

upheld at all cost, regardless of whether it may be that family situation that is causing a woman to be depressed," says Mayberly, who is now a counsellor for homeless women, many of them ex-patients, at Martha's supervised boarding home in Ottawa.

But it's not just the way women psychiatric patients are treated that taints the profession with misogyny. Two to three times as many women as men are given electroshock; more women are prescribed drugs to control their behaviour; and finally, women make up most of the psychiatrically hospitalized population while men comprise a larger proportion of the prison population.

Psychiatrized women agree it is easier for a woman to be committed to a psychiatric institution at some point during her life than a man. A position paper for the 1982 International Conference on Human Rights and Psychiatric Oppression, held in Toronto, states that any woman who admits she had been raped or battered, says she needs help or support, or says she has been hurt by her sexist victimization "is likely to come into contact with the mental health system."

As Phyllis Chesler pointed out in her ground-breaking 1972 book *Women and Madness*, insane asylums became jails for women whose husbands no longer wanted them; jails for women who challenged societal norms by opting for a career, refusing to get married, becoming a lesbian, or in the case of Zelda Fitzgerald, writing better than her husband. (In correspondence between Scott Fitzgerald and his wife's psychiatrist, the famous author admits he was jealous of Zelda's writing ability and wanted her to stop writing altogether).

Both feminists and ex-psychiatric patients agree that alternatives must be sought to a medical practice that is inherently sexist. But there are disputes as to exactly what needs to be done.

Most, like *Phoenix Rising* editor Irit Shimrat think there "is no such thing as mental illness" — that social factors cause people to exhibit characteristics which lead psychiatrists to label them 'crazy', and then the psychiatric system itself makes people ill for real.

"They drug and shock women to shut them up," says Shimrat. "But women don't need to be shut up; they need to

understand their situation in society and work to change it — the problem has to be combatted at its root."

But although feminist therapists agree drugs serve as a method of social control by numbing a woman's anger over her situa-

tion so she will put up with it, many like Pat Tobin say that sometimes drugs are necessary: "Without drugs, a woman's anger may be turned against her or people she loves instead of society. She might beat her kids; she might harm herself. If we could be sure they'd direct their anger for progressive social change, then yes, I'd say

drugs were unnecessary. "Some women just need a protected environment for a time," says Tobin. "But they should be protected from psychiatrists as well."

More and more women are combatting psychiatry by creating alternate forms of therapy, where the woman's social situation is looked at as part of the problem. Louise Bowie, who quit her job as a psychiatric nurse because of its "cruelty and sexism," says psychiatrists and therapists have to start "looking at the whole person, not just their label — their social life, their economic situation, their nutrition, the drugs they take . . . everything about them."

While it is mostly poor women who end up being psychiatrized, few can afford feminist therapists, who can cost as much as \$80 per hour and are not covered by health insurance plans. Feminist therapists are also out of bounds for them, says Bowie, because most women don't even know they exist. And, alternative clinics have a great deal of difficulty finding funding to keep them alive.

Other, more radical critics of psychiatry say feminist therapy is a contradiction in terms. "It doesn't help to be a feminist if you're still going to label a patient 'manic depressive' or 'schizophrenic', says Susan Horley. "Borrowing anything from a system created to benefit men at the expense of women can never help women."

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Irit Shimrat agrees: "Unfortunately, I think there needs to be a revolution in society first before anything will really change. It's so difficult to find good alternatives within our present social and political system."

But revolution isn't exactly around the corner, so Shimrat and most other feminists and women opposed to psychiatry say education is needed to expose the structural sexism of psychiatry, as well as to show how sexist society both influences psychiatric treatment and is influenced by it, as well as how psychiatry protects the status quo.

Women opposing psychiatry are up against a lot — it's depressing to realize change probably won't come all that quickly, says Tobin. "One of the most disheartening things about the development of my consciousness and skills is that I don't think things will get much better. Everytime we get an inch, they get a mile."

"I'm not saying we should give up our work," says Tobin, "but just that I find it incredibly frightening and overwhelming."

"They drug you silent instead of saying 'go home and get rid of that bastard'."

"A battered woman who knocks on neighbor's doors, screams for help, or repeatedly calls the police runs a serious risk of being committed to a mental institution," the position paper points out. Meanwhile, statistics show that most women suffer from some form of sexual harassment or abuse during their lives.

The paper also indicates that clinicians, both male and female, use masculine definitions of mentally healthy behaviour. "It is not altogether surprising that those characteristics associated with being a mental patient — passive, dependent, manipulative, and indecisive — also fit the socially prescribed role for women in this culture."

While the psychiatric system is institutionally sexist, it's important to remember it is both a microcosm of a sexist society and a practice that does its part to ensure society remains as it is. But some question how conscious psychiatrists are of their role in preserving the status quo.

Pat Tobin, a social work student at Carleton University in Ottawa and a staffer of Martha's, says she doesn't think most psychiatrists are consciously misogynist. "Psychiatrists are probably nice guys; they're probably not all saying to themselves 'let's fuck these women around.' They're committed to what they do — no, they're committed to their \$95,000 per year."

But the fact remains, women have been continually abused by the psychiatric system since it became a recognized medical practice.

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