

ENGENDERED LIVES

A NEW PSYCHOLOGY OF WOMEN'S
EXPERIENCE

Ellyn Kaschak, PH.D

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*Later, she met Joyce and after they had been friends for a whole school year,
formed their own girls' gang with code words and rhymes that played itself cooly
on this side of trouble they got separated by the summer.*

-Cherríe Moraga

Loving in the War Years

To all the girl gang members along the way
And especially for ARLENE RABINOWITZ GOLDSON-separated by summer

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Acknowledgments

The ideas in this book have developed within the context of feminist thought and action of the past two decades, in which I have found my intellectual and political home. Feminist theory and practice have been an endlessly rich source of ideas for me, and I have incurred a debt that I hope I have repaid, at least in part, with my own work. I cannot imagine my work and my life outside of feminist thought and practice or away from the women who make these ideas a way of life.

In addition to this general indebtedness, I owe a particular debt to certain colleagues and friends, without whom my work could not have taken its current form. They are too numerous to thank individually, but they know who they are and I am grateful to them all. The members of the Feminist Therapy Institute have provided a context for my work. My women clients, students, colleagues, and friends have also served as my teachers.

A sabbatical year from San Jose State University allowed me to write a first draft in as uninterrupted a form as my life ever takes. Finally, this book would never have come into being but for the various cafés in the Berkeley-Oakland area, in Paris, and in San José, Costa Rica, in which much of my writing and many of my observations took place.

Finally I must note that this e-book edition is being published some twenty years after the original publication of *Engendered Lives*. It is both an historical document, a record of the beginnings of a new and revolutionary approach, and still all too relevant. As the culture has changed, it has improved some circumstances while exacerbating others. Academic disciplines are aware of and have incorporated gender into their paradigms. Certain psychological issues, eating disorders, for example, are much more common than we ever could have imagined, as are all the psychological problems of girls and women that are based in appearance. The approach to making meaning and finding models that deepen our understanding of the complexity of these issues in context have stood the test of time and are as meaningful today as they were in 1992. I myself have continued along the path that began to appear to me in this book, writing about the tyranny of

vision and about meaning or mattering as a meta-principle to bring order, understanding and change to these issues. This path has become even clearer to me over the years, as has the complexity of all that surrounds it.

Introduction

This book is about the lived and ordinary experiences of women. It is about the relationship between the social constructions of gender and the most intimate feelings and thoughts, joys and sorrows, of each woman and every woman. It is about growing up, becoming a girl and then a woman, and the problems and solutions that accompany this course of development.

Engendered Lives has evolved from my own experiences as a feminist, a psychologist, and an educator. Some twenty years ago, I completed the academic part of my graduate training as a clinical psychologist and began a two-year internship at a major Veterans Administration hospital. There I would be trained clinically in an array of models and techniques, ranging from behavior modification to group therapy to family therapy, in a well-respected program that reflected and contributed to the most current thinking in the field.

At the same time, the influence of the women's movement was beginning to be felt and, where only a few years before there had been few or no women in most doctoral programs, we were now well represented-or so it seemed. As it turned out, we were represented in number only. Our perspectives remained absent from the models and practices of psychotherapy. I did not realize this at the time, believing that I was being trained in approaches to psychotherapy that were unrelated to and unbiased by the gender of the participants.

For example, as an intern, I was requested by my supervisor to go to a local porn shop and purchase literature that depicted sex between adult

men and young children. This material was to be used in the treatment of an adult man incarcerated for repeatedly molesting young children. As his therapist, I was then to supervise his program of masturbation and attempt to get him to transfer his interest from these images of children to images of women in *Playboy* magazine--a standard decontextualized behavioral therapy that is still very much in use. The new preference for *Playboy* models would then qualify him to be a normal, healthy adult male. At the same time, the patient was sent to local meetings of Parents Without Partners to find an "appropriate" woman to date. It occurred to no one that through this unsuspecting new dating partner, this man might be exposed to children. Nor did his effect on the women he might date seem to be of concern. He and he alone was the patient.

This was a somewhat awkward experience for me, to say the least, and my choice, at the time, seemed to be to decline and have a male colleague do it, thereby calling attention to my limits as a female member of the team, or to accept the assignment. At that time, I saw no other alternatives. My supervisor had offered me the assignment in an honest demonstration of his own lack of discrimination. I attributed my feeling of discomfort to being "uptight" about sexuality, a problem I would have to overcome if I were to become an effective psychotherapist. I later came to understand that what appeared to be lack of discrimination was really treating everyone like a man in a man's world and not questioning the appropriateness of that behavior. Certainly no thought was given to my predicament or to the possible danger to the women and children who might become unwitting participants in this man's treatment.

As a family therapy intern, I was taught to help families by removing so-called enmeshed mothers from their overly close interactions with their children and bringing in the uninvolved fathers as newly dubbed experts on child rearing. I was also taught to wonder what women who were being beaten repeatedly did to provoke and/or participate in maintaining the beatings. From a family systems perspective, they were as much a part of "the system" as their husbands and were thus considered to play an equal part in creating and sustaining the problem. Curiously, this principle of equal responsibility was invoked when a woman was being mistreated, but when a child appeared disturbed, the same therapists had no difficulty pointing to an enmeshed or even a "schizophrenogenic" mother as the cause. If the father had any responsibility at all, it was to become more involved as a way of diminishing the mother's influence.

My female colleagues and I got along fine as long as we played by the established male rules, which involved viewing psychological needs from a male perspective and ignoring or pathologizing those of females. Other female psychologists, most of whom had also been admitted recently to the field, were beginning to take note of the discrepancies. At the same time, we were questioning sexism and oppression in the personal spheres of our lives through the process of consciousness rising. We were

beginning to make the kinds of discoveries after which nothing ever looks the same, but none of us had any idea how extensive the feminist social critique would become. It began to touch many of the traditional academic disciplines, psychology among them.

In 1972, Phyllis Chesler's *Women and Madness* appeared and spoke precisely to my and many other women's experiences as female psychologists in training. Her book, along with a variety of articles and chapters by other psychologists and sociologists, including Naomi Weisstein, Anne Koedt, Pauline Bart, Hannah Lerman, and Annette Brodsky (all reprinted in Cox 1976), had a profound impact on the nascent field of feminist therapy. A rapidly developing literature began criticizing the theories and practices of psychotherapy and proposing alternatives that might be helpful, rather than damaging, to women.

These alternatives were based upon the rapidly growing awareness that traditional therapeutic approaches reproduced the power differential between men and women, with mostly men setting themselves up as experts who diagnosed and treated mostly women patients and clients. As a result, these therapies had a multitude of built-in masculine biases, most prominent among which was a standard of mental health for women that differed from that for men; it largely involved helping women adjust to the prescribed feminine role. The definition of psychopathology in women was based on deviation from the prescribed into the territory of the proscribed: that is, mental health in women was measured by their adherence to traditional gender-role behavior.

Feminist therapists instead worked to eliminate exploitive power differentials between therapist and client and to enable women to overcome society's training through the development of such techniques as assertiveness training. As another example, psychotherapists had followed Freud's lead in assuming that women experienced two different kinds of orgasm. The clitoral, immature and imitative of masculinity, had to be replaced by the vaginal, phallogentric in mature, well-adjusted women. Based on the anatomical research of Masters and Johnson (1966), Koedt (1976) and other feminists led the way in documenting the fact that women experience only one kind of orgasm and that it is not focused on the penis or even most easily achieved in heterosexual intercourse. From this growing understanding emerged a treatment for pre-orgasmic women (previously known as "frigid"), which relied on simple behavioral techniques and had an almost

100 percent success rate for participants in a ten-week program. Before this remarkable innovation, treatment for orgasmic dysfunction in women typically took years and had a much lower success rate.

Groups involved in developing feminist therapy theory and practice sprang up almost simultaneously in several areas across the country, including San Francisco, New York, and Boston. It was both a grass roots and an academic/professional movement, as women began to question all aspects of their experience and as more female clients sought out female therapists. There was tremendous excitement about the new discoveries we were making in the field of therapy. We began a project no less ambitious than the dismantling and rebuilding of psychological theory and psychotherapeutic practice. It soon became clear to me what the problems were at the hospital where I had done my internship, although I alone did not have the power to change them. That power would accumulate as women joined together to change the face of the profession.

In 1972, I became a founding member of the Women's Counseling Service of San Francisco, a group that worked actively to develop a theory and practice for the new field of feminist therapy. I have continued this work ever since in private practice, through supervision, and through my position as a professor of psychology at San Jose State University, where, since 1974, I have been teaching clinically related courses, supervising therapists in training, and publishing related work.

In the intervening years, the field has become more complex and sophisticated in its theoretical analyses and therapeutic applications. The crucial importance of social context, complexity, and diversity of perspectives has become an integral part of feminist theory, as has the acknowledgment of the "value ladenness" of any research or therapeutic endeavor. There is a renewed interest in understanding the connections between sociopolitical phenomena and personal psychological experience and respect for the complexity of psychological experience and change.

All of the early collectives have long since disbanded and, for better or worse (some of both, in my opinion), the field has been highly professionalized. Most practitioners hold advanced degrees from recognized institutions, as well as licenses to practice psychotherapy. The Feminist Therapy Institute, an organization of which I am currently National Chair, was created about ten years ago. The members of this group work directly on the advancement of feminist psychological theory and practice. Feminist theory is a major and growing force at the cutting edge of the most exciting intellectual and therapeutic work being done. In this book, I present my work in this area.

Beginning from the proposition that every aspect of experience, from our first moments, is gendered--our work, our relationships, our bodies, even our use of language--I will show how the abstract category of gender is embodied by and translated into everyday experience. This arrangement plays itself out in a variety of interesting and important psychological ways related, for women in particular, to physicality, sexuality, and sense of self and self-esteem, as well as to so-called psychological disorders such as depression, anxiety, and dissociative and eating disorders.

The most notable aspect of current gender arrangements is that the masculine always defines the feminine by naming, containing, engulfing, invading, and evaluating it. The feminine is never permitted to stand alone or to subsume the masculine. This arrangement leads, at best, to many paradoxes in women's lives. For example, women consistently provide sustenance to men and children and yet are considered weak and dependent. At worst, it is implicated in the unbridled violence against women and girls that is so much a part of our human landscape. Masculine meanings organize social and personal experience, so that women are consistently imbued with meanings not of their own making about appearance, sexuality, psychopathology, and many other crucial characteristics. Their most ordinary experiences often lead directly to what we then label psychological "disorders."

Although my approach is developmental, my focus is on the cultural context rather than on a narrow individual psychology. I consider social context to be part of the self just as the self always exists in context. I will attempt to expose some of the meanings by means of which socio-cultural phenomena are translated into personal experience. I begin in chapter 1 with a discussion of traditional male-centered epistemologies and their influence in the fields of psychology and psychotherapy. This is followed by a discussion of certain feminist psychotherapies and the underlying epistemologies upon which they are based. In chapter 2, I trace the development and embodiment of gender in all people in this society. Chapter 3 presents the myth of Antigone and Oedipus and looks at how their relationship can serve as a template for understanding male-female relations in a patriarchal society. I take a closer look at the oedipal myth than did Freud and the Freudians, recognizing that it is a family drama and not just a story about a favored/cursed son. In particular, I try to resurrect and represent Antigone's lost perspective and even that of Jocasta, the mother of both. Based on this myth, I develop a model for the socio-psychological development of women and men in this society that emphasizes their eyes, vision, and blindness rather than the male genitals and castration. The development of a self based upon seeing and knowing rather than on sexuality makes more sense from this viewpoint.

In chapter 4, I consider some of the ramifications of this model. These include the male

(oedipal) sin of looking, the necessity for feminine appearance to satisfy masculine desire and its implications for the formation of a female identity. In this way, the most ordinary meanings concerning women and appearance determine who women become. Chapters 5 and 6 pursue some further ramifications of the oedipal-antigonal relationship in the development of the female and male sense of self—that is, the placing of physical and psychological limits and their translation into psychological boundaries. Chapter 7 deals with the social-psychological development of the female self in general and of women's self-esteem in particular. In chapter 8, I discuss specific disorders in women and trace their socio-cultural base to their most personal psychological manifestations in each individual. In chapter 9, I do the same with a specific problem of our times, women and eating. I end, in chapter 10, with some suggestions for working with the natural outcomes of learning to be a woman, such as depression, phobias, eating disorders, and dissociative disorders, which lead women into the psychotherapist's office.

In writing this book, I have become painfully aware of the limits of language to express new perspectives. That of women is often invisible not simply because it is unrepresented but because it is unrepresentable in our current language. Once one is aware of the biases of language itself, every-thing from the use of the pronoun *I*, which can seem overly personal and intrusive, or *we*, which may be too general and presumptuous, or even the presumably neutral *one*,* which cloaks value and opinion in the garb of neutrality and objectivity, becomes problematic. Referring to fields of study as *academic disciplines* implies a formality of structure, separateness, and boundedness that is deceptive. Often when I speak of psychology, I am aware of the overlap with sociology, psychiatry, social work, physiology, neurology, philosophy, and other so-called disciplines. In fact, the very act of naming must, by necessity, simplify complex reality, and one aspect of my writing has been to attempt to achieve clarity of expression without sacrificing the complexity of meanings. Women are compromised even as we speak. We have to invent simultaneously new ways to make meanings and new ways to speak them. Along with other feminists, I try to make my contribution here, sometimes with success but often limited by current language.

Another difficulty in terminology that has not been satisfactorily resolved is the use of the term *patient* or *client*. I am satisfied with neither,

*This third-person neutral pronoun is always used to signal objectivity. It is neutral by virtue of being indeterminate, not identified with anybody, as if not being able to locate the gendered perspective of the speaker or writer means there isn't one. The former reflecting too closely the medical model of treatment, the latter a bit too reminiscent of customers of a business establishment. While I am aware of alternatives that have been suggested along the way by various feminist therapists, I am satisfied with none of

these and, thus, continue the common use the term *client* except when I specifically want to reflect a medical approach to treatment. Having said this, let now me explain that, while not all the women whom I discuss in this book are clients, any descriptions of clients are actually composites. Having practiced for some twenty years, I have the luxury of a richness of client material upon which to draw. I have done this to protect the privacy of my own and my colleagues' clients, but it also serves to indicate the commonalities of women's problems. I have also included many non-clients (civilians) in my examples and analyses, again to illustrate the point that the issues I discuss are not confined, by any means, to a clinical population-nor is a clinical population different in kind from a so-called normal one.

The difficulty in finding a language to describe an integrated experience will become apparent to the reader, as it has to me. Any given experience must currently be described as either physical or psychological, either emotional or cognitive, and the perspectives from which it may be understood as physical, psychological, or perhaps sociological. In order to describe experience without fragmenting it, one must often use all these terms, by that very act acknowledging their conceptual separateness. The Chinese character *hsin*, much like the French word *conscience*, must be translated in English as "heart-mind." These foreign terms signify both cognitive and affective aspects of consciousness, both intellectual and moral awakening (Wei-ming 1989). The limits of the English language force me, from time to time, to string together, like strands of pearls in a necklace, aspects of experience that I wish to integrate into one complexity. While I use the term *complexity* to describe such a constellation of influences, I will also at times use a combined strand of the traditional terms in order to convey more clearly just what constellation I have in mind. The very difficulty in representing these perspectives speaks to their absence from our conceptual systems. American feminists have viewed women as oppressed, their voices not heard within the dominant culture. For the French, women are repressed, or culturally equivalent to the unconscious, and therefore unrepresentable in current language (Marks and de Courtivron 1981); they are invisible. As the novelist and screenwriter Toni Cade Bambara has put it, There have been a lot of things in ... the Black experience for which there are no terms, certainly not in English at this moment. There are a lot of aspects of consciousness for which there is no vocabulary, no structure in the English language which would allow people to validate that experience through language. I'm trying to find a way todo that...I'm trying to break open and get at the bones, deal with symbols as though they were atoms. I'm trying to find out not only how a word gains meaning, but how a word gains power. [Salaam 1980, p. 48]

As a clinician, I am aware of the dangers of generalization. In a very real sense, each woman's story is her own. As a feminist, I am equally aware that no woman's story is just her own. I try to write from this dual perspective. Each woman leads a particular life determined by her own talents and proclivities, her abilities and experiences, her ethnic and class membership. Yet all these experiences, I maintain, are organized by gender, so that each woman's story is also every woman's story.

1

Making Meaning

There are more things in heaven and earth, Horatio, Than are dreamt of in your philosophy. -Shakespeare *Hamlet*, 1, v

Many of the systems for understanding ourselves and our worlds are currently balanced precariously on the edge of a paradigm shift. This shift involves acknowledging the interconnectedness and reciprocal influence of the observer and the observed, mind and nature, and the impossibility of objectivity or control of all variables deemed irrelevant in an experiment. The Heisenberg Uncertainty Principle and the sciences of complexity represent this perspective in the field of physics, as does psychoneuroimmunology in the fields of psychology, neurology, and immunology.

Feminist thought has been a crucial part of this intellectual revolution. In the last two decades, feminist thought and analysis have been able to breathe new life into many traditional academic and professional disciplines, from the humanities to the sciences to the social sciences, to name them in the ways that they are currently and artificially divided. Many feminist writers have demonstrated and documented the patriarchal nature of our society and the variety of ways in which patriarchal values serve masculine needs (de Beauvoir 1968; Friedan 1963; Millett 1970), even in such arenas as science (Bleier 1984; Keller 1985) and the clinical practice of psychology (Broverman, I. K., et al. 1970; Chesler 1972; Miller 1976; Irigaray 1985), previously believed to be, or at least presented as, evaluatively neutral and apolitical. In the most seemingly diverse fields, women's perspectives and ideas have been shown to be

absent or buried or credited to men. It is always difficult, if not paradoxical, to take note of what is invisible, but it is precisely this paradoxical quest-to make the invisible female perspective visible--that has been undertaken by feminist scholarship.

A FEMINIST CRITIQUE OF MASCULINIST EPISTEMOLOGY

Scrutiny with a feminist eye has led to the development of a psychology that, for the first time, includes women's experiences and women's perspectives. The various prefeminist psychologies have spoken eloquently about how men socially construct and experience a unidimensional category named "woman," but have said little, if anything, about women's diverse experiences, about how women perceive themselves or others, about who women are, and especially about who and what women can be. While many of these theorists and practitioners have simply assumed that what they knew about men and mankind extended to women, others have filled volumes discussing and analyzing the construct "woman," but have failed to explain how they developed that construct or to acknowledge that it is a construct rather than an absolute reality, which would not need further explanation.

Epistemology is formally defined as the study of how knowledge is possible and how knowing is done (Bateson and Bateson 1987, p. 20). Prefeminist epistemologies were not only not objective or value-free but were based upon the world views and experiences of men, which appeared to *them* to be objective, evaluatively neutral, and universally applicable. Included among these so-called objective observations were men's experiences of women, along with a variety of androcentric psychological standards against which women were, and all too often still are, measured. Such biases could perhaps have been challenged sooner had the perspectives upon which they are based been explicitly acknowledged, that is, made visible. But the epistemology of a dominant group can be made to appear neutral, and its value base invisible, since it coincides perfectly with what appears to be society in some generic, universal form. Just as many sensory experiences depend upon the perception of contrast--so that, for example, a visual image that is made to move in unison with the eye's scanning movement cannot be seen by that eye--masculinist epistemology in a patriarchal society may seem to define epistemology itself. A contrast had to develop first in the mind's eye of a few women, and then of many, before they could collectively make their perspectives visible. In this way, the feminist critique began.

Thus feminist psychology had, as its first task, to expose this masculinist epistemology and challenge its use as the foundation of traditional psychological thought. By *masculinist epistemology*, I mean systems of knowledge that take the masculine perspective unself-consciously, as if it were truly universal and objective. Despite claims to the contrary, masculinist epistemologies are built upon values that promote masculine needs and desires, making all others invisible. It is important to note that feminist thought sees its task not as promoting the needs and experiences of women as

normative or universal but as making visible the varying experiences and perspectives that masculinist thought denies. Many examples of this distinction will be considered in this and subsequent chapters.

PREFEMINIST CLINICAL THEORIES AND METHODS

Over the last two decades, feminist psychology has moved through various stages of development. During its first decade, feminist scholars carefully considered and criticized clinical psychology and other related psychotherapeutic practices. Rather than undertaking a comprehensive review of the substantial body of feminist criticism in this area, I will consider some of the most basic and glaring epistemological blind spots of prefeminist thought and their impact on the psychological and psychiatric professions.

The roots of many seemingly discrepant schools of thought and practice are deeply embedded in the soil of masculinist thought, including those schools that have most influenced clinical psychology and psycho-therapeutic practice in the United States: behavior therapy, psychoanalytic or psychodynamic therapy, and family therapy. I will consider each of these approaches from the perspective of their shared epistemological assumptions.

Behaviorism

Behaviorism has been presented as a scientifically based approach to an objective psychology. Derived from the logical positivist school of philosophy, it was translated into a uniquely American (pragmatic, control-oriented) form of empiricism originally by John Watson and B. P. Skinner, and eventually by a multitude of researchers and practitioners. It makes direct application of the same principles originally developed in controlled laboratory settings with animal subjects. Skinner's best-known work was conducted with pigeons and rats, Watson's with a white rat in the famous classical conditioning case of Albert, which he conducted with a little-known female co-investigator (Raynor and Watson 1921). The classical conditioning paradigm associated with Watson, involving the pairing of mutually exclusive responses, has been applied by Wolpe (1958) and other practitioners of behavior therapy or desensitization, in particular for the treatment of phobias (Wolpe 1970; Podor 1974). For example, an individual who is afraid of open spaces will first be taught relaxation techniques and will then be asked to visualize an increasingly fearful series of situations involving open spaces. Each treatment will continue only as long as the client is able to remain relaxed. As soon as she signals that she is becoming anxious, the session is terminated. Eventually the individual passes through all the imaginary situations in a relaxed state and is ready to confront the actual feared situation.

The paradigm based upon the work of Skinner and many others with operant

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