

Clinical Aspects of Sexual Harassment and Gender Discrimination- Psychological Consequences and Treatment Interventions, Sharyn Ann Lenhart, M.D, Brunner-Routledge, 2004, pp 233.

By G. Asha¹.

As someone who has undergone a fairly serious case of sexual harassment which has resulted in many losses and changes in my career, I found this book both revealing as well as disturbing. Revealing because there seems to be a fairly large body of work on sexual harassment and gender discrimination available. Disturbing because very few know about it or make use of it either to address their own concerns or to make the environment free from such forms of violence.

The author, Sharyn Ann Lenhart is Attending Psychiatrist at Harvard Medical School's McLean Hospital and Associate Clinical Professor of Psychiatry at the University of Massachusetts Medical School. This book is academic in tone and is intended for clinicians such as physicians, psychiatrists, psychologists, social workers, counselors and other associated professionals like attorneys, administrators and managers. It hopes to provide them with the tools to understand the scope and extent of sexual harassment and sex discrimination. Also, the complex ways in which these can cause very long lasting effects on the victims' psyche. It is interspersed with many case studies which help to clarify the theoretical discussions. In fact I found myself reading many of the case studies before reading the actual discussions which at times tend to get slightly tedious.

While sexual harassment exists in myriad forms, it is argued that "women who transcend traditional support roles in the workplace or otherwise challenge male authority are most likely to become conscious of sexual harassment and sex discrimination." (p.12) Several models trying to explain gender discrimination and sexual harassment are listed. Clinically relevant aspects of the current legal environment are explored in order to provide the clinician and the victim sufficient information before proceeding to embark on a lengthy litigation. The author cautions against litigation as it can "polarize the workplace, isolate the person who was victimized, expose her to retaliatory behaviors, and create an adversarial win-lose environment. Litigation can also skew psychiatric treatment and psychiatric conditions in favor of establishing damages, as opposed to recovering psychologically." (p.72-73)

There are many similarities between persons victimized by domestic violence and sex discrimination. Some of these are a sense of humiliation, sense of betrayal of trust, tendency to conceal the event and fear of retaliation. There are also power differentials between the perpetrator and victim in both cases. An entire chapter in the book is devoted to discussing in detail the various strategies that victims have available to them – either self focus which attempts at healing their own selves to initiator focus which looks at the external situation and attempts to alter that. The individual can either cope alone or with the help of another party. However it did surprise me that Lenhart does not mention the

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crucial role that friends and family (not just the spouse) might play in this situation either by being supportive or by blaming the victim for bringing the problem upon herself. None of her case studies seem to discuss such situations. Not everyone is likely to look for a therapeutic solution preferring to discuss their problems with a friend or family. In fact in many cultures therapy is taboo and viewed suspiciously. However Lenhart does emphasize that “ significant disruptions in the victimized individuals’ work and personal relationships are common in discrimination or harassment situations, especially if the wronged person files a complaint or lawsuit. Often these disruptions are as traumatic for the victimized person as the discrimination itself was.”(p.101) I couldn’t agree more.

Valued mentors could be lost if they perpetrate harassment and discrimination. The institution can use “‘token women’ spokespersons who publicly deny discrimination and praise the organization, or it may promote other women to discredit the victimized woman’s claims of discrimination.” (p.101) Having experienced all of this first hand, I know it to be very true. In fact reviewing this book has been a difficult and painful process for me as I had to relive old memories. If the victim falls into a minority group then social stereotypes can play into the ways perpetrators view their victims eg- the passive Asian graduate student. If the perpetrator is of the same group as the victim, it can sometimes complicate the victim’s responses as she may feel that she could face censure from her support group. In this context, it is unfortunate that the author failed to include any discussions on the special case of foreign students/ faculty / workers who are made even more vulnerable to the institution employing them due to visa concerns. Very often victims are left penniless and visa less forcing them to move back to their country of origin where they could be seen as a ‘troublemaker’ who must have done something to provoke sexual harassment. In many countries there is even confusion between sexual harassment and sex so the victim can be seen as someone who initiated sex and thus morally loose. To add to her woes there may not be any therapists available or the woman may not trust the available ones on account of their sexism. Two of the case studies involving up and coming African American academics involved not harassment by a supervisor but jealousy on the part of colleagues who sparked rumors about favoritism by supervisors when these women were being mentored. This too is a serious issue. How are minority women going to establish themselves in a climate of hostility ?

There are many physical and psychological reactions in response to discriminatory experiences. These include gastrointestinal disorders, jaw tightening, teeth grinding, dizziness, nausea, diarrhea, tics, muscle spasms, fatigue, dyspepsia, neck pain, back pain, pulse changes, headaches, weight loss, weight gain, increased perspiration, cold feet and hands, loss of appetite, binge eating, decreased libido, delayed recovery from illness, sleep disruption, increased respiratory or urinary tract infections, recurrences of chronic illnesses, ulcers, irritable bowel syndrome, migraines, eczema and urticaria. Psychological symptoms could be persistent sadness, negative outlook, irritability, mood swings, impulsivity, emotional flooding, anxiety, fears of loss of control, excessive guilt and shame, escape fantasies, compulsive thoughts, rage episodes, obsessional fears, crying spells, persistent anger and fear, decreased self esteem, self-doubt, diminished self confidence, decreased concentration, feelings of humiliation, helplessness, vulnerability and alienation. Psychiatric disorders reported have included anxiety disorders, post traumatic stress disorder, acute stress disorder, dissociation disorders, somatization disorders, sleep disorders, sexual dysfunction disorders,

psychoactive substance abuse disorders, depressive disorders, adjustment disorders. Rarely will one individual exhibit all these symptoms but multiple physical, psychological and psychiatric disorders are common. Despite this range of problems many physicians still fail to recognize that the patient might have been in a traumatic discriminatory environment and do not take proper case histories to correctly diagnose the cause of ailments. There is enough information available for these groups of professionals to start thinking along right lines.

One thing should be clear to anyone reading this book--sexual harassment and sex discrimination is not a simple matter. It has grave consequences for both victims and the environments in which they work. While much of the discussion here focussed on the victims and their therapeutic rehabilitation, I could not but help wonder why the perpetrators are also not seen as psychologically disturbed and thus requiring treatment and / or removal from the workplace. One of the reasons why the workplace continues to remain so discriminatory is because abusive and unfair behavior is tolerated. Take the case of an important scientist who harasses a graduate student. She is lucky to get her Ph.D whereas he continues publishing, winning awards and being admitted to the academies. It is only when the editors, funders and senior members of the academy sit up and start wondering whether they would like to have such an abusive individual in their midst that action can be taken to remove perpetrators from wielding power and misusing it. Therapeutic solutions are ultimately individual solutions; reframing policy is essential to reach a collective solution.

As a scientist I am particularly concerned about the prevalence of sexual harassment and sex discrimination in science. Some of the case vignettes discuss this issue in the scientific environment. Most are of supervisors harassing graduate students and the ensuing problems faced by the student. Unfortunately the stories end with depression and the students seeking therapy. I was eagerly awaiting a discussion on how to tackle the problem so that the women could continue with their scientific work without any disruption. And even if they have lost time, a discussion on strategies to bring back women like this back to science. Perhaps through fellowships specifically directed at this group of women along with access to supportive senior scientists who can act as mentors. Maybe this will be the topic for future conferences, papers and books.

In an otherwise well researched book it was surprising to find that the address for the National Council for Research on Women (p 168) is incorrect. Likewise Legal Momentum is the new name of the NOW/ LDEF(p. 168), addresses to which have also changed. Hopefully these will be corrected in a future edition.