

LINE ON LIFE

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Women and Psychotherapy *

David A. Gershaw, Ph.D.

Did you know that many more women than men experience emotional disturbances at some time in their lives? That many more women than men seek out some form of therapy? That women in therapy remain in treatment longer and are given many more drugs than men?

It is hard to find really firm figures. Even so, it is well documented that women receive over 70% of the chemotherapy prescribed – tranquilizers, sedatives, stimulants and anti-depressants. Information like this raises important questions about issues that may go to the heart of the therapeutic process for women.

A **sex bias** in psychotherapy can be traced back to Sigmund Freud's view of women. It was not complimentary – and much of psychoanalytic theory is based on Freud's view. In Freud's theory, women are seen *by nature* as passive and dependent. Many therapists – both men and women – continue to hold this view to some extent. In our culture, such "*male*" qualities as independence and assertiveness are seen as being "*healthier*" than such "*female*" qualities as dependence and diplomacy. Can therapists who have absorbed such cultural stereotypes adequately deal with many of the problems women bring into treatment?

To add to this, there are **special problems** that are more common among – or unique to – women.

1. Women are more likely to have experienced physical or sexual abuse. In 1981, a study indicated that 10% of women have had some kind of sexual experience with a relative in childhood. Similar mistreatment in psychotherapy itself shows a sex bias. In some surveys, about 5% of men therapists admit having sexual intercourse with female clients. In contrast, only 0.5% of women therapists had sex with their male clients.
2. The experiences of menstruation, pregnancy, childbirth and menopause are unique to women and raise specific therapeutic issues. Researchers have given relatively little attention to potential emotional upheavals that might be associated with such experiences of women.
3. Problems associated with eating are much more common among women. The most prominent of these are **anorexia nervosa** – self-starvation – and **bulimia** – gorging on food and then purging the body by forced vomiting and/or laxatives. Until recently, bulimia and anorexia have received little attention, and there are few therapists who are skilled in dealing with these disorders.
4. In our culture, women are twice as likely to experience episodes of depression than men. (If you are interested in this, Maggie Scarf's book, *Unfinished Business*, 1980, is an exploration of depression in women.) This disproportionate frequency might occur because women are biologically more prone to this disorder. On the other hand, women's lower status and the "*learned helplessness*" characteristic of many women's social roles may lead to depression. It is not clear which factor plays a major causal role. However, it is clear that therapists respond differently to similar depressive episodes in their clients – depending on whether they are men or women. Depressed women are seen for longer periods of time and are more likely to be given medication than depressed men.

How can the reactions of therapists toward women be improved? The therapist's role needs to be that of an agent of change. Rather than helping a woman "*adjust*" to her existing condition, the therapist can encourage her to reach for greater power and independence in her life. This may mean working with the entire family to change the way in which the family system operates.

You may not agree with the most extreme feminist position concerning psychotherapy – only women therapists can be of assistance to women clients. However, it is clear that many of the special needs of women in therapy have not been addressed. In addition, many therapists – both men and women – are quite uninformed about the common dilemmas faced by women. As one woman psychologist stated in 1983:

"If psychotherapy is to help female patients, therapists must become aware of sex differences where they do exist and refute assumptions about sex differences where they do not exist."

Obviously many women have been helped by psychotherapy in the past. With greater knowledge and awareness, the situation for women in need of therapeutic help can be greatly improved.

So – whether you are a woman or a man – if your therapist tries to mold you into sexually stereotyped behavior, you have the right to seek another therapist.

* Adapted from Houston, Bee & Rimm's *Essentials of Psychology*, Academic Press, 1985, pages 428-429.