The Crisis Years: Professional Psychology Meets Cultural Feminism, 1970-1979

From the beginning of my research, it seemed to me that these women were physically and psychologically abused by men and then kept in their place by a society that was indifferent to their plight. Thus, they were both beaten and then blamed for not ending their beatings. Told they have the freedom to leave a violent situation, they are blamed for the destruction of their family life. Free to live alone, they cannot expect to earn equal pay for equal work. Encouraged to express their feelings, they are beaten when they express anger. They have the same inalienable right to the pursuit of individual happiness as men do, but they must make sure their men's and children's rights are met first. They are blamed for not seeking help, yet when they do, they are advised to go home and stop the inappropriate behavior which causes their men to hurt them. Not only are they responsible for their own beatings, they also must assume responsibility for their batterer's mental health. If they were only better persons, the litany goes, they would find a way to prevent their own victimization.[1]

At the beginning of the 1970s, few mental health professionals viewed the treatment of women as problematic. Within professional psychology and psychiatry, socially conservative ideology dominated in everything from what defined a mental health problem to diagnostics and treatment. Despite the activity and impact of women's liberations movements, a recognition of sexism had failed to infiltrate these disciplines in any meaningful way by the opening of the decade. Yet, by the 1980s, feminist psychiatry and psychology had gained theoretical legitimation and the professions had undergone a series of ideological paradigm shifts that not only recognized their own contributions to the systematic oppression of women, but had largely

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[1] Lenore E. Walker, *The Battered Woman* (New York: Harper & Row, 1979), 15-16.

come to accept a new conception of domestic violence that disavowed the notion of masochism. The conservative and male-dominated mental health professions faced an identity crisis that was challenging not only the practice and perspective of therapists, but also some of the basic tenets of women's psychology.

The 1970s was a turbulent decade for the mental health professions in many respects. The social upheaval of the continuing civil rights movements, the advent of gay liberation, and the new, more vehement feminism that began to reconceptualize the personal as political, met and intersected with a severe economic downturn and a crisis of faith in the medical professions. Experts began to question the efficacy of medical intervention, particularly after the publication of several landmark studies that found that, in general, medical measures appeared to contribute little to either the overall decline in mortality, or health in general.[2] Profound policy implications came from the realization that the modern caliber of health had more to do with social interventions and behavioral and sanitary reforms than they did medical treatments. This therapeutic nihilism, what historian Paul Starr termed the "generalization of doubt,"[3] affected not only the medical professions, but the mental health professions as well. Economic depression, the spread of cultural feminism, and the new therapeutic nihilism overturned many of the ideologies upon which the mental health professions had been formed. By the end of the decade, the intersection of these forces created a new, more liberal women's psychology.

Feminism and the recognition of systemic sexism was slow to affect the mental health professions. In the early years of the decade, some studies offered evidence that sexism may have been present in the therapeutic relationship or within academic psychology, but these

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[2] John B. McKinlay and Sonja M. McKinlay, "The Questionable Contribution of Medical Measures to the Decline of Mortality in the United States in the Twentieth Century," *Health and Society* 55, no. 3, (Summer 1977): 405- 427.
[3] Paul Starr, *The Social Transformation of American Medicine,* 408-411.

conclusions were often both tentative and defensive, and did not suggest that sexism was a widespread problem within the professions. In 1970, Linda Fidell attempted to verify empirically whether sexism factored into hiring practices within psychology. She noted several studies that claimed women did not reach advanced academic positions both because they tended to leave academics to have families and because they were not as productive as men when measured in number of publications. Another study found that it was the sex of the academic, rather than his or her marriage status that determined the likelihood of attaining an advanced position. Moreover, studies found that differences in publication rates only affected those at the higher levels, and in fact women academics tended to publish more. However, Fidell suggested that such unofficial or anecdotal evidence did not prove the existence of sex discrimination, and the purpose of her research was to show such discrimination empirically in the hiring for academic positions in psychology.[4]

In her study, Fidell sent forms to chairmen of college and university psychology departments containing ten different paragraph descriptions of hypothetical faculty candidates. Chairs were asked to rank the candidates by desirability for future job offers and what position the candidate might be offered. The hypothetical candidates ranged along nine dimensions: experimental versus clinical interests, compatibility with colleagues, publication rate, prestige of degree institution, intelligence, seriousness of purpose, emphasis on teaching or research, significance of publications, and marital status. Chairs were randomly sent one of two forms, form A or form B. Form A had feminine-sounding first names and proper pronouns, form B had masculine. Otherwise wording was identical. Clear sex differences were found on the question of

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[4] L. S. Fidell, "Empirical Verification of Sex Discrimination in Hiring Practices in Psychology," *American Psychologist* 25, no. 12, (December 1970): 1094.

what level the candidate should be offered a position. Women received a greater number of offers of positions at the assistant professor level while the male-sounding candidates were more often offered associate professor. No offers of full professor were offered to women, though several such offers were made when the candidate described was male. Also, less desirable ratings were given when the candidate was a woman. Fidell conducted a t-test[5] of the chair responses to the forms that did not offer statistically significant results, yet the inferential data clearly suggested that women faced sexual discrimination in hiring practices. However, Fidell's conclusion was tentative and did not address systemic discrimination. Rather, she suggested that while hiring practices may not have been truly equitable much of the time it was easily possible to alter policy to address the problem.[6]

It was not long before studies of sexual discrimination proliferated throughout the psychological literature. Feminist psychologists began to examine androcentric bias in everything from the therapeutic relationship to psychological research. An article written by Alice Dan in 1972 argued that psychologists needed to be aware of their own biases when conducting experimental research. She suggested that males were numerically over-represented in psychological studies and that the conclusions of studies drawn from male-based research were over-generalized. "The habit of mind which allows that males are more representative of the human race than females should be recognized as a potentially serious bias in our psychological research and theory." She also found that studies that did include female subjects

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[5] T-tests are statistical tests used to determine differential means between groups. In this case, an independent sample t-test was used to compare the average score differential between candidates on Form A (the feminine-sounding names) and candidates on Form B (the masculine-sounding names).
[6] Ibid., 1098.

did not check for sex differences in the results. This, she argued, prolonged ignorance about how sex can be a variable in research results.[7]

Part of the impetus for these critiques of the profession stemmed from a surge in cultural feminism in the early part of the decade. These feminists argued that the cause and cure of sexism within society was culturally-based. Within the larger feminist movement, this meant a recognition that what one society deemed appropriate feminine behavior another would find taboo. The ultimate application of this line of thought was that culture rather than biology dictated sex roles and behavior. Within the mental health professions, the slogan "anatomy is not destiny" took a more conservative form and feminist psychologists, far from radical in their condemnation of sexual discrimination, critiqued the methodology of psychology without finding fault with its foundations. As a result, articles published by feminist psychologists in the early years of the decade often blended cultural feminist concepts with traditional psychological formulations. The basic tenet, that the inner psyches of women were biologically determined by their reproductive function, remained unchallenged while superficial changes were sought in language use and conceptions of a few aspects of women's psychology.

One aspect that was increasingly confronted was the conception of male and female sex roles within society. The cultural feminist influence led some researchers to question whether sexual identity was entirely dictated by biology or if cultural norms provided the framework upon which an individual's sexual identity was formed. Jeanne Humphrey Block argued against a traditional Freudian conception of sex role formation, but rather than question further, she accepted a modified notion based upon Erik Erikson's work. While Erikson argued for a

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[7] Alice J. Dan, "Male Versus Female Representation in Psychological Research," *American Psychologist* 27, no. 11, (November 1972): 1078.

tripartite conception of identity as formed from anatomy, history, and personality, this did not

essentially dispute the preeminence of anatomy, nor did it prevent a conception of sex role

formation that was inconsistent with androcentric psychology. In her article on social

conceptions of sex roles, Block acknowledged the influence of culture, particularly as it related

negatively to the development of children. She argued that sex role socialization during certain

key phases of ego development emphasized certain characteristics in males and females.

The emphasis was placed on agency in males and communion or cooperation in females,

and Block found that parents imposed early demands on their children to conform to social

norms regarding gendered behavior. Boys were generally raised with "an emphasis on

achievement and competition, the insistence on control of feelings and expressions of affect, and

a concern for rule conformity… For girls, on the other hand, emphasis is placed, particularly by

their fathers, on developing and maintaining close interpersonal relationships: they are

encouraged to talk about their troubles and to reflect upon life, are shown affection physically,

and are given comfort and reassurance."[8] Despite the recognition of the dictatorial nature of

cultural norms, Block then reinforced those norms by finding fault with culturally-construed

feminine traits. She argued that cognitive functioning could be impaired by excessive sex role

typing in children, stating that passive behavior, the induced feminine trait, interfered with

concept formation and manipulation, the male trait. Block accepted the male-biased conception

that passivity or cooperation were inferior traits and that objective reasoning and adherence to

rules, also deemed part of the masculine sex role, were superior. Block argued that concept

formation within set parameters was a more desirable human trait than thinking outside the box

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[8] Jeanne Humphrey Block, "Conceptions of Sex Role: Some Cross-Cultural and Longitudinal Perspectives," *American Psychologist* 28, no. 6, (June 1973): 517.

or being creative.[9] In the end, Block argued that American society would benefit from a cultural definition of sex roles that superficially appeared androgynous but reflected a traditional male value standard.

Similar to conceptions of sex roles, new research throughout the decade attempted to discern the level of sexism within therapeutic relationships and psychological research. Between January 1977 and August 1979, a debate raged within the *American Psychologist* concerning this issue. George Stricker wrote an article in which he argued that all data concerning the treatment of women within therapeutic practice were analogue studies and therefore inferential. He stated that there was no concrete evidence that sexism systematically influenced therapists' judgements, or that it was more common in male therapists. The double standard idea, he suggested, was entirely based on questionable data. "While sexism undoubtedly occurs in individual cases, further evidence is needed to define the generality of the phenomenon."[10] Stricker in many ways fit the more conservative mold of psychotherapist in that he chose to interpret most data within individual parameters rather than addressing socioeconomic context. Despite the increasing influence of the cultural feminists, Stricker and others who followed his lead preferred to assign individual pathology rather than social circumstances to situations in which systemic oppression resulted in mental health problems. When evidence clearly suggested a male bias within research, he attacked the style, methodology, and validity of such studies. He wrote:

> The question of how female patients are treated by psychotherapists is one that has inherent interest, and it illustrates the problems that exist at the interface of research data, clinical practice, and social concern….clearly most people who addressed the problem have done so from the vantage point of personal predilection rather than informed decision. This has been true both

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[9] Ibid., 518.
[10] George Stricker, "Implications of Research for Psychotherapeutic Treatment of Women," *American Psychologist* 32, no. 1, (January 1977): 14.

of women's liberationists who proclaim the exploitation of the female patient and of male chauvinists who deny that such exploitation occurs.[11]

While ostensibly providing a fair assessment of the delicate nature of the issue, Stricker in essence suggested that those who studied the problem were ideological extremists of one sort or another. He then continued denigrating the studies themselves by claiming either their illegitimacy or poor science.

Stricker noted that while the appropriate methodology would be to observe the therapy itself, this had not been attempted. Rather, researchers engaged in analogue studies in which therapists were asked to describe women in general or female patients. He found this method illegitimate, as such studies made inferential conclusions rather than direct observations. He brought up and then summarily dismissed the feminist concern that therapy encouraged women to find fault with themselves rather than society and stated that "there is error in this procedure [therapy], but one that is also adopted with male patients."[12] The implication was that if there was a fault with the practice of therapy, it was one that affected all patients equally and was therefore not a symptom of sexism. For Stricker, there were only two clear examples of sexist therapy: when the therapist engaged in sexual relations with the patient – which he then dismissed as a rare and extreme incident – and when the therapist imposed sex role stereotypes on female patients.

In attempting to prove his point, Stricker then offered a critique of analogue studies that claimed to have uncovered sexist bias in therapy, but did not identify specific studies that were invalid. Rather, he proclaimed that such studies were not generalizable and therefore did not

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[11] Ibid.
[12] Ibid., 15.

adequately prove their conclusions. He suggested that when therapists were asked questions regarding female character or desirable traits, even sexist therapists might not convey sexist therapy. He then detailed several analogue studies that showed a great deal of parity between both male and female therapists in what they considered appropriate female behavior, arguing that this uniformity negated the possibility of sexism. In other words, the very widespread nature of conceptions of female sex roles negated the possibility that such a conceptions were sexist.[13] To support his contention, Stricker cited a longitudinal analogue study conducted in California in which the researchers attempted to determine if the sex of the therapist influenced the style of therapy. This was determined through analysis of personality tests. Researchers found that while male therapists tended to rank both men and women more harshly, female therapists tended to rank female patients more leniently. Stricker argued that "while males do respond more to negative characteristics of females, this is not a case of sexism but rather a case of a general rating style that is also applied to males,"[14] again implying that male patients suffered equally.

With each analogue study that found sexism present, Stricker provided an argument that delegitimized the study, the findings, the interpretation, or the use to which it was later put. He found fault with the methodology of one study, in others the lack of statistical data, and in another deemed the very wording of the conclusion wrong. He preferred statements that were "more in line with the data." For example, in a study that found that therapists considered healthy women more submissive than healthy men, Stricker believed the appropriate wording was "the proportion of those who saw healthy women as very dominant was less than the proportion of those who saw healthy men as very dominant," a statement that did not fundamentally alter the

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[13] Ibid.
[14] Ibid., 16.

meaning, but obfuscated it enough to render the conclusion neutral.[15] He then suggested that sexism itself was not present in the profession so much as it was a holdover from the sexist development of language usage. The use of the universal pronoun *he* was offered as an example of how it is the fault of language itself, rather than any double standard of mental health. Stricker concluded by stating that sexism might indeed exist in the profession, but that data did not support such conclusions.

When the article was published, it spurred a debate that went on for two years within the journal. Most responses to Stricker's article took issue with the fact that he derided analogue studies as invalid while simultaneously citing analogue studies that supported the opposite point. John Delk stated that Stricker must not have had a proper appreciation of the value of analogue studies "except when he can conveniently use them to make (or to obscure) a point."[16] Lucia Gilbert also concluded that "Stricker cogently argues for a new kind of evidence and then presents evidence within the paragon he has questioned in order to come to this major conclusion."[17] Similarly, Stephen Abramowitz and Christine Abramowitz, authors of a study that Stricker used to illustrate the fallibility of analogue studies documenting evidence of sexist bias, noted the same concern. "His misrepresentation of our clearly reported results may have its source in an initial notion about the *nonexistence* of such bias."[18] These criticisms, however, were minor compared to an article published two years after Stricker's in which the author,

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[15] Ibid., 19.

[16] John L. Delk, "Differentiating Sexist from Nonsexist Therapists, or My Analogue can Beat Your Analogue," *American Psychologist* 32, no. 10, (October, 1977): 890.

[17] Lucia A. Gilbert, "The Sexist Psychotherapist: An Ephemeral Species," *American Psychologist* 32, no. 10, (October 1977): 888.

[18] Stephen I. Abramowitz and Christine V. Abramowitz, "Sex Biased Researchers of Sex Bias," *American Psychologist* 32, no. 10, (October 1977): 893.

Patricia A. Maffeo, clearly argued that Stricker's own values and biases led to his applying differential scientific rigor.

Maffeo critiqued Stricker's dismissal of feminist criticism regarding psychology's heavy use of intrapsychic rather than environmental explanations of women's problems stating that "it may be that this particular psychotherapeutic error is more detrimental to women, who as a group have experienced an environment relatively more inhibiting to development."[19] Stricker's main contention was that sex bias, if present, was not found to be statistically significant or was found to be small in magnitude. She argued that this fact did not diminish the significance of the findings and that, given the social nature of the problem and the profession's duty to draw awareness to such things, perfected research was undesirable. "In addition to advancing psychological knowledge, a purpose of conducting socially relevant research is to heighten awareness of social problems, thereby stimulating attitude and behavior change. Psychologists conducting such research would not want to delay publishing their results, in order to obtain a purer estimate of the generality of the phenomenon, uncontaminated by reactivity."[20] Maffeo proffered a conception of the profession of psychology that not only found value in an emotional or angry reaction to injustice, but a duty of the profession to engage in social, rather than merely individual, intervention.

Not all psychologists agreed that sexism either existed or was a problem within the profession. While feminist psychologists continued to challenge male bias, others argued that feminism itself was psychologically harmful to women or that distinctly separate sex roles for men and women in society were natural and psychologically appropriate. In the *American*

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[19] Patricia A. Maffeo, "Thoughts on Stricker's "Implications of Research for Psychotherapeutic Treatment of Women,"" *American Psychologist* 34, no. 8, (August 1979): 690.
[20] Ibid., 691.

Journal of Psychiatry, Prasanna Pati argued that the costs of feminism might outweigh its benefits by altering social values too quickly. The feminist emphasis on assertiveness, he argued, had gone too far, "to the point of being inhuman." Pati also stated that "a systematic study and understanding of widespread child abuse and neglect as possible associations with the new feminism is worthwhile," implying that a feminist woman would not only be incapable of good mothering, but would, by definition, be alienating and abusive. He concluded his opinion piece by claiming that feminism "will produce its tolls of suffering in women, men, and children."[21] More subtly, the derisive backlash against feminism manifested in publications that continued the tradition of assigning individual pathology and mental illness to women in general. A book published in the same year contended that women willfully maintained their weaker roles in society, and that doing so was harmful to the men who had to constantly act as protectors. The solution offered was for women to willingly give up their masochistic personalities.[22]

These overt manifestations of conservative gender ideology were often bolstered by less obvious but equally insidious publications on subjects that were ostensibly not directly related. Sexist bias was perhaps more easily discovered in general psychological texts and situational experiments in which women were the peripheral subjects. A prime example of this was in the new and growing subdiscipline of marital therapy. The first comprehensive textbook on the subject was published in 1974 and reflected the disciplinary tensions of its time. Ira Glick and David Kessler engaged in an informal dialogue with feminist arguments against the myth of the happy housewife by arguing that it had been a mistake of the past to think that lifelong satisfaction could be gained solely from marriage and children. One section of the book betrayed

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[21] Prasanna K. Pati, "Costs of the New Feminism," *American Journal of Psychiatry* 134, no. 6 (June 1977): 704.
[22] Jean Baker Miller, *Toward a New Psychology of Women* (Boston: Beacon Books, 1977).

the new feminist psychological influence by positing the cultural foundations of sex role identity. However, the authors went on from that to clearly articulate a more conservative ideology of distinct sex role separation and heteronormative life cycles. Indeed, in discussing male-female roles within the marriage, and acknowledging the socio-cultural parameters within which gender roles were prescribed, the authors suggested that any role reversal between husband and wife was by definition harmful to the children as it would lead to "the fostering of greater sexual and gender confusion" and distortion in the child's development.[23]

More pronounced were the sections on single parent families, incest, and child abuse. When explaining single parent families, the authors argued that when a woman lost her husband it was incumbent upon her to find a male role model replacement from extended family or social agencies, suggesting that children needed a father or father-figure's influence to mature correctly.[24] Incest, too, had a distinctly anti-mother ideology as the authors stated that "in many cases of frank incest, study of the family interactions involved seems to reveal a covert, and at times even an overt, acceptance by the wife of the sexual relationship between her husband and daughter."[25] This traditional conception of the mother-child relationship as inherently pathological was extended into the relatively new subfield of child abuse studies. In their textbook, Glick and Kessler detailed the epidemic of child abuse, but submitted that the mother was entirely at fault: "Pediatricians feel that the central problem is that mothering is not "turned on" for various reasons usually related to other familial or social problems." They concluded this section with a brief description of what not to say to the mother in the emergency room situation, as a verbal misstep with her would likely end with the termination of treatment for the child.[26]

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[23] Ira D. Glick and David R. Kessler, *Marital and Family Therapy* (New York: Grune & Stratton, 1974), 23.
[24] Ibid., 93-94.
[25] Ibid., 124-125.
[26] Ibid., 131.

These statements clearly defined child abuse as a female crime, and nowhere did the authors suggest that fathers ever abused their children.

As entrenched as these notions of women were, the influence of feminism and feminist psychologists was growing. In 1978 the American Psychological Association Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice published guidelines for treating female patients. The Task Force conducted its own study to determine what female therapists considered sexist therapy. Members found four general categories of sexism within the therapeutic relationship: encouraging traditional sex role ideology, bias in the expectations and devaluation of women, sexist use of psychoanalytic concepts, and responding to women as sex objects, which included seduction.[27] The article then provided thirteen guidelines for the ethical and non-sexist treatment of female patients, and with each guideline they included a relevant quote from the female therapist who suggested the particular problem. For example, after the first guideline, that therapy should be free of stereotypical gender-role construction, they quoted the therapist: "I have had women report to me that they could not continue in therapy because the objective seemed to be for them to learn to adjust better to their roles as wives, mothers, daughters (underlings of one kind or another), and they needed to become free persons."[28] More than simply a recognition of sexist therapeutic practices, these guidelines suggested that therapists become more like social activists, recognizing sexism within American society and taking steps to help their clients deal with such practices.

The Task Force guidelines, as much as they directly targeted sexism within therapy, also offered a road-map toward a new conception of women's psychology. The document posited that

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[27] Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice, "Guidelines for Therapy with Women," *American Psychologist* 33, no. 12, (December 1978): 1122.
[28] Ibid.

stereotypical sex roles were psychologically harmful for women, argued that therapists needed to actively engage in work toward women's equality, suggested that sexist language formed a basis for sexist practice, and that women had rights equal to men in the therapeutic relationship. The guidelines also engaged with the sexual revolution, noting that female clients had a right to define their sexuality on their own terms. Guideline eleven stated that the therapist needed to recognize the criminal nature of violence against women. While this was not a recognition of domestic violence as a crime, it did present women as distinct victims rather than co-conspirators. The quote noted that psychoanalytically-oriented male therapists often insisted that rape was a myth, and that women in some way asked for it. Hard on the heels of the anti-rape movement, this was a fairly mild assessment of the problem of victim-blaming in crimes against women. However atrocious these sexist practices were considered, the final guideline confronted the problem of sexual relationships between therapist and client. The quote that accompanied the guideline stated "In my years as a psychotherapist, many women have come to me with stories of seduction and sexual intimacies with male therapists…this is the ultimate of sex role bias: the rationalization of the therapist that his exploitation of the doctor-patient relationship for his gratification could be construed as therapeutic "for a woman."[29] These guidelines recognized a fundamental problem within the discipline of psychology, that all therapists, far from helping women with their mental health, had only reinforced victimization and oppression by reproducing and enforcing social sex role biases.

The disciplinary conflict between conservative mother-blaming, victim-blaming, and sex role separation and the new feminist conception of the socio-cultural foundations of bias was

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[29] Ibid., 1123.

perhaps nowhere more evident than in the changing conceptions of masochism[30] and battered

wives. A 1976 article in the journal *Social Work* highlighted many of the tensions in the

changing nature of battered women studies. Marcella Schuyler wrote that it was the growing

social emphasis on civil rights that had led to a broader understanding of the treatment of

women. She cited the sociologist Herbert Blumer, who argued that social problems like wife

abuse do not stem from social realities but rather from collective definition. Thus, she argued

that wife abuse was not a social malfunction, but a social recognition. In Blumer's conception,

social scientists had been misled by the allure of objective indicators such as profiles and

epidemiologic statistics as indicative of the existence of a social problem. He argued that an issue

only becomes such when society deems it so.[31]

Schuyler stated that "by accepting this belief, they [social scientists] have failed to

recognize that the solutions to problems do not rest on the nature of such data but rather on the

interplay of social forces from which a response to a particular problem evolves."[32] In other

words, problems cannot be solved solely by academics, but by social activism. While

sociologists have a long tradition of social activism, up to the mid-1970s this had never been put

toward the plight of battered women. Schuyler's argument implied that wife battery was just

such a social problem, and that the traditional psychiatric and individual treatment of it was not

only insufficient, but fundamentally erroneous. Schuyler addressed the enduring notion of

masochism as an explanation for why battered women stayed in their abusive relationships, and

she argued that it was the product of a cultural emphasis on macho masculinity that romanticized

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[30] See chapter three for a detailed explanation of the changing conceptions of masochism.
[31] Marcella Schuyler, "Battered Wives: An Emerging Social Problem," *Social Work* 21, no. 6 (November 1976): 488.
[32] Ibid.

the image of the male conqueror. Moreover, there were a host of social factors involved in the endurance of wife abuse, such as fears of social stigma and retaliation by their husbands.

Similar to the act of rape, Schuyler noted that recent evidence suggested that wife assault was not a matter of passion or heat-of-the-moment, but rather a series of deliberate acts designed to degrade and control through fear. Given these cultural factors, she argued, it was not difficult to understand why women chose to endure such relationships. They were considered normal. She stated "a facile explanation of why violent marriages endure is that women derive some measure of enjoyment from the violence, or else they would leave. Although many post-Freudian clinicians have found this explanation satisfactory, it fails to address other social variables that might account for a woman's decision to tolerate being abused."[33] Social approval played a distinct role in that women were frequently taught from an early age that marriage was the only valid life-path and that if the marriage failed, it was the woman's fault. She also noted that society had few alternatives for battered wives.

> The woman who attempts to break free of [an abusive partner] is discouraged by those she perceives as her only sources of aid – police officers claim exemption from intervening… officers of the court refuse to issue warrants… legal service agencies uphold eligibility standards requiring a source of income before services can be rendered; and friends and relatives convey to her the prevailing notion that abuse should be borne in silence.[34]

Schuyler noted that even when battered women tried to escape their situation, they met with institutional roadblocks. Police were often unwilling to intervene for reasons of personal safety, courts were unwilling to prosecute without witnesses or to impinge on interspousal tort immunity. She argued that battered wives also lacked the financial and psychological resources

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[33] Ibid., 489.
[34] Ibid., 489.

necessary for independence. "Being economically dependent on their husbands presents a formidable obstacle to many women who have no job skills, have never been part of the work force, and have been conditioned to anticipate the "pleasures" of house-work and service to men."[35] While these were clearly only problems for the middle and upper-classes, economic independence was no more attainable for working women. Women have never earned salaries equitable to men, even in skilled professions that ostensibly offer salaries commensurate with experience and credentials. Economic independence may not even have been attainable for working class men, let alone women. The point she was making was that even middle and upper class women were unlikely to be able to break away easily. The loss of economic support alone may have been a sufficient deterrent to leaving an abusive marriage. In addition, loss of social status, humiliation, isolation, and few informal support systems existed for such women.

Schuyler argued that some women in abusive relationships held hopes of returning to a gentler time and refused to believe that their husbands were bad people, particularly when they appeared to have good relationships with the children. Other wives felt that they were at fault, or that failure in the marriage was a result of their own inability to achieve domestic harmony. "Given the division of roles in which women are assigned the responsibility of mediating between family members and maintaining good feeling within the home, it is their self-esteem that is vulnerable on this point as the marriage is dissolved." In order to combat this problem, as the phenomenon of wife abuse was not well understood, she argued that social scientists and social workers needed to educate the public about the problem. Social workers should, she argued, begin to identify issues related to the central concern and assume an educational role in society. Rather than counteracting what she termed the simplistic explanation of wife abuse that

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[35] Ibid., 490.

stressed women's masochistic tendencies, she argued that social workers could "disseminate an interpretation of wife abuse based on an analysis of the environmental forces impinging on the battered woman's freedom."[36] This clearly reflected cultural feminist interpretations of the social causes and treatments of women's condition in society. Shuyler, like many others who began to study wife battery, had moved from an individualistic, internal explanation to a social and external one.

While sociologists and other social scientists were becoming increasingly aware of the environmental cause and social context of domestic violence, those in the mental health professions often clung to older individualistic notions of masochism and personality disorders as a psychological explanation. One of the first psychologists to posit an alternative psychological explanation was Lenore Walker, a clinical psychologist who became the principle expert in battered women's psychology. In 1977, she published one of the first comprehensive articles in which she described a new conception of the phenomenon, what she would later term "battered women's syndrome." In the article, Walker suggested that battering involved not merely physical abuse, but psychological coercion as well and that the first step toward treating such women was to understand that they were not to blame.[37] The article was a groundbreaking first look into the psychological and social co-factors in domestic violence, and Walker explained the phenomenon as characterized by what psychologists termed "learned helplessness."

Learned helplessness is a psychological construction of how individuals' perception of their control over events in their lives contributes to their inability to act. Walker offered a

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[36] Ibid.

[37] Lenore E. Walker, "Who are the Battered Women?" *Frontiers: A Journal of Women Studies* 2, no. 1 (Spring 1977): 52.

psychological experiment as an example in which dogs were given random electrical shocks. When the dogs learned that no matter what they did the shocks would continue, they became passive, compliant, and submissive. The younger the dogs were when the negative response outcome began, the more the passive behavior was ingrained. Walker posited that this same stimulus-response behavior was responsible for women's affective passivity within an abusive relationship.

> Once we believe we cannot control what happens to us, it is difficult to believe we can ever influence it… This concept is important for understanding why battered women do not attempt to free themselves from a battering relationship. Once the women are operating from a belief of helplessness, the perception becomes reality and they become passive, submissive, "helpless." They allow things that appear to them to be out of their control actually to get out of their control….their behavior was determined by their negative cognitive set, or their perceptions of what they could or could not do.[38]

Thus, the repeated victimization of battered women diminished their ability to react within normally-defined parameters of self-defense and self-preservation, as well as altering their ability to perceive the consequences of violence.

Walker's formulation of domestic violence relied on a recognition of what she termed a cycle of abuse. First was a tension-building stage. "The woman can sense the man becoming somewhat edgy and more prone to react negatively to frustrations." This stage was characterized by verbal outbursts, small incidents of violent behavior, followed by contrition and apologies. Walker noted that when a woman was able to talk down the man during these episodes it gave her a feeling of control over his behavior. "This part of the cycle supports the myth that if a woman behaves better she won't be beaten." This put the woman in a state of constant vigilance,

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[38] Lenore E. Walker, *The Battered Woman* (New York: Harper & Row, 1979), 47-48.

alert to the man's every action and she would then put his needs above her own at all times. Walker likened the situation to a firefighter tackling a brush fire. The fire is unpredictable and there are far too many variables to adequately predict its behavior. The fire is likely to escalate, and so this tension-building phase intensified until it resulted in an acute battering incident. This was the second stage.

Walker found that the question was always asked: why do these women stay in such relationships? "One reason women give for remaining in violent relationships is that they love the man. Although economic reasons, fear of being killed or receiving more serious injuries if they attempt to leave, and the need to avoid loneliness rank high as reasons for maintaining their relationships…they also went to elaborate lengths to justify why their men batter them, often accepting blame for the incident."[39] This was reinforced by the third stage of the cycle, the period where the offender offered contrition and forgiving, loving behavior. "Thus, he becomes the kind of a husband or lover that women have been socialized to expect – generous, sweet, lavish with gifts and affection, kind, and sensitive to her every want and need."[40] Socialized expectations of loving relationships and womanly duties meant that women in abusive relationships often endured extreme and sometimes fatal violence, and they did so while manifesting character traits that psychologists had routinely diagnosed as masochism.

Walker noted that some women in abusive relationships exhibited provocative behavior, and that they sometimes incited the acute battering incident. Her explanation, however, did not fit the standard diagnosis of masochism. Rather, she drew her explanation back to the cyclic nature of the violence. "If the period of tension gets too painful for the woman to live with – and

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[39] Walker, "Who are the Battered Women?," 54.
[40] Ibid.

she has learned that she will be abused no matter what she does – then she may allow an acute battering incident to occur in order to experience a reduction in anxiety and the loving contrition that occurs after the incident." For Walker, the provoking behavior was not a symptom of an underlying behavioral disorder like masochism, but was a calculated action designed to minimize harm in a relationship from which the woman was economically or physically unable to leave. "In the context of the total perspective, her behavior makes sense. The reward is not the beating, as the masochistic stereotype would suggest… the beating was less offensive than the anticipated pleasure from the reward."[41] She then noted that such ostensibly violent behavior as self-defense on the part of the women often increased the frequency and severity of violence done to them. Thus, the only effective means of stopping the abuse was to leave the situation. While the article went a long way toward explaining the psychological factors involved in abusive relationships, Walker went into much more detail in a book published two years later.

Walker noted that historically there had been little public interest in the problem of wife assault, but that this was because none knew how pervasive and brutal it was. Moreover, she argued that "the myths which had previously rationalized why such violence occurred between men and women who supposedly loved each other are untrue."[42] She noted the use of the term masochistic to describe all such beaten women, but that society had failed to realize the psychological and sociological determinants of battered women's position. In 1975, Walker was a practicing psychologist on the faculty of Rutgers Medical School, a joint faculty member at the Rutgers Graduate School of Applied and Professional Psychology, and had a private practice which, self-consciously, reflected her feminist views. In her private practice with women, she

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[41] Ibid., 54-55.
[42] Walker, *The Battered Woman*, ix.

began to notice a pattern of abuse and behavior. Slowly her colleagues began referring battered women to her, and she acquired other such clients through her feminist networks. Walker began to interview the women, and was frequently told how rare it was to be both listened to and believed. "Either they were not believed or they were told that it could only be assumed that they liked what was happening to them, since they had not left the violent situation that they were in. But the pain these women experienced in retelling their stories was testimony enough that none of them had a deep psychological need to be battered."[43] Soon the issue came to media attention and, she explained, it was like an overnight explosion. By 1979 she had listened to hundreds of stories by battered women.

Early in her research Walker had some difficulty in determining what constituted a battering relationship and what differentiated it from an unhappy marriage. She determined that the commonality was life-threatening incidents. This would later be refined to include less violent relationships, and even to include relationships where there was no physical violence at all. She found that, when trying to determine if a woman was being battered, the woman's self-definition was always accurate. "Battered women themselves are the best judges of whether or not they are being battered. I soon learned that if a woman has reason to suspect she is being battered, she probably is. If she errs in her judgement at all, it is in denying or minimizing the battering relationship. Battered women rarely exaggerate." She also found that she could not ignore the pleas of women suffering from purely psychological abuse, and so she began to collect data on it as well. In the end she came to the following definition of battered women: "A battered woman is a woman who is repeatedly subjected to any forceful physical or psychological behavior by a man in order to coerce her to do something he wants her to do

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[43] Ibid., xiii.

without any concern for her rights."[44] This became the foundation for what we today understand as the definition of domestic violence.

In discussing the psychology of battered women, Walker attempted to explain why women accepted a battering partner from the beginning of the violent relationship as well as why women stayed in such relationships long-term. She noted the social belief in a man's right to rule his household, the right to discipline wives. She stated that women, too, had internalized this belief and that the women she interviewed did not question this ostensible right. They had been socialized to believe women were at fault when something went wrong in a marriage. This was classic victim-blaming, and it had been thoroughly ingrained in both American culture and the majority of the mental health professions. "By perpetuating the belief that it is rational to blame the victim for her abuse, we ultimately excuse men for the crime."[45] Blaming the victim led to greater shame, denial, embarrassment, and a further loss of self-esteem on the part of the victim, but, Walker contended, it also led to further violence as the batterer then felt justified in his actions because it was not considered his fault. This placed women in an untenable situation.

> They were both beaten and then blamed for not ending their beatings. Told they have the freedom to leave a violent situation, they are blamed for the destruction of their family life. Free to live alone, they cannot expect to earn equal pay for equal work. Encouraged to express their feelings, they are beaten when they express anger. They have the same inalienable right to the pursuit of individual happiness as men do, but they must make sure their men's and children's rights are met first. They are blamed for not seeking help, yet when they do, they are advised to go home and stop the inappropriate behavior which causes their men to hurt them.[46]

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[44] Ibid., xv.
[45] Ibid., 15.
[46] Ibid., 15-16.

When the epidemic-level nature of the problem struck her, Walker began to look for

psychosocial causes, rather than individual pathology, and the psychosocial context in which

battered women were treated and understood.

First, Walker attempted to dispel several myths surrounding the conception of battered

wives, beginning with the notion of masochism. She argued that women were taught that good

wives should "examine their [own] behavior and try to change it to please men: to be less

provocative, less aggressive, and less frigid…. [and that therapists often failed to consider that]

provocation might occur from other than masochistic reasons, that aggressiveness might be an

attempt to ward off further assault, and that frigidity might be a very natural result of subjection

to severe physical and psychological pain."[47] Another myth was that battered women were

mentally ill. Related to the masochism myth, it again placed the burden of change and causation

on the victim. The behavior of battered women suggested to many that they must be crazy, but

Walker explained that "unusual actions which may help them to survive in the battering

relationship have been taken out of context by unenlightened medical and mental health

workers."[48] Doctors were too willing to diagnose and medicate, rather than examine the family

or psychosocial situation.

As a cultural feminist, as well as a psychotherapist, Walker approached the problem of

wife abuse from a unique perspective. Rather than assume the problem was one of individual

pathology, she sought out social, economic, and intrapsychic explanations.

> The sociological variables have been well documented by
> others….these women do not remain in the relationship because
> they basically like being beaten. They have difficulty leaving
> because of complex psychosocial reasons. Many stay because of

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[47] Ibid., 20.
[48] Ibid.

economic, legal, and social dependence. Others are afraid to leave because they have no safe place to go. Police, courts, hospitals, and social service agencies do not offer them adequate protection. Psychologists tend to counsel them to keep the family together at any cost, which often turns out to be their mental health and sometimes their lives.[49]

Walker argued that financial stability or independence was rarely experienced by women, and that this fact more than any other accounted for why women stayed in abusive relationships. In fact, she found that the women most likely to leave an abusive relationship were welfare recipients. The known eligibility requirements provided a certain level of security, even at the cost of degradation, shame, and humiliation. She noted that American society reinforced marriage, in everything from tax law to social stigma of single women. Money itself, she found, could be a coercive weapon used against a battered wife, largely through the threat of economic deprivation. This was especially problematic for unemployed wives who depended entirely on their husbands for financial support. However, while there was a relationship between stressors such as unemployment and an increase in battering incidents, Walker felt it important to note that battering existed in some relationships regardless of the financial or job security.

Walker argued that domestic violence was a social problem requiring social advances to ameliorate, and she suggested that the mental health professions had a crucial role to play. "In a country such as America where there is a kind of reverence for the practice of psychotherapy, it should not be surprising that battered women and their families have sought the services of psychotherapists."[50] They were, however, inadequate in dealing with battering. Many psychotherapists did not even realize their clients were being battered, or refused to focus on the battering itself in favor of treating only the psychological symptoms produced by the battering.

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[49] Ibid., 43.
[50] Ibid., 227.

"Psychotherapists have been trained to believe that victims often provoke their assault…. Psychotherapists, [join] in the conspiracy of silence that surrounds battering incidents and [concentrate] on women's "provocative" nature when such incidents are revealed in therapy sessions."[51] Such women were told that they were acting crazy, or that they needed to change their own behavior because they were at fault. Many were involuntarily institutionalized. Some were given so much shock treatment that their memories were permanently impaired. "Other women were diagnosed as paranoid schizophrenics, the evidence for which was their suspiciousness and their lack of trust of people they feared might say the wrong things to their batterers." Such women rarely admitted that they were being beaten at home, and those who did faced further abuse at the hands of their therapists because "the purpose of the therapists was always to discover what they [the patients] were doing to provoke this kind of abuse."[52]

Walker suggested that for many women, their intense victimization and the brutality they suffered was only reinforced by a profession too-willing to diagnose mental illness and prescribe medication. In all these cases, the environmental situation in which these women lived was either ignored or considered inconsequential by the therapists providing treatment. "Many battered women's coping techniques, acquired to protect them from further violence, have been viewed as evidence of severe personality disorders. These women suffer from situationally imposed emotional problems caused by their victimization. They do not choose to be battered."[53] For Walker, the answer was to change the way therapy worked with women in battering relationships. The goal, she suggested, should not be keeping the family together, but breaking it apart, and while doing so providing supportive psychotherapy that took into account the

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[51] Ibid., 227-228.
[52] Ibid., 228.
[53] Ibid., 229.

socioeconomic realities of the patient. In Walker's estimation, the battered woman's therapist needed to be mentor, companion, and activist. Walker's perspective was unprecedented within the discipline and reflected an increasingly strong camp of psychological thought that placed individuals resolutely within their socio-economic context. Walker, unlike traditional therapists, was also a feminist social activist.

Walker was not the only individual to suggest that this was a problem that could not be solved by academics and theoreticians alone. It was too widespread and touched on too many complicated social factors to ignore the necessity for actionable legal and social change. In the same year that Walker published her book on battered women, other feminist professionals called for greater civic engagement. Doris Sassower, a lawyer interested in divorce reform and women's rights, published an article in the *Journal of Psychiatry and Law* in which she argued that divorce, as a traumatic process that affected half of all marriages, constituted a legal-medical emergency that both doctors and lawyers needed to remedy. She noted that the stress and emotional fallout of divorce required that lawyers be shoulders to cry on and that therapists be more engaged in the legal process. She proffered the example of beaten wives and the "vast chasm between rights as they are perceived and rights as they are operative under sex-stereotyped laws drafted by men and interpreted and enforced by a judiciary [which is predominantly male]."[54] It was an issue of which she felt mental health professionals needed to be aware as divorce and separation were handled through an adversarial system designed to alienate the parties and lead to financial gain on the part of one party and economic punishment on the other.

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[54] Doris L. Sassower, "Marriages in Turmoil: The Lawyer as Doctor," *Journal of Psychiatry and Law* 7 (Fall 1979): 334.

Though divorce ostensibly affected both men and women, Sassower argued that women suffered unique disadvantages not addressed in current divorce law. "Women are the most crippled casualties, hard hit… by a combination of forces over which they have minimal control: the sexist inadequacies in the application and enforcement of the Domestic Relations Law, the now widely acknowledged discrimination against women in employment, and the socially disadvantaged status of the woman over 40." The problem, she felt, was a *de jure de facto* divide in which rights as they constitutionally existed did not overturn the chauvinistic reality. Specifically, divorced women found that they were not entitled to half the marital assets, that only fourteen percent of divorced women were awarded alimony, that the amount, when awarded, was not sufficient means to live upon, that even when awarded alimony less than half actually receive payments, or that a college educated woman earned less than a man who had an eighth grade education.[55]

These problems affected all women undergoing divorce, but were far more detrimental to women who were also attempting to escape a violent marriage. For such women, "legal remedies to secure support for herself and her children are, if not illusory, easily delayed, and she may find the machinery of justice grinds so slowly that her credit may be interrupted, if not terminated, by her husband."[56] Women often settled out of sheer economic necessity, unable to financially support protracted divorce proceedings while the husband could most often afford to wait her out. Sassower argued that these things led to a great deal of emotional trauma for women. Her goal was to then encourage doctors, mental health professionals, and lawyers to advocate reform of the Domestic Relations Law so that it helped, rather than hindered, women in an unequal

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[55] Ibid., 336.
[56] Ibid., 337.

system. She, like Walker, advocated a more socially engaged profession that was willing to cross disciplinary boundaries to effect real change. The feminist recognition of the necessity of social activism had, by the close of the decade, become a new rallying cry that was overturning the older conservative and insular ideologies.

During the 1970s, long-entrenched views of women began to crumble under the pressure of women's liberation movements. These movements were relatively slow to impact the mental health professions, but by mid-decade, it was clear that the disciplines were engaged in a paradigmatic crisis. Sexism, now acknowledged as present and persistent within both therapy and professional and academic settings, had become a topic of general concern and a push to reform the professions was underway. Much of women's psychology had been founded on the Freudian legacy based in principles of biological determinism. Though some psychoanalysts such as Karen Horney and Melanie Klein had argued that cultural and social factors influenced how an individual's psyche developed, the prevailing conception of female development was that it was rigidly defined and steered by the reproductive imperative.[57] Karen Horney in particular came to reject these notions, instead adopting what would later be termed a cultural feminist perspective in which it was understood that society, far more than biology, determines who an individual will become.

As feminism swept the nation leading to the opening of the first feminist women's health centers in 1971, in 1973 to liberalized abortion laws with the Supreme Court decision in *Roe v. Wade*, in 1974 to the first battered women's shelter, and in 1977 to the establishment of the

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[57] See Chapter One for discussion of the Oedipal Complex and its role in determining the female psyche.

National Coalition Against Domestic Violence, the older conservative structure of the mental health professions was crumbling. The desire for and belief in social activism, a recognition that individuals were not divorced from their social, economic, and environmental context, and that the mental health professions had, on aggregate, harmed rather than helped female patients, all served to undermine the individualistic foundations of psychology. A new conception of women in general, and battered women in particular, formulated by feminist activist psychologists, was taking root. However, it was not without its opponents. As the 1970s came to a close, the backlash against feminist professional thought began in earnest.