

TO TRUMP, SOME LIVES MATTER

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The year is 2018. It is a century since women won the vote in 1920 with the passage of the Nineteenth Amendment. Not until 1965 did the Voting Rights Act of 1965 secure the same for all racial minorities (United States Department of Justice 2017). It is only fifty years since women have won the right to conditional control of our own bodies by decision of the Supreme Court in the case of *Roe v. Wade* in 1973. We women are in clear danger of losing all the rights we have had to struggle to assert. Meanwhile white men, under this administration, retain their rights and acquire even more.

At the inception of feminist psychotherapy, we therapists decided to listen respectfully to women's stories and to consider them within the social context rather than to dismiss them as internal pathology as had been done previously. These were not all fantasies, desires, or delusions as Freud and others had believed, but abuse that had happened to more women than we could have imagined. The stories poured out, and we ourselves were stunned at what we had discovered.

The more I heard, the more I began to develop the idea that mental illness was a result of wounds more than of illness, that madness and being angry (mad) were related by more than etymology.

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In the first class I taught in feminist therapy in Berkeley in 1973, every student told her own story of being locked in a back ward for asking for a divorce or an abortion, for accusing a husband of infidelity. The men owned us. After a lifetime of struggle for equality, we seem to be turning back to that time. The struggle for equality for women is far from over.

When posttraumatic stress disorder (PTSD) was first being considered as an addition to the DSM, I wrote that the "P" and the "D" should be removed for those who were not returning from Vietnam after removing themselves from the battlefield of the official war that the Vietnamese call the American War (Kaschak 1992). For women, people with disabilities, queer people, and people of color, the stress never becomes post. We learn to live with it in various ways, none of them having to do with being healthy or happy. We adjust. We protest. We carry on.

As for the "D," in my opinion, there is nothing disordered about these reactions to perpetual danger. They are the most natural responses of functional human beings, and we must listen to them. Women and other marginalized groups were and still are frightened, shamed, and angry. I would have preferred post, acute, or chronic traumatic injury.

If I pass someone who is lying in the street bleeding, it makes a crucial difference if that person has hemophilia or was stabbed. Whether I can save his life depends on my making the correct determination. Trauma is the result of an attack and is an injury (Herman 1992; Herman 2015). Many women in the United States and in most other countries have been disrespected or abused, sexually assaulted or raped.

A great deal of progress has occurred in neuroscience imaging since we discovered trauma (Edelman and Tononi 2001; Kandel 2018). These discoveries and techniques will eventually lead to more effective treatment. Both talk therapy and medication are useful, often in combination, and both are biological treatments (Kandel 2018). I consider talk therapy to be based in physics as well. A profound exchange

of energy occurs. Nevertheless, as for many injuries, scars can last a lifetime and memories are deeply embedded in various locations inside and outside the brain (Kaschak 2015). They can be triggered internally or by context.

Tragically, we seem to be returning to a time that we thought we had left behind. Black men are being killed in the streets and in the presumed privacy of their own apartments for the crime of being in a black male body. Women are being sexually assaulted with equivalent impunity for the crime of being in a female body. Indigenous people are being murdered for trying to defend their own land from being stolen from them. And now, innocent children are being kept in cages, separated temporarily or permanently from their mothers, at a cost to the American taxpayer and a boon to Donald Trump and his cronies of \$775 per each of the 1,500 children for a gross profit of \$1,162,500 a day. Quite a sum, and all you have to do to earn it is to destroy the lives of thousands of vulnerable refugees trying to run from the danger of Central American gangs. If there is no safety for these people, there is no safety for any of us. These mothers and children are being brutally and irrevocably traumatized. "Stress" is too small a word to contain the horrors of this situation. Perhaps "terror" fits better for this never-ending war against women and others, but I would minimally use anxiety and not stress as a descriptor.

At the very same time that impoverished and terrified Central American mothers are being forcibly separated from their children, pregnant white Russian women are waiting in the luxury of high-priced Trump properties in Florida, paying as much as \$100,000 (McFadden et al. 2018) to have their babies born on American soil.

As an alternative to assessing illness only, I devised an instrument I call the Mattering Map (Kaschak 1992, 2013). We use it to assess injury or illness contextually and to be compatible with the brain mapping that is occurring as technology permits. The human brain is a pattern detector and designed to search for or create meaning or mattering. If it spontaneously creates meanings that are too idiosyncratic,

mental health professionals call this "illness." If it creates idiosyncratic meanings from experience, we must call these "injuries."

I developed the Mattering Map, which asks everyone in treatment to begin by describing in words or pictures a map of what has the most meaning in their particular situation. This includes the issues of context and thus indicates that the skin serves only as the most porous of boundaries (Kaschak 1992). We begin with a list of categories that other subjects have declared to matter as a start. There is no demand to use them all, but many do. These categories are:

- Gender
- Race
- Ethnicity
- Culture
- Language
- Class
- Ecology-Environment, Physical Health, Biology, Neurology
- Family
- Interpersonal other than family
- Religious-Spiritual
- Written and Electronic Media. Level of literacy
- Other Institutions, e.g., school, work
- Age, Life cycle
- Political Beliefs
- Group Memberships
- Education
- Sexual Orientation
- Substance-Use and Abuse
- Violence
- Finances
- Power

The Mattering Map can be drawn at the beginning or end of each therapy session. It can be drawn on transparencies for easy compari-

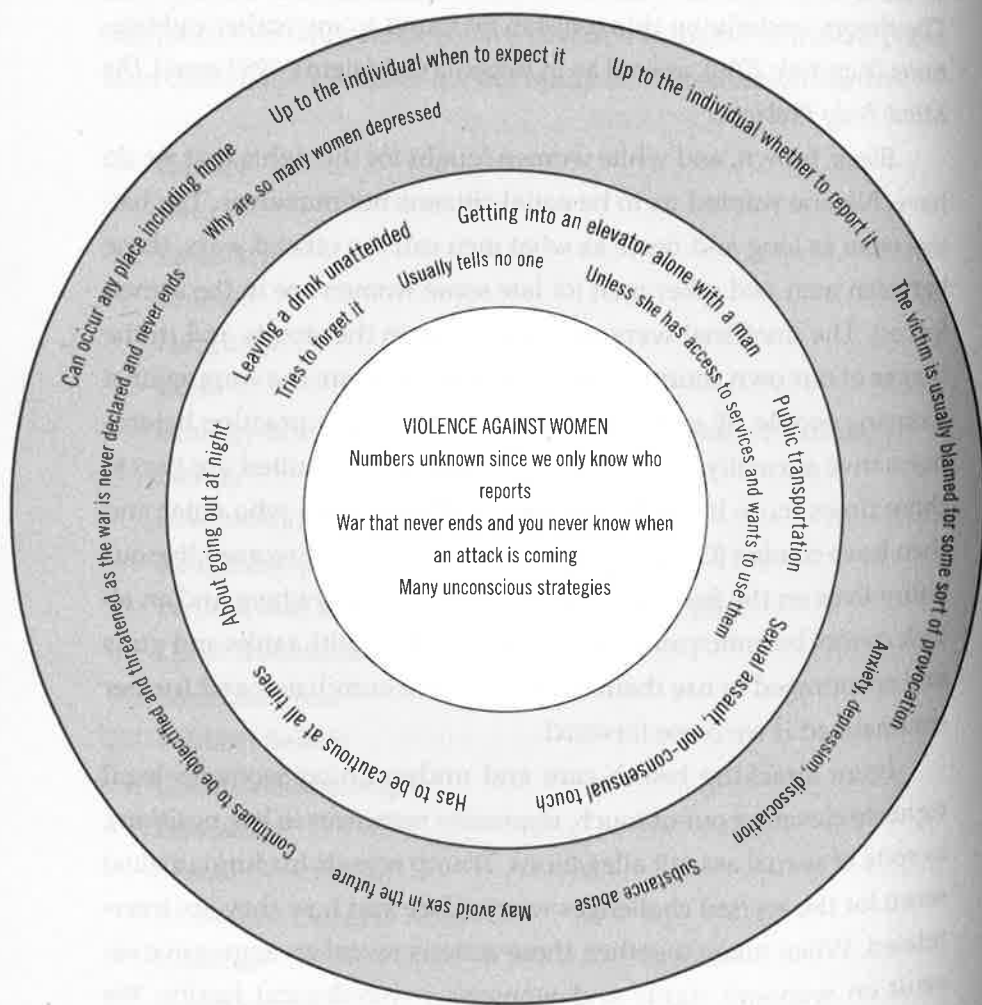
son. It can be used in a variety of circumstances and I have used it in my classes on gender and peace. Many of my international students have gone on to use this tool in their own countries, working with women, refugees, and LGBT+ people.

This map can morph at any moment with the words of a therapist or a new insight or an effective chemical intervention. It may morph for some of you right now as you are reading these words. The theory underlying this tool can be found in my earlier publications (Kaschak 2010), as well as in Rebecca Goldstein's 1983 novel *The Mind-Body Problem*.

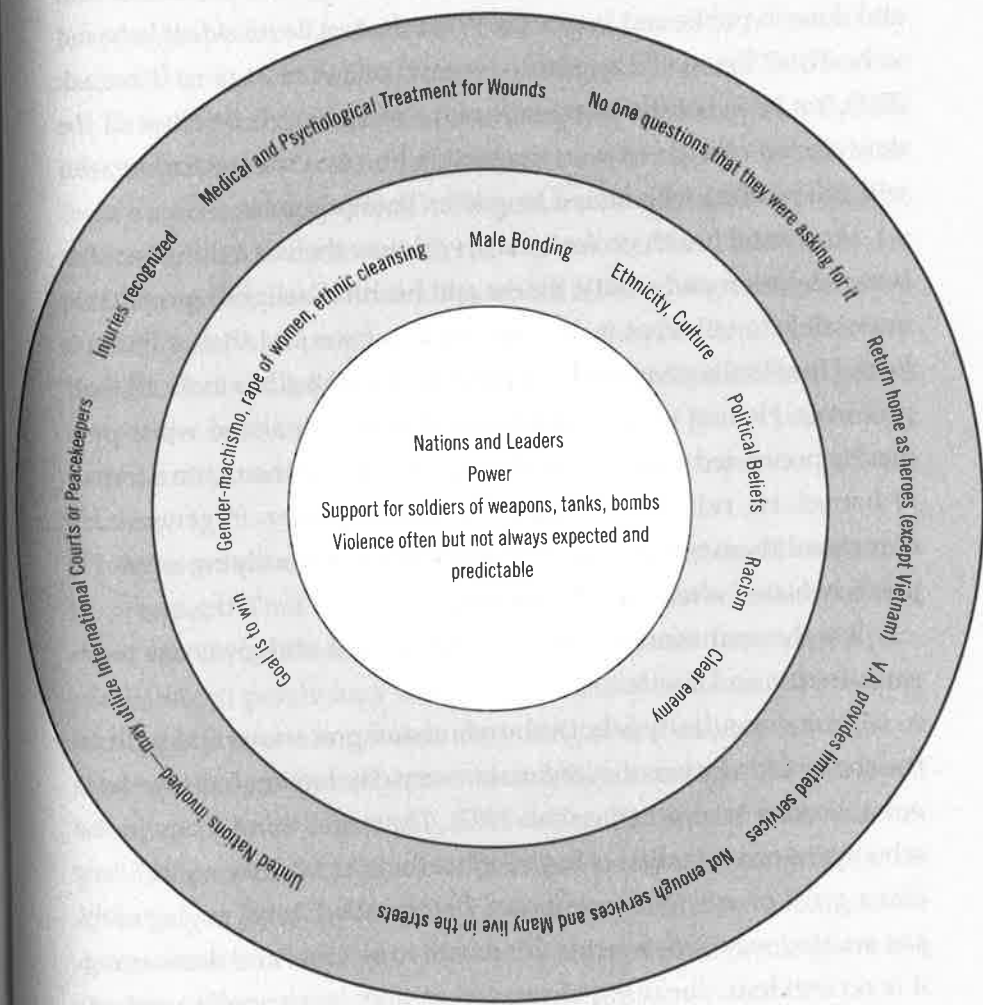
Black, brown, and white women fought for the rights that we do have. No one wanted us to be equal citizens but ourselves. The battles were as long and fierce as what men call the official wars, those between men and other men (of late some women are in the armed forces). The unofficial wars are conducted on the streets and in the homes of our own country every day, and those are the wars against women, people of color, and those who do not practice heteronormative sexuality. Women who are sexually assaulted are two to three times more likely to develop PTSD than men who enter and then leave combat (Olff 2017). Perhaps this is because women live our entire lives on the field of combat. For us it is everywhere and an attack cannot be anticipated, nor are we supplied with tanks and guns and encouraged to use them. Instead we are humiliated and further traumatized if we come forward.

From attacking health care and undermining women's legal rights to elevating out-of-touch, regressive nominees to key positions, in spite of sexual assault allegations, Trump reveals his fundamental scorn for the myriad challenges women face and how they are inter-related. When taken together, these actions reveal an aggressive assault on women's rights and women's psychological health. We must do far more than marching, and mental health professionals are not exempt from this demand. It becomes no longer a partisan issue, but a fight for our very health and survival. As psychologists and psychiatrists, we cannot sit by silently and patch up the victims of

UNDECLARED WARS AGAINST WOMEN



DECLARED OR OFFICIAL WARS



assault and terror. We must speak up. We have a duty to warn and a duty to create as much safety as possible to prevent the injuries. We have a moral code.

Trump has harmed so many people in so many ways that it is impossible to focus on gender outside the context of ethnicity, sexual orientation, race, and other factors. In my opinion, the worst thing that Trump has done is to lower the bar for morality, for what can be said and done in public and in private. What if a female president behaved as he does? She would appear to be psychotic to most of us (Kaschak 2015). Yet he is not the worst part of the story, which involves all the duly elected officials who are protecting him and the supporters who will still be filled with hatred long after Trump is gone.

As mental health professionals, we know there is a difference between delusion and reality, illness and health. Gaslighting renders it impossible to tell what is real and what is fake, and that is Trump's forte. He sold the people who support him a fake elixir to fix all their problems. He lied to the impoverished or marginalized white people. He pretended to represent them. He whipped them into a frenzy of hatred. He ridiculed his opponents and women in general. He demeaned them with his grabby and schoolyard bullying ways. He publicly lusted after his own daughter.

It is the confusion that becomes lethal, as it also gives rise to assault, injury, and death.

Toxic masculinity is both abundant and precarious and built on the shaky foundation of every male every day having to prove he is not a woman or a girl (Kaschak 1992). The worst thing a boy in the schoolyard can be called is "a girl": that they "throw like a girl," "cry like a girl," or are "being a pussy." Being called "gay" is, arguably, just another way of doing this. It's meant to be cruel and demeaning. It is no accident. Speaking of women as prey in a superior and entitled manner, the more vulgar the better, accomplishes this daily requirement.

Recently discovered mirror neurons and other neurological structures appear to be somewhat responsible for emotional conta-

gion (Kohler et al. 2002; Kandel 2018) along with the rapid transmission of opinions. Hatred and shaming have spread like wildfire in the Trump administration. It can easily be ignited once learned, and that is a major component of what is occurring in our streets and in our social networks. Everyone is arguing. Everyone is right. There is no room for compromise. The din is deafening.

What has changed that has permitted this vulgar display of white male power? Obviously it is the recent successes of previously degraded groups, including women, people of color, and LGBT+ people, in feeling more confident in exercising the rights they already had, but didn't dare act on. And the insult to everything Trump stands for from a successful, respectful, intelligent, and feminist black president, whom he tried to destroy with the endless "birther" movement. He had greater success with his lies about Hillary, arguably the most qualified and well-prepared candidate for the presidency in history. He ridiculed and criminalized her, applying his best skills to get his supporters to chant "Lock her up." The power of group psychology and a united and rhythmic chant on the human psyche is well-known.

Who wants a highly qualified, brilliant, experienced woman to be president? That would be too threatening. She was sabotaged at every turn by white men, some white women, and many young people. Feminist psychology tells us that Hillary could only be wrong, too aggressive or too passive, too young or too old, too feminine or too masculine, too intelligent or not intelligent enough. Only the open advocacy by several beautiful, admired, and successful celebrities has permitted some fifty years of social justice work to be publicly acknowledged and supported, along with the #MeToo movement, to become a matter of dueling celebrities. This movement must grow and continue through the classes and ethnicities.

The citizens working for improvement, the women and men of conscience, the people of color, the people with disabilities, the LGBT+ people, and the concerned professionals are able to unite and restore health to our nation. Many women have been motivated to run for

office, and if the country is restored or bettered, it will be largely because women are strong enough when united to have defeated these men of less wholesome intent.

Efforts at creative resistance are under way to restore our country to decency and health. Our first job is to clean up the toxic mess left by these men so it cannot spread. We must do that together. Mental health professionals need to support women and men of conscience, able and disabled, queer and straight, black, white, and brown. It is our moral, professional, and humanitarian obligation. Mental health professionals have to work overtime to educate the populace, to produce books such as this and tools such as the Mattering Map, and possibly to emphasize more group work and group support than is usual. Many women must begin therapy individually to even realize that they have this power, but, at some crucial point, we should be meeting in groups to reduce shame and isolation, while increasing the strength there is in numbers. This administration is actually helping to pull back the veil that has hidden corruption, racism, misogyny, and schemes to replace education with prison and awareness with poor cognitive reasoning among disadvantaged groups, in this way diminishing the power of the people.

When we speak of mental health, I would suggest that we remember physical and environmental context. For example, the health of the mind and the brain are linked. It has recently been discovered that the immune system and the gastrointestinal system play a major role in mental health via their connections to the brain (Dantzer et al. 2008). Women have to enter into situations of potential danger every day. The simple sound of a man's footsteps behind you at night or an elevator with only a woman and one man are part of the battlefield for women. We can be hypervigilant all the time, but this kind of stressful trigger to the brain is not mental health. We can go out only in the daytime, but this is not mental health. We can learn to fight; we can go out accompanied by a man. These are all battlefield strategies of the undeclared wars.

As mental health professionals, we can and must speak out, as there is an epidemic of violence, misogyny, and racism in our land and it is our profession that can most clearly recognize it. We are treating it every day if we practice psychotherapy. We must sound the warning and provide the treatment, but we must do more inside the confines of private offices, such as acknowledging and helping to remove the veil of lies, and we must speak up outside the private offices, while carefully considering our own professional and personal ethics. That is our part in halting the epidemic.

Right now, some of us need to rest and recuperate to get ready for the next battle. When each of us can, it is time to get up and continue the struggle. We need to remember not to take out our anger and grief on ourselves or each other. We are on the same side of the undeclared wars, and together we are stronger. If they did not want to conquer us, they would not be trying to divide us. Women, people of color, LGBT+ people, and others must join forces and stand tall and together right at the center of our own Mattering Map. And the experts, the mental health professionals, must lead the way when we can and support you as we can because it matters.

Ellyn Uram Kaschak, Ph.D., is one of the founders of feminist psychology. She has been on the faculties of San Jose State University since 1974 and the Universidad Nacional and the University for Peace, both in Costa Rica, and was editor of the Journal of Women and Therapy from 1996 to 2017. Kaschak is the past chair of the Feminist Therapy Institute and a fellow of five APA Divisions. She received awards for her two groundbreaking books, Engendered Lives: A New Psychology of Women's Experience (1992) and Sight Unseen: Gender and Race Through Blind Eyes (2015), as well as numerous other awards, including the Lifetime Achievement Award of the Division on LGBT Issues and the Distinguished Career Award of the Association for Women in Psychology.

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