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Twenty Years Since *Women and Madness:* Toward a Feminist Institute of Mental Health and Healing

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This article reviews the development of a feminist analysis of female and male psychology from 1970 to 1990; the acceptance, rejection or indifference to feminist theory and practice by women in general and by female patients and mental health practitioners in specific. The article describes what feminist therapy ideally is and discusses the need for a Feminist Institute of Mental Health.

In 1969, I helped found The Association for Women in Psychology (AWP). I was a brand-new Ph.D., a psychotherapist-in-training, an assistant professor and a researcher. And I knew almost nothing about how to help another woman save her own life.

Most of what we take for granted today was not even whispered about twenty years ago. For example, none of my teachers ever mentioned that women (or men) were oppressed or that people suffer when they are victimized – and then blamed for their own misery. None of my clinical supervisors ever suggested that I review my own experience as a woman in order to understand women and mental health. In fact, no one ever taught me to administer a test for mental health – only for mental illness.

No matter. With feminism afoot in the land, I had been attending meetings almost nonstop for two years. I was surrounded by women who were passionate, confident, vocal, well-educated. I was studying what women "really wanted" from psychotherapy and planned to present my findings at the annual convention of the American Psychological Association (APA) in 1970, in Miami.

This paper is adapted from the Preface of *Women and Madness* [1989, second edition], Harcourt, Brace Jovanovitch, New York. Requests for reprints should be sent to Phyllis Chesler, Ph.D., College of Staten Island, CUNY, 715 Ocean Terrace, Staten Island, New York 10301.

I did my research and went to the convention, but decided not to deliver the paper that people were expecting. Instead, on behalf of AWP, I asked APA members for one million dollars "in reparations" for those women who had never been helped by the mental health professions but who had, instead, been further abused by them: punitively labeled, overly tranquilized, sexually seduced while in treatment, hospitalized against their will, given shock therapy, lobotomized, and, above all, disliked as too "aggressive," "promiscuous," "depressed," "ugly," "old," "disgusting," or "incurable." "Maybe AWP could set up an alternative to a mental hospital with the money, " I said, "or a shelter for runaway wives." The audience laughed at me. Loudly. Nervously. Some of my two thousand colleagues made jokes about my "penis envy." Some looked embarrassed, others relieved. Obviously, I was "crazy."

I started writing *Women and Madness* on the plane back to New York. I immersed myself in the psychoanalytic literature, located biographies and autobiographies of women who had been psychiatrically diagnosed or hospitalized; read novels and poems about sad, mad, bad women; devoured mythology and anthropology, especially about Goddesses, matriarchies, and Amazons. I began analyzing the "mental illness" statistics and the relevant psychological and psychiatric studies. I also began interviewing the experts: women patients.

Women and Madness was published in October 1972 to generally very positive reviews, including one on the front page of *The New York Times Book Review*. Over the years it was to sell more than a million and a half copies and it was translated into many European languages and into Japanese and Hebrew. I was interviewed a lot. Women began telling me that I had "saved their lives": they also deluged me with questions and requests. Would I be their therapist? If not, would I recommend one? Could I get them *out* of a mental hospital or into a *better* one? Would I testify for them in court, supervise their doctoral dissertation, conduct a workshop at their clinic? Would I be willing to talk to their husbands, mothers and children or lecture at their universities?

Since 1972 I've received more than 10,000 letters about *Women and Madness*, mainly from women but also from men. I have them still. Most confirm what I have written. Some letters are angry: I have offended God and Society and deserve to be punished – severely. Some letters are thoughtful: Now that I have "said it," what was I planning to "do about it?" Was I going to educate women (and men) or only talk to those who already agreed with me? A letter I received in January of 1989 begins:

> Please forgive my responding to your book almost 20 years late – but I never got around to reading it until now. I just hope you're still out there somewhere and will receive and answer this letter, the gist of which is, Boy, were you right, in spades, times ten, and

> how I wish I knew nothing firsthand about the grim trick that is called "mental illness" in women.

Not only am I "still out there"; so are many other feminists in psychiatry, psychology, social work, nursing, and counseling. And so too is the book, which remains, unfortunately, quite up-to-date.

Changes

What has really changed since I wrote *Women and Madness*? The answer is: too little – and quite a lot.

Too little. Despite the existence of a vibrant and visionary feminism (see, for example, Chesler, 1972, 1976, 1978, 1979, 1986, 1988, 1990; Dworkin, 1974, 1982, 1987; Firestone, 1971; Friedan, 1963; Greer, 1971; Hooks, 1981, 1984; Johnson, 1988; Millett, 1970; Rich, 1976; Spender, 1982), women continue to experience childhood in father-dominated, father-absent and mother-blaming families. Although women differ in terms of class, race, and sexual preference, female psychology is still shaped by the almost universal belief that God is a (white) man, not a (black) woman; by the preference for sons, not daughters; by the parental policing of daughters into "Daddy's Girls"; by the punishment of girls who veer, even slightly, from their "feminine" roles; by an arbitrary system of rewards for girls when they are "good"; by the lack of strong heroic female role models; by the continuing epidemic of incest and sexual molestation; by the absence of group bonding among girls or among girls and boys; by women's fear of being raped or trapped into systems of pornography and prostitution – and then blamed for it; and by women's inability to defend ourselves against male or adult violence.

Women still behave as if they have been colonized. As I noted in *Women and Madness*, mental health professionals – and everyone else – devalue the way women either express or protest their colonization. For example, a "normal" woman is still supposed to be passive, dependent, emotional, and not good at math or science; as such, she commands little respect. However, a woman who is aggressive, independent, emotionless and good at physics commands as little respect and is also without a clean bill of mental health. ("She's not married. She's not a mother. She's not normal. She can't be happy.")

The image of women as colonized is a useful one. It explains why some women cling to their colonizers the way a child or a hostage clings to an abusive parent or captor; why many women blame themselves (or other women) when they are captured (she really "wanted" it, she freely "chose" it); and why most women defend their colonizers' right to possess them (God or Nature has "ordained" it). Like others who are colonized, women are harder on themselves. Women expect a lot from each other – but rarely forgive

another woman when she fails even slightly. Women are emotionally intimate with each other, but tend to take their intimacy for granted. Almost unilaterally, women do the work of creating similar intimacy with men – and prize male reciprocity very highly.

Despite women's real ability to connect with others, women tend to disassociate themselves from both female victims and female rebels. We are often the first to denounce or ostracize other women who step out of line, even slightly. Most women experience our differences as potentially murderous. Like men, we have little nurturing compassion for women. Like "brotherhood," "sisterhood" is a powerful ideal, not an institutionalized reality.

Can mere words help us "overcome" this? Can psychoanalysts or psychotherapists perform such word magic? I did not address this question in *Women and Madness*. However, I observed the obvious: the traditional mental health professionals had, as yet, neither understood nor liberated women.

Today, the mental health professions are essentially the same patriarchal institutions I once described. Structually, they still tend to mirror or support the institution of marriage (especially for women), and to reinforce our belief in private, individual solutions (see Chesler, 1972, 1986, 1988, 1989).

Many male (and anti-feminist) therapists still pay no attention to what "women's libbers" are saying. Most do not read the feminist literature or invite feminists (even those with degrees in social work, medicine, psychology, counseling, or nursing) to address them as authorities. Whenever I or other feminists lecture professionally, we are usually received by the same women and/or feminists who fought to have us invited. Their male and anti-feminist colleagues appear in very token numbers. This is truly astounding – given that contemporary mental health professionals did not learn about incest, rape, wife-beating or child abuse from graduate or medical school textbooks but from feminist consciousness-raising; from grass-roots counselors, with and without degress; and from the victims themselves, empowered to speak, not by psychoanalytic but by feminist liberation.

It is very important, psychologically, for both women and men to learn how to listen to women as authorities. This is especially true for those who are themselves mental health professionals. Some male therapists have been educated by their female patients and by their daughters and wives. These men attend feminist conferences and are familiar with the feminist literature. Some are powerful courtroom advocates of mothers and children, especially when sexual abuse is involved; some are even more radically feminist than many of their female counterparts. (They can afford to be – but still it is nice when they are sincere.) However, such men are in the minority.

Interestingly, some non-feminist male and female therapists are more interested in studying or "helping" rapists and batterers – than in healing their female or child victims – more interested in appearing as expert custody

witnesses for previously absent or exceptionally violent fathers than for "good enough" mothers. This is partly a matter of "going where the money is," and partly a continuation of our professions' (and our culture's) pro-man and anti-woman biases.[1]

Feminists have usually questioned the desirability of seeing a male therapist. According to 20 feminist therapists whom I recently interviewed, women increasingly prefer women as their therapists. When should a woman see a male therapist? In *Women and Madness* and in a later work (1976), I discussed women's preference for a male rather than a female therapist in terms of women's belief that God is a man. In a sense, a woman's "career" as a psychiatric patient (or as a wife), in addition to all else, is a way of getting close to God or to God's representatives here on earth.

So what did I mean when I said that *quite a lot* had changed since I began to write *Women and Madness*? In 1969 there were few feminist theories of psychology and virtually no feminist therapists. Now, we are everywhere. Feminists have established journals, referral networks, annual conferences and workshops within and outside the professions. They have also published many wonderful and important books and articles (e.g., Armstrong, 1978, 1983; Caplan, 1985;, Herman 1981; Miller, 1976; Rush, 1980; Walker, 1989; Weisstein, 1971). However, in *Women and Madness*, I wrote:

> The ideas and alternative structures of a "radical" or feminist psychotherapy both excite and disturb me. I don't know how much "professionalization" of either ideology might come to parallel hippie capitalism or limited social reformism or authoritarianism with a new party line. Part of the difficulty that a "service" profession faces in being "revolutionary" is that people won't voluntarily patronize what isn't already palatable to them – and shouldn't be forced to do so. Also, the difficulty of translating one's ideology into action remains a problem for clinicians and people, whether traditional, radical, or feminist. For example, what happens to us as children in families may be very difficult to "will" away psychologically, even in the best of peer-group structures, even by the most scrupulous "contracts" between a therapist and her patient, or between a group and an individual. (1989, pp. 112–113)

Despite my own early critique of institutional psychiatry and of private patriarchal therapy geared to high-income clients, I have come to believe that women can and do benefit from feminist therapy. Some feminists have questioned whether *any* therapy, including feminist therapy, is desirable. They have noted, correctly, that "therapism" may siphon off radical political

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[1]Many feminist theorists and clinicians do not have the "stomach" for working with violent women-haters – especially since we do not have the legal, social or financial power to do so effectively. Perhaps we know too much about how dangerous these men are – and how reluctant "society" is to control them. Perhaps such men simply frighten us too much. We also know that no one knows how to "rehabilitate" such men. As feminists, we are unwilling to spend our energies in developing "compassionate" therapies for Jack the Ripper or Bluebeard. Our resources are very limited; why not concentrate on healing the victims who have at least lived to tell the tale?

energies. Individual, group or family therapy can – just as feminist consciousness-raising groups or revolutionary struggles can – also maintain the status quo, blame-the-victim, settle for what is comfortable and ultimately mirror reactionary family structures.

However, an incest survivor with insomnia or panic attacks often cannot sit in a room long enough to have her consciousness raised; an anorexic or "overweight" woman who is primarily concerned with losing weight or looking "pretty" may not be able to *notice* others long enough to engage in political struggle with them; a battered woman on a window ledge may not have the time to wait for an affinity group to choose *her* salvation as their political project; a rape victim who is also starved for affection or encouragement will not necessarily find it in a group of similarly starved revolutionaries: egos colliding, enemy-shadows everywhere, hostility horizontal, all looking for the Great Black Mother, no one willing to become Her without first having Her, all looking for the Great White Father – no one willing to put up with Him in female form.

Often, those who condemn institutional psychiatry, Freudian psychoanalysis, grassroots feminist shelters and feminist therapies – all in the same breath – do not feel responsible for the female casualties of patriarchy and do not know how to *listen* to others – especially to women. Such critics, even if well-intentioned, do not comprehend how healing it is to be listened to in a loving and skillful "holding" environment; or how psychologically wounded women, men or politically active people also are. Such critics may also be confusing the fact that quality mental health care is not available to all who *want* it with the question of whether or not quality mental health care exists at all.

What does a feminist therapist *do* that is different? A feminist therapist tries to *believe* what women say. Given the history of psychiatry and psychoanalysis, this is a radical act. When a woman begins to remember being sexually molested as a child, a feminist does not conclude that the woman's "flashbacks" or "hysteria" prove that she is lying or "crazy."

A feminist therapist believes that a woman needs to be told that she is "not crazy"; that it is normal to feel sad or angry about being overworked, undervalued and underpaid; that it is healthy to harbor fantasies of running away when the needs of others (aging parents, needy husbands, demanding children) threaten to overwhelm her.

A feminist therapist believes that women need to hear that men "do not love enough" *before* they are told that women "love too much"; that fathers are *as* responsible for their children's "problems"; that absolutely no one will rescue a woman but herself; that self-love is the basis for love of others; that it is hard to "break free" of patriarchy; that the struggle to do so is both miraculous and life-long; that very few of us know how to support women

in flight from – or at war with – low self-esteem and violence against women and children.

A feminist therapist tries to *listen* to other women respectfully rather than in a superior or contemptuous way. A feminist therapist does not minimize the extent to which a woman has been wounded. Experiencing life as a second- or third-class citizen is not a minor occurrence with only minor consequences. However, a feminist therapist believes that with the right support, every woman has the power to give birth to herself.

To give birth to oneself against all odds, and after sustaining mortal wounds, is not easy. A feminist therapist is more like a midwife than like a surgeon, more like a teacher than a scientist, more like a priestess than a priest, more intuitive than objective. Such therapists believe that any attempt to integrate mind and body is "healing"; that body work is as important as (or *is*) political work; that women need to be touched and nurtured in a gentle and non-invasive way, both physically and spiritually, especially by other women (role models) who themselves have access to the great female archetypes, or the "goddesses within."

It is no accident that I wrote about goddesses in *Women and Madness*: great Earth Mothers like Demeter who rescued her daughter, Persephone, from male kidnapping, rape and incest; great Amazons like Diana, who protected women in childbirth and communed with the "wild beasts." Such goddess images are our collective legacy, our dangerously repressed role models. Both women and men are strengthened by examples of women who embody *all* the human (not merely the "feminine") possibilities.

I previously criticized (1972, 1978, 1986, 1988) traditional mental health professionals for their gender-, sexual-preference-, class-, and raced-based double standards of mental health and for the way in which they punitively label women. A feminist therapist does not label a woman as mentally ill because she expresss strong emotions or is at odds with her "feminine" role. Feminists do not view women as mentally ill when they engage in sexual, reproductive, economic, or intellectual activities outside of marriage – for example, when they have full-time careers, are lesbians, refuse to marry, commit adultery, want divorces, choose to be celibate, have abortions, use birth control, have an "illegimate" baby, choose to breastfeed against expert advice, or expect men to be responsible for 50% of the child care and housework. Women often lose custody of their children for these exact reasons – pronounced unfit by courtroom psychiatrists, psychologists or social workers.

What if a woman really is "crazy" – say, suicidally depressed or actively psychotic? Feminist (and the best non-feminist) therapists try not to experience such a woman as *malevolently* resisting our efforts to help her, try not to hospitalize her against her will, if at all. (As I pointed out in *Women and Madness*, unless someone is very wealthy, that person will probably be forcibly

and improperly medicated, denied both psychiatric and non-psychiatric medical care, and forever burdened with the shame and punishment of having a psychiatric "record.")

In the last twenty years, we have learned that psychotropic drugs – all of which have negative side effects and should be very carefully prescribed and monitored – may be helpful in some cases, enabling verbal or other supportive therapies to take place. However, medication by itself is never enough. Women who are depressed or anxious also need access to feminist information and support.

Feminist therapists know that we possess crucial and lifesaving information that all women, especially those in crisis, need. Women often need immediate sanctuary, employment, child care, and orders of protection; they also require more "crisis management" than most high-status, high-income therapists can provide. Some feminist therapists try to provide women with the kinds of advocacy and support networks that most families routinely provide for their sons, fathers, and brothers – but withhold from their female members. Feminist therapists develop referral lists of lawyers, physicians, and others who are at least committed to *struggling* against their own double standards.

Some feminist therapists believe that women must understand and/or engage in "politics" in order to engage in psychological transformations; that participation in feminist consciousness-raising is therapeutic; that our mental health will improve only as the feminist agenda is implemented; that no feminist government-in-exile, and no sovereign space yet exists to make our struggle any easier; that we have to create such spaces as a way of creating ourselves.

In *Women and Madness*, I asked us to value the devalued "female" ways of being and to expand also our definition of "female." Since then, feminists have focused either on valuing women's "relational" and "nurturing" abilities or on women's ability to incorporate both "male" and "female" behavior – that is, "human" behavior. The first approach is gender-specific; the second is gender-neutral. Both approaches are important; neither is necessarily radical. Women's deepest longings for love and family may only be realized when women (or feminists) control the means of production and of reproduction; nothing less will do. I wrote that in order for this to happen:

> Woman's ego-identity must somehow shift and be moored upon what is necessary for her own survival as a strong individual. Such a radical shift in ego-focus is extremely difficult and very frightening (but) women need not "give up" their capacity for warmth, emotionality, and nurturance. They do not have to forsake the "wisdom of the heart" and become like "men."
>
> They need only transfer the primary force of their "supportiveness" to themselves and to each other – and never to the point of self-sacrifice. Women need not stop being tender, compassionate, or concerned with the feelings of others. They must start being

> tender and compassionate with themselves and with other women, including their daughters and mothers. (1989, pp. 299–301)

Today, most feminist theorists and therapists would agree that a woman's ability to nurture others must first focus on herself and not be limited to her own family. A woman's ability to create and sustain *non-traditional* relationships – especially to the larger world – is as important as her ability to keep one man (or one woman) at any price.

Some feminist theorists and therapists have been moved by the radical liberation theology in *Women and Madness*. Thus, they agree that women's control of our bodies is as important as sexual pleasure, and that we must be able to defend "our bodies, ourselves" against violent or unwanted invasions – like rape, battery, unwanted pregnancy or unwanted sterilization. In order to defend ourselves, women must do things that both men and women view as "unfeminine," such as take risks, think "big," express anger. Women must learn how *not* to become paralyzed when we are verbally baited. ("Yes, we are all kikes, niggers, commies, and dykes. Now let's get back to the subject at hand.") Women must also learn how to confront others *directly*, and having done so, how to "let it go."

At the precise moment that women are developing strong selves, they must simultaneously begin to cooperate with each other – not to maintain the status quo but to change it. How can we do this and at the same time take care of our wounded? How can we attend to the next generations and also take care of our own evolving needs? As feminists, how can we do what we have already been doing – but in ways that will touch the world more deeply?

We need a Feminist Institute of Mental Health and Healing that is both local and global, a learning community that lasts beyond our lifetimes, a clinical training program that is not patriarchal, a spiritual retreat with an intellectual and political agenda, a place where feminists can come together to both learn and teach in ways that are inspired, rigorous, humane, and healing.

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