

The Y. W. C. A.  
RESOURCE CENTRE  
your life

come on like thunder.

Nellie McClung

### WHAT WILL WOMEN'S PLACE DO IN FUTURE?

That depends on the women of Lethbridge. Next year has been proclaimed by the U.N. as International Women's Year. Money has been made available to the Secretary of State in Canada for programs such as Women's Place. Whether Lethbridge gets a grant or not depends on the quality of program we present in our brief.

A general meeting will be held at Women's Place at 7:30 p.m. on Tuesday, November 26th. The main function of the meeting will be to chart the course of Women's Place for 1975. It is important that women concerned about women come to the meeting and join in the decision making.

"Women's Place can be seen as a funnel that draws in information and relays it to the community, a crossroads where different women meet to share interests and combine strengths, a springboard to action. Its purposes and goals are open-ended, ever changing as needs demand".

NOV. 18 LETHBRIDGE ALBERTA VOL. 1 No. 14

#### Xmas Get-together

Wed. December 4th - 8:00 pm.

at WOMEN'S PLACE  
(605 - 10 St. S.)

Refreshments and snacks will  
be served.

Looking forward to seeing  
you here!

#### TOY FAIR

Pre-Christmas Show  
for families and kindergartens

Wednesday, Nov. 27 at 8:00 pm.

LETHBRIDGE PUBLIC LIBRARY

Jointly sponsored by Women's  
Place and the Library.

WOMEN'S PLACE PUBLICATION



# Poetry

## SOUNDS

I love the sound  
Of sound  
The blue, long  
And green purple,  
Thin, tall, round  
Of Sound.

I love the feel  
Of sound  
The rippling, fury  
And smooth, cool,  
Tickling, warm, silk  
Of sound.

I love the sight  
Of sound.  
The golden spheres  
And jumping tadpoles  
Shimmering, opaque, rain  
Of sound.

-Luba Lisun-

## EMILY

Heavy, sure handed  
The intensity of  
Her soul  
Swirling onto those  
Brown paper canvas.  
Even the turpentine  
Washes  
Couldn't subdue the force  
Of the rainforest  
Exploding from her  
Paintings.

-Susan O. -



2.

## WHAT DO YOU DO AFTER YOU SAY HELLO?

by Eric Berne

A continuation of the ideas found in Games People Play by Eric Berne and I'm O.K. You're O.K. by Thomas Harris. Description of the basic ideas of Transactional Analysis including use of the terms ADULT, PARENT, CHILD to designate ego-states, explanation of "scripting"; how we collect trading stamps (blue for depression, red for anger) and what we cash them in for.

## FREEDOM AND BEYOND by John Holt

This book grew out of a concern for the fact that so many things we believe in so often appear not to work. Holt explores the nature of freedom so that we may better understand how people of varying ages and skills may live together and be useful to each other. The 'beyond' in the title indicates that we must look beyond the question of reforming schools and at the larger question of schools and schooling itself.

## THE SOFT REVOLUTION by Neil Postman and Charles Weingartner

This is a student handbook for turning schools around. The method is based on judo - the art of defending one's self against the system and also of turning the strength of the system against itself.

One area is of concern to teachers - how to change things in your school (i.e. - reporting methods, curriculum changes, etc.) by the "soft" method.



# GYNECOLOGY

What makes men choose a profession in which they will spend most of their lives poking around female genitalia or officiating over female events like childbirth, menopause and abortion? It certainly is not a dedication to women. Ask any ten women about their medical experiences and they will relate at least a half dozen gynecological horror stories ranging from medical insensitivity and callousness at the mildest to unashamed medical malpractice at the worst. The following cases are quoted from the "Vancouver Women's Health Survey," published by A Woman's Place, a women's liberation group, and from interviews with Toronto women.

An unmarried woman, who had been living with the same man for several years, told her doctor she wanted to become pregnant. He did an internal examination that was unusually painful. She later phoned him to complain of painful cramps and learned that he had inserted an I.U.D.

A woman with two children was suffering from a rare hormonal imbalance that prevented her from conceiving a third time. A top gynecologist, delighted by the challenge, treated her for a year with a series of drugs that caused distressing side effects. Finally she studied the syndrome in a medical library and learned that it disappeared without treatment in at least 50% of all cases. She told her doctor that she wanted to cease treatment and told him why. His usual friendly paternalism turned to rage and he exclaimed, "This is very presumptuous of you!"

An unmarried woman asked her doctor for birth control pills. When he handed over the prescription he jeered, "Now you can do it as much as you like!"

These are just three excerpts out of many. Does this happen here? From my own experiences and from listening to the experiences of friends, a similar survey reveals the same insensitivity and callousness. One gynecologist I visited in my mid-thirties told me I had an enlarged uterus and should definitely have a D & C. "Discuss this with your husband, then let me know what he thinks and we'll put you in the hospital" was his advice. Does my husband have it in his power to withhold medical help from me? Does my uterus belong to him? The doctor also assumed that my husband would agree with him. Do husbands automatically agree with gynecologists' decisions on what is to be done with their wife's wombs?

The majority of women I know in their mid-thirties who have not yet had a hysterectomy are forever telling me that they simply can't wait to have it all removed. I never cease to be shocked and puzzled at such masochistic statements. Why can't they tolerate keeping their entire reproductive organs intact from birth to the grave?

There is a logical explanation for this attitude. The propaganda articles in women's magazines that prevailed during the 50's and 60's urged women who were going through the menopause to have their organs removed because they were of little earthly value to them anymore - at best they could become diseased and at worst they were a breeding ground for cancer. Such was the advice of leading gynecologists of the time.

Has this attitude changed all that much? Is preventive medicine practised in gynecology today or is major surgery the overwhelming remedy for female reproductive disorders? Let me try to explain this phenomena - a survey of a dozen Canadian gynecologists turned up an interesting fact; all of



them said they had chosen their specialty out of admiration for various older doctors who just happened to be ob-gyn men. "Gynecology, you have to remember, is a surgical specialty," said one man. "We're surgeons first and foremost." Another gynecologist admitted candidly "I'm a perfectionist and it seemed like a surgical specialty where I could learn to perform perfect operations."

Gynecological training itself seems amazingly haphazard, consisting of a series of lectures crammed into a busy hospital schedule. Dr. Lionel Tanzer, a genial Toronto gynecologist and teacher, says that the instruction in sexuality is in its infancy in Canadian medical schools. He doubts that the stunning revelations of William H. Masters and Virginia Johnson are even referred to in most gynecologists' training.

Masters and Johnson, whose work has been around since 1966, revolutionizes the way women understand their own bodies by proving that vaginal orgasms (as distinct from clitoral) are a myth, and that the female sex drive is at least as strong, if not stronger than the male sex drive. Yet the standard gynecological reference works used in Canadian Medical schools (Principles of Gynecology, by T. Jeffcoate) state that vaginal orgasm is the only "mature" response, and that "an important feature of sex desire in the man is the urge to dominate the woman and subjugate her to his will; in the woman, acquiescence to the masterful takes a high place."

Other out of date texts still referred to by many students suggest that all women are naturally frigid, and should fake orgasms in order to please their husbands. Most texts still cling to the idea that females have a weaker sex drive than males.

One text that we can be sure is universally read by the Canadian ob-gyn student is the medical journal. American studies show that the American Journal of Obstetrics and Gynecology is the gyn's chief and often only extracurricular

reading material. According to Canadian gynecologists, the same is true here since there is no similar Canadian publication.

The ads in the journal are horrifying. Overwhelming, in bright colors and alluring type, month after month, the ads hammer home two images of women: neurotic, whining, dishonest bitches who make life miserable for their families, and their doctors,...or simpering, mindless boobs who are always voluptuously naked, prancing nude between wispy veils, or smirking over deep cleavages.

Here's a sampler: "She's suffering from estrogen deficiency!" wise cracks the headline. A dignified older gent cowers behind his morning paper, while his harried wife shrieks at him through gritted teeth. Her hair predictably is wound up in grotesque curlers. The copy advises doctors that menopausal women who don't have enough estrogen "make life miserable for everyone they come in contact with."

"When she swears she eats like a bird" . . . the illustration for this appetite suppressant is probably the grossest of all: a silly woman's face attached to a bulbous fowl's body. The copy reminds doctors that "birds gorge themselves" and so presumably women "swear they eat like birds."

One ad for Valium suggests that doctors can easily see through the brave facade put up by his worried but docile patients. But one kind of woman, says the ad, doesn't try to hide her anxiety . . . this is "the anxious psycho neurotic who has crying spells before her hysterectomy." This ad does a real turnabout; it actually manages to suggest that the dishonest women are nice ones (unlike the gorging bird) and that the ones who don't hide their feelings are a bunch of neurotics. The ads rarely depict women as independent working people. If they do it is usually as an exotic ballerina or actress. Not one ad in dozens of journals depicted a woman as a professor, a bus driver or God forbid, a doctor.



The negativism also shows up in the clinics and consulting rooms. A pregnant woman with small children at home waiting for hours for a prenatal visit that may take five minutes. She is usually too afraid to bother the busy doctor with questions and may even neglect to mention important symptoms. Once in hospital the bullying is legendary. The routines, possibly even the medical management of the birth, are designed for the doctor's convenience. One of life's most precious events, birth, and the precious first days are almost an afterthought.

That male attitudes can lead to bad medical practice is increasingly accepted as a fact within the profession itself. At a medical conference in the U.S. two years ago, one doctor admitted that for many of his colleagues, "No ovary is good enough to leave in, and no testicle is bad enough to take out," a reference to the shocking ease with which U.S. doctors were prescribing hysterectomies, but shying away from interfering with male organs.

Dr. Lise Fortier, a senior assistant on ob-gyn at Montreal's Notre Dame Hospital sums it up in Canadian Nurse, "Medicine is still a man's world and men who become physicians are not entirely free of male prejudices nor of their desire to dominate females." Medical decisions, she says, are still often made on the basis of the doctor's belief about woman's role in society.

By M. Lerner

with thanks to Chatelaine magazine

# TURN-ON<sup>5.</sup> WITH POLITICS

"I am turned off by politics and politicians. The whole system is crooked and does not relate to me. Why bother? THEY fix it so that caring people do not count, are not consulted. Forget the whole mess, they will do as THEY please". These phrases are usually spoken in righteous and sincere tones by intelligent people.

Unfortunately the concept of a democracy is not sufficiently taught or practiced, much less understood, and appreciated. It is not a birthright to live in a free society: a democracy. It is a heritage and a privilege in North America today. Political structures in themselves are not corrupt, people working in them sometimes are corrupt and selfish. Only a democracy has the machinery to throw the rascals out of office - at the next election.

We elect people and then promptly forget about them. Our representatives too often work in a vacuum, go ahead on their own and forget who put them there.

We complain, but usually only by bitching to each other. This attitude assures future generations the ability to read about democracy, not the right to live in it. We will bear the responsibility for having lost the basic freedoms because we were "turned off" and too lazy to do anything about it.

The democratic system is the only system to provide involvement on a voluntary basis, let us not lose that freedom by remaining "turned off and tuned out".

-Irm Dogterom-



Wm, this may be a case for a Psychiatrist



# ROSALTA HOUSE

The Rosalta House Society has set up to provide a live-in rehabilitation centre for women who had a problem with alcohol or drugs. Only women who wanted to change their way of life would be considered as possible residents. The society hoped to achieve its goal through individual and group counselling, teaching of life skills, encouraging the residents of the house to take advantage of all possible opportunities offered by the community for upgrading, job training and retraining continuing education and recreation. All this to find more self confidence, increased satisfaction in interpersonal relationships, employment and recreation to improve the chances that the abuse of alcohol and drugs, with all the resulting misery for the persons directly involved, their families, the traffic accident victims and so on, can be avoided.

Over 400 women in Southern Alberta were held in prison overnight or sent to the Ft. Sask. Correctional Institute in a year. These statistics only deal with those who happened to be in a public place while intoxicated and were picked up or were involved in some kind of a disturbance. How many more women are alcoholics but do not come into contact with the police? This may be at least an equal number and how many children are neglected due to the excessive drinking of their mothers? We have only concerned ourselves here with women, but the problem for men is even larger, by just aiming for a women's residence we hoped to keep the problems involved manageable.

Last year we had several meetings with the Lethbridge YWCA to discuss the possibility of cooperating so at least some help could be offered to a few people with this problem.

6.

But again this bogged down due to lack of funds to employ competent personnel.

Finally, in November 1973 the Canada Manpower Centre wrote to ask more about the Rosalta House Society its aims and plans. Representatives of Dept. of Social Devel., Indian Affairs, City Social Services, Band Councils, Friendship Centre, YWCA and AADAC met with Canada Manpower and Rosalta House Society.

The other organizations were to be present to give their view of the severity of the need for a live-in rehabilitation center for women, and thus a judgement could be made by Manpower whether it was worthwhile for them to commit some funds in Lethbridge.

It was decided by the board of the Rosalta House Society that the chances for receiving an outreach grant from Canada Manpower would be greater for the YWCA than for Rosalta House, for the YWCA had a functioning residence which was not used to capacity while the Rosalta House Society had nothing but good intentions and insufficient funds. It was felt to be very important that something should be done in Lethbridge to help these women, soon. The grant obtained was sufficient to cover the salary of 1 counsellor. On June 1 the counsellor, Redge Dumont started to work at the YWCA. He helps the residents of the YWCA and other girls or women with sorting out their problems dealing with employment, schooling, personal matters or what ever, so they can make those decisions which will enable them to find satisfactory solutions.

Any misgivings board members for the YWCA and the Rosalta House Society may have had about mixing the girls who needed support with the regular residents of the YWCA appeared to be totally ungrounded. Many of the regular residents took on the role of "big sister".

At present Rosalta House Society has gone dormant and the YWCA will continue with its "Outreach" program.

-Mies Wagenaar



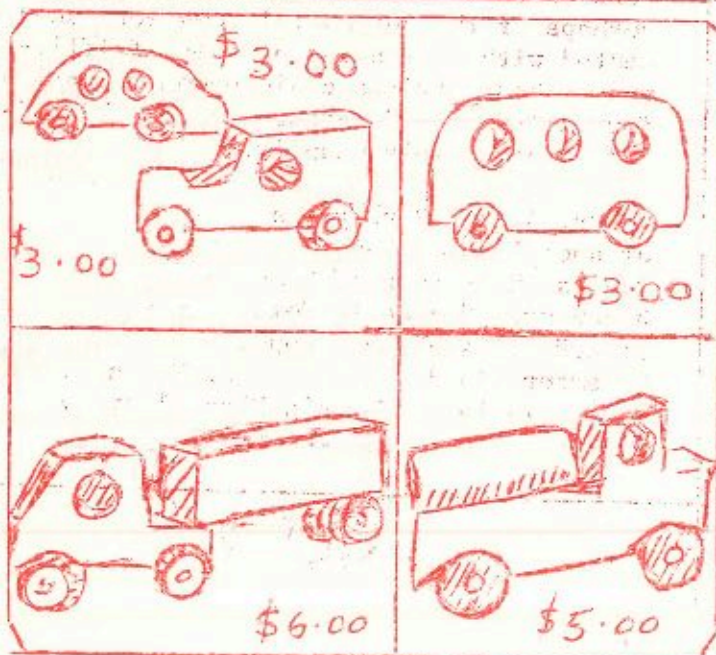
# WOOD TOYS

Each of the toys to be presented are individually handmade of fir, spruce, or pine. The toys shown will include a variety of wheeled vehicles (cars, trucks, trains, etc.) pull-toys, animal shapes, puzzles and wooden number and alphabet blocks.

Precaution and consideration have been taken with regard to the safety of each toy. Where necessary, the toys have been pegged together with birch or maple dowelling. The wheels are made from oak and the axles of birch to guarantee a strong support system.

The toys tend to be abstract, but not too abstract. There is enough detail included to capture a concept, but not so much as to eliminate imagination. They are finished in oil only, so that a child may delight in the texture of natural wood.

The toys are guaranteed and catalogues will be available upon request (some of these same toys were on display at the Lethbridge Exhibition in this year's Hobby Village)



STURDY

Educational

TOY FAIR

CREATIVE

UNUSUAL

NOV. 27  
8:00 P.M.

TOYS and BOOKS  
Pre-christmas  
Show  
FOR

NON-  
SEXIST

FAMILIES and Kindergartens

Children's Play is not aimless amusement. It is their work. It is purposeful and creative—an outlet for self-expression. Through play, children learn about themselves, each other, and the world in which they live. They explore, experiment, ask questions and discover answers. They grow physically, socially and intellectually. Toys are their tools.

THINK BEFORE YOU BUY. Will the toy be used a few hours or years, by one child or many? Will it extend the play value of existing toys? Can it be passed along to a younger child? Are replacement parts available? Can accessories or additional units be added later?

SHOP AROUND. Prices vary from store to store. Compare quality and price to determine "best buy."

A well chosen toy is a good investment. It provides enjoyment and contributes to the child's total development.

If a toy breaks under normal use, return it. If it seems unsafe, write to Canada Dept. of Consumer and Corporate Affairs.

—from the Canadian Toy Testing Council brochure.



"MARRIAGE - HIS and HERS"

by Dr. Jessie Bernard

The story of HIS marriage is <sup>short</sup> and simple "at the present time, there is no better guarantor of long life, health and happiness for men than a wife well socialized to perform the 'duties of a wife,' willing to devote her life to taking care of him, providing, even enforcing, the regularity and security of a well ordered home."

HER story, however, is neither so short nor so simple. "One of the basic differences in the wife's and the husband's marriages results from lifestyle - namely, the almost complete change in occupation that marriage brings in her life but not in his. For most women today there are certain years in a marriage when a wife becomes a housewife. Even those women who work outside the home are still, in traditional marriages, housewives too. After a nine-to-five day on the job these women tackle the cleaning, cooking, and laundry with the blind obedience of an ordained domestic. Few deny the economic and sociological importance of housework and homemaking. But housewives are not in the labor force. They are not paid for the services that they perform."

"The low status of the wife's work has ramifications all through her marriage. Since the husband's work is higher than hers in status, earnings, and degree of competition, his needs have to be catered to first."

Dr. Bernard continues to say, "we have a ready-made life experiment to demonstrate that it is the role of housewife rather than the fact of being married which contributes heavily to the poor mental and emotional health of wives. By comparing married housewives with married working women, we find that wives who are rescued from the isolation of the household by outside employment show up very well. They may be neurotic, but they are less likely than full-time housewives to be psychotic."



"In nearly all symptoms of psychological distress - from headaches to heart palpitations - the working women are overwhelmingly better off. In terms of the number of people involved, the housewife syndrome might well be viewed as Public Health Problem Number One. Ironically, the woman suffering from it is not likely to elicit much sympathy. Her symptoms of psychological distress are not worth anyone's attention. Only advertisers take the housewife seriously, and to them she seems only a laughable idiot with a full wallet and an insatiable need for approval. But it's even simpler than that. In truth, being a housewife makes a woman sick."

"If we were, in fact, epidemiologists and we saw bright, promising young people enter a certain occupation and little by little begin to droop and finally succumb, we would be alerted at once and bend all our research efforts to locate the hazards and remove them. But we are complacent when we see what happens to women in marriage. We put an enormous premium on their getting married, but make them pay an unconscionable price for falling in with our expectations."

Dr. Jessie Bernard concludes, "but the basic question is, does the satisfaction of these needs for love and companionship have to extort such excessive costs? Can marriage - for women - ever become more often for better than for worse? Perhaps if the ceremonial vows were supplemented with guarantees of human fulfillment, then marriage could become an arena for "enlargement" rather than for "dwindling" into wifely despair."

Dr. Jessie Bernard is professor emerita of sociology at Penn State University. She is the author of "American Family Behavior," "Academic Women," and "The Sex Game." This article appeared in the December, 1972, issue of Ms. Magazine and is available in Women's Place library.



# FEED-BACK

9.

My "group" is a tremendous success for each of us (8 of us) for many reasons but our real measure is the fact that we meet Monday A.M.'s and we can hardly wait from week to week and each remains absolutely hyper for 24-48 hours after - then we spend rest of week thinking super things, reading, talking to the "world", listening, and of course, doing some ACTING on our great, motivating feelings and ideas. If I ever get a list of our topics, questions, concerns together, as I'm trying to, I'll send it on. I guess some of our greatest assets are that we:

- (1) Are not all college people (only 2)
- (2) Do not rely on husbands, kids, friends, houses to talk about
- (3) Want to listen to each other
- (4) Support each other without giving heavy doses of advice
- (5) Are terribly fascinated with what we, as women, can be rather than what we aren't - it's a challenge and a really neat position if you have your head on straight and damn it, we are SHITTING PEOPLE
- (6) Finally, we are spurred on by constantly finding ways and places to demonstrate our potential, abilities, and convictions
- (7) We have so much to talk and act about.

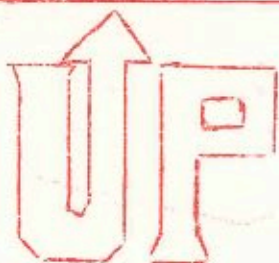
THERE - I'm spent for now but I shall return. We have so much to talk and act about!!



WOMEN'S  
PLACE

A Place  
for all women.

605 10th St S



6 MONTH SUBSCRIPTION  
(produced every  
second Tuesday)

NAME \_\_\_\_\_

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MINIMUM DONATION

\$1.00

(Cost of stamps,  
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paper, stencils,  
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605 - 10 St. South  
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