (visible minorities, lesbians, the disabled, and the impoverished).

In addition to the womens' accounts within *Women Look At Psychiatry* there are other more recent writings that illustrate the needless suffering of female mental health patients. For example, in her book, *The Jagged Years of Ruthie J* (2010) Ruth Simkin reveals that even the more wealthy and privileged women whose families are able to afford treatment at expensive, private and prestigious treatment centres routinely suffer life long damage at the hands of sexist, often misogynist psychiatrists.

Since *Women Look At Psychiatry* was published, I have continued to work with individuals seeking to overcome gender conditioning so as to change themselves, their lives, and the world in which they live. Together with other psychologists<sup>3</sup> and clients open to challenging mainstream mental health intervention I have developed new paradigms, vocabularies, images and methods for knowing the world and oneself so as to facilitate radical transformation in self, relationships, work, and community service.

It is always preferable for women clients to receive counselling from a female therapist who has transformed much of her own internalized oppression. That said, a male therapist who has transformed his gender conditioning and who is a true ally in empowering the oppressed is a better resource than a female therapist with a patriarchal mindset.

In working with women it is imperative that all therapists compensate for the socialized tendency of women to give up their authority to men in general and to any individuals who have credentials or expertise. For most clients, the reclaiming of their own authority is a central task in the therapeutic process but this is especially so for female clients.

When introducing the topic of the psychological oppression of women, the female therapist would do well to speak of women as "we" rather than as "they" so as not to collude with the tendency of the wounded woman to separate herself from her healed sisters. Thoughtful and selective self-disclosure about their own gender conditioning and journey to integrating "masculine" and "feminine" can be a very useful technique but caution is necessary so that boundary blurring does not occur in the process.

I have found that the most effective form of intervention is a multi-faceted approach that

<sup>2</sup> Judi Chamberlin in *Women Look At Psychiatry* p.45

<sup>3</sup> Jean Baker Miller, Laura Brown, Hogie Wycoff, Carol Gilligan, Bonnie Burstow to name but a few.

combines individual and group therapy. In group therapy women witness others who have been similarly invalidated. Through their shared stories they realize that like group members they have come to respect and admire, they are "not crazy after all". Wounded women need nurturing and support. Women readily support and nurture one another and learn to receive the compassion and caring they have been taught to provide to men and children. The far-reaching impact of genuine caring often results in a re-evaluation of services that many of the men in their lives simultaneously expect, take for granted, and denigrate. Rapid gains in self-esteem are the usual result. An added benefit for the women receiving nurturing in a group context is that it reduces an unduly long dependency on the therapist and/or the therapeutic process.

Individual consultations, as an adjunct therapy, assure that women gain an in-depth understanding of the particular family dynamics, racial, religious, and cultural roots of their physical, emotional, and mental imprisonment. Individual and group therapy each provide slightly different contexts that create the safety for expressing intense emotional pain previously repressed, displaced, or inappropriately acted out. Deep emotional release is both freeing and empowering. Energy not bound as fear, shame, rage and despair becomes available for joy, love, creativity and meaningful connection.

To see and hear the full, previously unexpressed terror, revulsion and rage of women molested as children or adults is to know about rape

and incest in a different less detached way than through the mind alone. Witnessing the anguish underneath recurrent migraines, rheumatoid arthritis, breast cancer, incipient mental breakdowns, respiratory problems, irritable bowel syndrome, or colestomies of women who have literally shouldered too many burdens, eaten their guts out, and had too little breathing space makes crystal clear the hazards of adopting socially sanctioned female roles.

In addition to its therapeutic value gender fair treatment often mobilizes both female clients and the mental health professionals treating them to become more effective agents of social change. In turn, changes in social systems, family relations, and the workplace make it easier to maintain whatever gains are made in ending what has been the most fundamental and oppressive division the human species has endured.

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