

CRACKS IN THE THERAPY SYSTEM

by Joanne Reid

The traditional mental health system is leaving increasing numbers of women feeling angry and victimized. As more feminist therapists offer alternative services, the battle escalates over who has the insight, the proper methods, and the right to treat troubled women. In Saskatchewan, feminist therapists have formed a network to make their voices heard.

Gloria Geller, director of the Social Administration Research Unit at the University of Regina's Faculty of Social Work, is a prime mover in Saskatchewan's Feminist Therapy Network. The network, formed in 1992, was an offshoot of the Women's Mental Health Project organized during the Women and Mental Health Conference in Saskatoon a year earlier.

The network is now composed of about 30 women working in the field of mental health. Geller stresses that the network is not a service. "It is a facilitation for people interested in a feminist approach to their work."

POLITICAL RISK

The network faces an uphill battle against the forces working to maintain the status quo in therapy. Geller cites the example of a psychiatrist who refused to attend an in-

formal meeting of the network because it was too politically risky for him to even meet with such a group.

Taking a stand against tra-



brought information to the group about the treatment of patients with Multiple Personality Disorder (MPD). Initially, the group offered to write letters to the media and government. But the letter-writing campaign was abandoned shortly after due to the storm of controversy surrounding MPD.

Still, there is a great deal of feminist therapy being offered in various agencies. The catch is that this tends to be done on an individual basis, whether a woman will receive this type of referral or a referral to a traditional doctor is a matter of luck. The feminist therapists with traditional qualifications are torn between offering traditional treatment for job security and offering feminist therapy for greater personal satisfaction.

COMMON APPROACH

The network unites women working with feminist approaches. "There are people working in agencies such as transition houses who provide therapies with empowerment approaches, but they are often isolated. The network brings them together with other frontline people such as psychiatric nurses," says Geller. Through collaboration and discussion,

ditional services can mean professional suicide for therapists, says Geller. In one case, a woman working in the field

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MIDWIVES ON BIKES

Traffic problems have become so bad in Bangkok, Thailand, that health authorities are now fielding motorcycle-mounted midwives to assist delivering mothers caught in traffic jams. The midwife teams will help deliver babies on the spot.

According to Theppanom Muangman, adviser at the Ministry of Public Health, these midwives will be stationed near traffic posts around the city and will be able to respond in minutes to police radio calls for help.

An estimated 100 women are stuck in the city's notorious traffic jams every month and forced to deliver their babies in cars.

Theppanom also wants to give taxi drivers midwife training but the scheme is awaiting funding.

Source: Health Alert, 1-15 April 1996.

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these women share information, first with each other, and then with the larger community.

Geller's own consciousness was raised while taking her studies in Education when she encountered the work of Phyllis Chester whose book *Women and Madness*, published in 1972, argues that women are labelled mentally ill for behavior that would be applauded in men. Chester says traditional methods use a "subtle system of reward" to bring women to terms with their male-defined roles in society.

Geller surveyed current therapeutic approaches and concluded that they were, for the most part, antithetical to feminism. "That was when I knew we would have to do our own research, and since then, the need to have feminist approach [has been] a major interest of mine."

ESSENCE OF FEMINIST THERAPY

What is feminist therapy? At its core is empowerment of the client, says Geller. Feminist therapy grew out of the women's movement's early

days when consciousness-raising was considered the key to societal change. But in the eyes of the therapy establishment, feminist therapists without traditional qualifications are often considered nothing more than quirky feel-good therapists, with about as much professional credibility as soothsayers and fortune tellers.

Clinics still hire only people with recognized qualifications—psychiatric nurses, psychologists, psychiatrists and social workers. But the network's activists are working to change that. They see an opportunity in Saskatchewan's revamped health system, which gives each community its own health board. The network's next plan is to lobby people on the health boards, thereby getting at the core of the health system.

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ics, the only treatment possible in view of lack of medicines.

There was nothing more he could do. The next task was to get Amina to a district medical center as soon as possible. Amazingly in this area of Nigeria, where you go sometimes for days without seeing a vehicle, a car came by and the driver was willing to take Amina to the medical center though it meant a 60km trip back to where he had come from.

Several hours later, he resumed his original journey and passed the rural dispensary again. The dispensary staff were delighted to hear that Amina had survived the journey to the medical center. The nurse returned to the district dispensary a few days later to find Amina alive but exhausted. She had survived, but her urine would not stop running. Amina had a vesicovaginal fistula, a complication of obstructed labor. The urine now flows straight from the bladder to the vagina.

What lies ahead for Amina? At the age of 17, incontinent, smelling of urine, she is likely to end up a social outcast. There is a saying in Niger that "a woman in labor should not see the sun rise twice." Amina, a victim of neglect, delay, poverty, lack of medical resources and poor communications, saw it rise far more than that. Sadly, there are many more girls in Amina's situation.

Mme. Maiga Amsou Amadou is the president of Niger Committee Against Traditional Birth Practices. Source: Safe Motherhood 18: 11, 1995.