

womanbriefs

KATMANDU, NEPAL: An all woman team from Japan is planning an expedition to the top of Mt. Everest in the spring. This is the first time a group of women have attempted to climb the world's highest peak. If they succeed, it will be the second Himalayan peak (in addition to Mt. Manaslu) scaled by a female Japanese climbing party.

WOMEN'S MEDICAL SCHOOL: New England women have been meeting to discuss the concept and feasibility of starting a medical school--staffed by women, admitting only women. Admission requirements: a B.S. and experience in the health field or in community organization. A feminist pipe dream? Or an idea whose time has come? For more information contact the Women's Community Health Center, 137 Hampshire St., Cambridge, MA.

Davis, Calif.: Dr. Jack H. Wilmore, associate professor of physical education at the University of California here, concludes from recent studies that the "proficiency gap" between women and men athletes is closing. If the gap closes at the present rate, according to Wilmore, women may be topping men in the 2012 Olympics.

AUGUSTA, ME.: Mary C. Niles has been appointed manager of the Bureau of Alcoholic Beverages store in Presque Isle, the first woman to hold such a position. Niles has worked with the Bureau for 17 years, mainly as an assistant store manager.

IS THIS HEALTH CARE? In 1967, Michelle Ahearn started taking birth control pills under a doctor's prescription. In 1969 she became blind because blood clots blocked the optic nerves and oxygen causing permanent blindness. In a suit against Ortho Pharmaceutical Co. which manufactures the pills, she was awarded \$1.4 million in damages.

HEALTH CARE? Hormonal pregnancy tests and birth control pills contain the hormones, estrogen and progesterone. The New York State Health Department has discovered that a woman exposed to these hormones in the first month of pregnancy risks bearing a child with some birth defect--a risk 4.7 times greater compared with a woman not taking synthetic hormones. A doctor recommends using another contraceptive one to three months before conceiving.

MONEY POWER: The Connecticut Feminist Federal Credit Union has opened its doors in New Haven. As one spokesperson put it, "Our answer to discrimination is to create our own credit institution, a credit union where we can save money together and where we lend our money to each other."

WE'RE GAINING: In a poll conducted by the Roper Organization, Inc., 57% of the 3,000 women questioned expressed a clear vote of confidence in efforts to change or strengthen their status, with only 25% opposing. In 1970 only 40% supported such efforts.



NOTE: The manufacturers of the Dalkon Shield IUD have announced they will take it off the market, to be replaced by another IUD "device" later this year. The IUD has caused 22 deaths.

PORTLAND, ME.: The Maine Civil Liberties Union is presently investigating a complaint against the Eastern Maine Medical Center in Bangor, which has a policy requesting a woman who wants a sterilization operation to obtain her husband's written consent. The M.C.L.U. believes this to be a violation of a woman's constitutional rights and anticipates a lawsuit to resolve the matter.

UP AGAINST THE WALL, REALLY! Ten men in Somalia, an East African nation, have been sentenced to death because they opposed a new law giving women equal rights. The men were said to be spreading propaganda against the law at religious ceremonies in mosques.

NEW YORK, N.Y.: According to the *Wall Street Journal*, women and minorities are beginning to seek court protection against job layoffs, which they feel are discriminatory as many workers have just recently been hired through equal opportunity efforts. Now, they argue, seniority-based layoffs threaten their opportunity, but union members and other workers are feeling equally threatened.

(CPF) EMBALMING FLUID AS STERILIZER: A team of doctors in Denver and Guatemala City have been experimenting on a group of Latin American women by injecting paraformaldehyde (an embalming fluid) into their wombs. Paraformaldehyde creates inflammation in the fallopian tubes which eventually leads to sterility. Sixteen monkeys and four rabbits were the first subjects, and one monkey died after the injection of paraformaldehyde. The project is funded by the Population Council and is the brainchild of Drs. Charles Dafoe and Harold Thompson of the University of Colorado. Letters of protest can be sent to them at the university in Denver, Colorado.

Miami Beach, Fla.: A team of surgeons reported here on 11 women, all taking birth control pills, who had rare liver growths. One doctor said, "We haven't proven the role of the oral contraceptive (in these liver tumors), but since this was the only significant medication most of these women were taking, a possibility of a link is increasing every day."

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INSIDE:

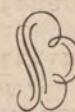
Women's Centers in Central Maine - PAGE 5

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maine freewoman's herald



announcements

WBLM has a new women's show and, according to Joan Margolith who is one of the coordinators and producers of the show, people are welcome to participate and get involved. Anyone who would like to contribute to the show, share information on the air, etc. should contact her at 375-4617 or write WBLM, Box 478, Lewiston, 04240. The show will be produced by women but is not for women only. Most of the topics will deal with women, and other topics will feature a woman's viewpoint. The weekly show will be 15 minutes long and aired about 6 p.m.

We are organizing a Women's Center to serve the needs of all women in the Portland area. What are your views? Do you think a Women's Center is needed here? What would you like to see in it? What functions should it serve? What needs should it meet? Are you willing to help? We want your ideas. Please write: Women's Center Planning Committee, 22 Meadowbrook Lane, Portland, Me. 04102.

The Maine Feminist Health Project will hold a pot luck supper and introductory meeting on Friday, February 21 at 6:30 p.m. at United Low Income, 183 1/2 Water St., Augusta. All women interested in working with the project are welcome (begged) to come. For more information contact Joanne Costanza, 39 Main St., Freeport, 04032. 865-4393.

The Rape Crisis Center in Portland is scheduled to open February 1 at its office in the Osteopathic Hospital. The phone will be staffed 24 hours per day and all initial contacts will be handled by phone. Anyone who has been raped can call and will be referred to a counselor, who will call her back immediately. Further action will depend on what the person wants or needs (going to the hospital, reporting the crime, etc.). Counselors will follow through on the case from beginning to end (including court, etc.) and will offer emotional support. The phone will be listed under Rape Crisis Center (it's not hooked up yet). Anyone interested in counseling or in the center can call Peggi Payne at 799-5465 or Fran Harriman at 839-4076.

An improvisational theatre workshop called the "Demystification of the Women's Movement" is planned for Feb. 27th at the University of Maine at Orono. Micky Wesson, actress and movement therapist will facilitate the workshop.

A Women's Film Festival featuring 40 national and international films by or about women is scheduled for March 6-9th at the University of Maine at Orono. (One day of films will be shown on the Bangor campus.) For more information contact Linda Monko at 581-2586.

SPRUCE RUN needs you. Do you want to learn more about your legal rights and work with others on the problems of the divorce scene in Maine? Could you offer 1-3 day emergency shelter to women and children in crisis situations? Would you like to join a small group in your area doing work on marital crisis? Training sessions for volunteers are starting in Portland and Bangor. Want to know more? Write Spruce Run, Box 653, Bangor, 04401 or Box 545, Bath, 04530.



Barbie Blues

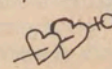
I'll be your Barbie Bride
You be my Ken,
I'll say "you're wonderful"
You tell me when.

I'll lemon-pledge
My devotion to you
Cross my maidenformed heart
I'll always be true.

I'll always love you
Honor, obey
Happily together
Every geritol-day.

We'll live in plasticland
A tea-for-two joy
I'll have your baby
And hope it's a boy.

(photo and poem by Kay Lucas)



Do Your Own Divorce In Maine is a recently-published 80 page booklet that explains the entire and complete divorce procedure! (for uncontested situations only) Many do-it-yourself divorces have been done successfully in courts all over the state. The booklet explains when a situation merits doing your own divorce and is available from the *Freewoman's Herald*, from Spruce Run, in bookstores, or Cobble-smith Publishing Co., Rte. 1, Asheville, Me. Groups who want to raise money can buy the booklet in bulk at wholesale prices and sell them at retail prices (\$2.95). The authors hope a lot of people will buy the booklet!

WOMANCRAFT, a woman-designed course to develop psychic skills, will be taught by Miriam Dyak. The course will be held in Brunswick two consecutive weekends (Feb. 14 and 21). Cost, \$15, including all written material. Overnight accommodations available, if traveling. Former Silva Mind students \$5; free to previous Womancraft students, space permitting. Contact Miriam at 7 McKean St., Brunswick, (725-2478).

Gloria Steinem will speak at the gymnasium of the University of Maine at Portland-Gorham on Feb. 27th at 8 p.m. Joanna Edgar, associate editor of *Ms. Magazine*, will also be there. There may be no charge, or at most a charge of 50¢. The gym is located on Falmouth St. in Portland.

Mary Daly, feminist theologian/author and proponent of a women's spiritual revolution, will speak on March 13th at 7:30 p.m. at Lengyel gym at the University of Maine at Orono. She will speak on "Radical Feminism: The Qualitative Leap Beyond Patriarchal Religion." Daly is assistant professor of theology at Boston College and author of *Beyond God the Father: Toward a Philosophy of Woman's Liberation*.

MOMMA, a national organization for single mothers, is forming a chapter in the Bath-Brunswick area. Any single mother interested can contact Sue or Mary at 443-9004.

The Portland Women's Group has been collecting fiction, poetry and graphics for several months, to publish an anthology by Maine women, and 85 women have submitted work.

The group was planning to finance the anthology through the Maine State Commission on Arts and Humanities. However, their proposal was rejected because of the "unprofessionalism" of the group and contributors. Agnes Bushell, of the Portland Women's Group, states that numerous published, "professional" writers are among the contributors, a fact which could have been emphasized had the group known the Commission's focus on professionalism.

They are now working on resubmitting the proposal, but funding from the Commission is unsure. Ideas and financial contributions are needed. Contact the Portland Women's Group, 374 Fore St., Portland, Maine 04011, or call 772-2302.

maine women and the mental health business

(Part 2)

by Miriam Dyak

[This is part two of a three part article. The names of all women patients, ex-patients, and women in therapy in this article have been changed; names of some towns, etc. have also been changed.]

How much do the therapist and the hospital help a woman to effect change in her life (as opposed to adjustment), and how divorced is that change from the reality of the outside community to which that person returns?

Phyllis Murphy's account of therapy from her childhood gives an indication of where psychiatrists have been directing their female clients and helps us to understand how therapy can sometimes help create more problems for women than it solves.

"The first psychiatrist I saw at age 14 I told I wanted to be a great artist. I said I didn't even want to bother if I couldn't be a great creator. He said, 'When you grow up you can have a baby, and isn't that the most creative thing you can do?' To me he was saying, 'Grow up and be a mommy cause you will never make it as an artist.' I was devastated, really angry. He was an art-collector and sophisticated and I really thought he knew that I wasn't going to be any good. I never forgave him."

Hopefully this is a trend that is changing. Alan Elkins, Chief of Psychiatry at Maine Medical Center in Portland, says, "most clinicians would view the major job for a man is to get him back to work and for a woman to get her back to her family. Younger professionals are more likely to help women find out where it's at."

Barbara Mayer, Coordinator of Resident Education at Augusta Mental Health Institute (AMHI) and a strong-minded, successful role model for the women around her, commented, "Most of the women I see at the hospital are not in a quandary over options open to women. Talking about it could put them in a worse tension bind... And there are pressures on women, especially in small towns. A woman with three kids in Upper Somerset County who decides she would like to be an auto mechanic will run into trouble. The attitude is that her 'job' is to be a mother. If she is married and doesn't have to work, she will get static from her husband and from others. Her husband will experience a great deal of pressure too."

"I must confess to my own bias--with young women I tend to press the case more than with an older woman who is dependent and has always been that way and is just trying to find a comfortable place to live. I have a harder time trying to radicalize them or get them to do things in opposition to the society that they live in. There is a tremendous amount of pressure in Maine that I didn't see in California, especially in the small towns."

Dr. Ulrich Jacobsen, Director of Education, psychiatrist and "watchdog over the quality of care at AMHI," thinks "women have an easier time going back to the community, but are more likely to be victimized. I see a lot of women with jobs that are near to slavery, jobs that I can't imagine a man would accept as readily as a woman. Women from here are considered cheap labor, given room and board and \$30 a month."

Jacobsen states, "We encourage all the patients to be strong individuals, to think for themselves, to be responsible--we discourage parasitic existences, compliance for the sake of harmony. But whether or not we succeed is another question. The staff has definite prejudices. I have heard statements like, 'I don't see what all those fool women want' (and it's how many years since Freud's 'what do women want?'). Anger here is considered rebellion."

I talked with Tonda Olsen, a young team leader and social worker for Androscoggin, Franklin and Oxford Counties--AMHI since its changeover in administration three years ago has been divided up into geographical units run by multi-disciplinary teams rather than clinical departments. She gave more specific insight into the problem:

"Our problem is whether to reach out and give a woman some measure of personal freedom given the fact that she has to go back into the same home situation again. Frequently the husbands are really a controlling type, but when we see them here at the hospital they seem passive, especially when they have to deal with a female staff member. They give us vague answers and I can see running through their minds that 'all women are crazy'."

"It has to do with masculinity and the male ego. They refuse to accept responsibility in marital problems, refuse to admit they are involved. If you encourage the wife to be expressive, what happens to her when she gets home again? If a housewife is not doing her work and wants to be a person in her own right then she is disrupting the household and there is something wrong with her."

"But," Tonda says, "women are not committed on that basis alone--usually it is a long-standing marital situation. Her life style versus what is expected of her. She may develop very neurotic guilt feelings about her personal de-

sires which are being thwarted by her family; she becomes a depressive person, turns inward. She becomes paranoid about her husband, thinks he sees her as convenient. She starts at the Mental Health Center, then an acute episode brings her in here."

A woman's home situation may be the excuse for the treatment she receives; but it is not by any means the sole reason for it, nor do all the women patients feel they fit into the convenient category of depressed, hysterical housewife.

Denise had never seen a therapist before her first breakdown at 43. She was married at the time and had three children, and she came across as an intelligent, sophisticated person. Against her better judgment she let herself be sent first to a marriage counselor. "I felt that it was my problem, I was the one with the symptoms. I felt guilty dragging my husband in. I wanted to deal with the pressure first. I flipped right out at the first session and it was downhill all the way. They should never have sent me to a marriage counselor. They never treat a man that way; if a man comes in with a problem they listen. If a woman comes in they treat her as a sick part of the marriage, not as a whole person by herself."

Denise's problem is that the whole of society, not just the clinic, sees her as the sick part of the marriage. In general the psychiatric profession has pushed women (and men) to adjust (read: conform) to society's expectations and demands. Dr. Maomi Weisstein in her article, "Kinder, Kuche, Kirche," was perhaps the first of many to map out the essentially anti-female nature of Freudian psychotherapy, a therapy that views women as deformed and inadequate men. At P-6, the psychiatric ward in the Maine Medical Center, Elkins points out that many of our therapists in Maine, himself included, were



trained as Freudian psychoanalysts and the training is difficult if not impossible to overcome.

The problems a woman faces in her own life are often mirrored in the hospital or therapy situation. Many of the women I interviewed found themselves either flirting with their therapists, hoping for love and approval, or they expressed open hostility and were met with punishment for their lack of femininity (punishment ranging from forced and unnecessary drug "treatment" to loss of privilege and delay in discharge). Dr. Chesler found so many of the women she interviewed had become involved sexually with their therapists, she devoted a whole section of her study to that particular syndrome.

Such women are met with all the contempt "normal" flirtatious (i.e. sexually aggressive) women receive in society, but they are twice as vulnerable in a therapy or institutional situation to sexual exploitation by free/powerful men. Often such exploitation precipitated mental breakdown--female children raped by their fathers or other adult male relatives would perhaps be the most frequent example--and the situation becomes mirrored again in the father/daughter therapeutic relationship.

By my standards no good therapist would have a sexual relationship with his/her patient, but it is normal for men to take sexual advantage of women all through our society (they see it as goods for services); and many male

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therapists have even convinced themselves and others that they can cure women by having sex with them or by encouraging them to have more sex with the men they are already involved with (the "all-you-need-is-a-good-school of psychiatry").

In a hospital situation or during an emotional crisis, sexual manipulation or exploitation can be devastating for the woman patient. At best it only helps her to relearn that her identity is "sexual being", an identity that really denies her existence as a thinking, feeling person who has so much as a right to a 'mental' breakdown and/or cure in the first place.

In talking about her interview with a Brunswick psychiatrist, Carla says, "I started talking and each time he just cut me off in the middle and said, 'OK, talk about something else.' The only question he asked was, 'Tell me about your sex life,' and he wanted me to go into great detail. Then he said, 'I think you should both see a marriage counselor (Carla is not married and did not feel her problem concerned the man she is living with). I left and went home and never bothered to go back because I was so angry; and anyway I got out my real problems talking to a friend right after that and I've felt much better ever since. I feel that both the social worker and the psychiatrist didn't listen and just tried to decide my problem for me."

At AMHI several people I interviewed knew or believed staff members were having sexual relations with women patients there; and though all condemned it, none were willing to be quoted. We know from the Maine press that there is enough evidence for several AMHI staff members to be indicted on sexual abuse charges. We should keep in mind this is not an isolated "horror story", but a natural outgrowth of society's image of woman as sexual object. A man who has this "normal" attitude toward women, does not lose it during his training as a therapist; and he is not likely to want to resist a sexual come-on from a woman patient who may be looking for affection and approval. (And the come-on can seem more like an onslaught as "crazy" women sometimes become more openly sexually aggressive, and are likewise considered more "crazy".) The sexually aggressive woman patient puts herself into the role of "bad woman"/whore and no longer merits the respect men have been taught to award "good women".

Moreover, schools of psychiatric thought, considered too innovative, are actually deeply rooted in the attitudes of the society out of which they grew. "At various times women were described by Freud as 'less ethical, with less of a sense of justice, more envious, weaker in social interest, more vain, narcissistic, secretive, insincere, masochistic, passive, child-like and incomplete.' Present-day therapists, while vocalizing a more liberal stance, often betray similar underlying prejudice.

"Bettelheim said that 'we must start with the realization that, as much as women want to be good scientists or engineers, they want first and foremost to be womanly companions of men and to be mothers.'"

"Rheingold wrote: 'Women are the fountainhead of nurturance...When women grow up without dread of their biological functions and without subversion by feminist doctrine and therefore enter upon motherhood with a sense of fulfillment and altruistic sentiment, we shall attain the goal of a good life and a secure world in which to live it.' (Joy K. Rice and David G. Rice, "Implications of the Women's Liberation Movement for Psychotherapy," American Journal of Psychiatry, Feb. 1973.)

The opposite, but complementary, attitude of therapists toward women patients is to deny their sexuality altogether, particularly if the woman is too persistently sexually aggressive, if she is a lesbian, or if she in any way threatens the sexual identity of the therapist. Bridget, who was "seductive and manipulative" by her own account ("I thought it was the only

way to get anything out of men"), was crushed when a woman doctor told her she would never be able to see a male doctor again as a result of her previous terrible behavior with male doctors and staff members (the woman always receives the blame). "It was like saying I would never be able to successfully relate to a man again; but later I did see a male doctor who really pulled through for me, he believed in my ability to get well. I was some sort of nine-day wonder over there at P-6."

And there is also the social attitude that a "good woman" has no sexual identity in the first place. Joanna talks about her experience with group therapy in the Bath-Brunswick area: "The group was mixed male and female and there were definite sex-role lines. The men weren't in touch with their feelings and were having trouble just being a person. I went to the group thinking about my relationships with men and why I always up and what was wrong with me. And I was looking for some deep dark secret that would let me have an orgasm. Then I found I was one of the strong people in the group, so I didn't let people know my problems--I didn't think they could help me. And no one ever said to me, 'Why are you here?' They never really asked me what I needed."



Patients, both male and female, like children, prisoners, hospitalized people and people in old folks homes are also denied the right to engage in sexual activity with each other. The reason for this most often given is the attitude of the public who support the institution, "the public would not stand for it." This is not to say that sexual activity does not occur among mental patients, prisoners, children and old people, but all of them are made to feel guilty for their sexual relationships.

In reality this means that people are punished for being too young, too old, or physically or mentally ill by having sexual and love relationships denied them, having their natural (and sometimes increased) need for physical contact and affection denied them. In the case of the homosexual, outright harassment is added to "parental" supervision. Several women reported being "checked on every five minutes" if they spent too much time with another woman; though all the therapists I spoke with gave at least lip service to the recent discovery in the psychiatric profession that homosexuality is not a sickness. Is the purpose of therapy and hospitalization to assist a person in discovering herself or to turn out a product the public will buy?

Unfortunately, at this point, psychiatry and the mental institution for a variety of reasons, are still at the point of controlling people more than helping them. In part this is out of a real ignorance of what will truly help an individual (especially in the case of long-term institutionalization or totally non-functional insanity) and an unwillingness to admit to this ignor-

ance to colleagues, patients and the public, and only partly a misuse of power and a sense of self-importance on the part of some therapists. Furthermore, the attitude of so many therapists that the patient, once sick, will always be sick, makes control rather than cure the only sensible procedure.

Officials at P-6 and AMHI were quick to assure me that shock treatment and psychosurgery are a thing of the past in Maine, but the tool which has replaced these in controlling the mental patient (and I mean the patient, not the illness) is chemotherapy, or the use of tranquilizing and behavior-modifying drugs. Having been unable (or not having tried) to stop women (and men) who come to mental health clinics from blaming themselves for social problems, feeling inadequate as people, internalizing their anger and frustration, therapists are faced in the hospitals with having to deal with hundreds of "acute episodes", or people for whom everyday social problems have grown to such vast proportions in their own personal lives that they are totally blocked.

Now, thanks to chemotherapy, fewer of these cases remain in the hospitals, but the actual result of dosing people with powerful experimental drugs at times seems no less barbaric and no more effective in the long run than the early practice tying people up who had fits. The administering of drugs, according to the women I interviewed (who had been given drugs) and a few of the less reticent staff members I talked with, seems often to depend more on the attitude of the doctor or person in charge than on the symptoms of the person receiving the drug; and the attitude varies greatly according to the sex (and sexual preference) of the patient.

There are times when a drug of some sort, whether chemical or herbal, seems to be the only way to suspend time and give ourselves a momentary chance to regain strength, and balance our lives, though often drugs we know too little about only increase our problems. At AMHI, Dr. Jacobsen commented, "There are more tranquilizers and anti-depressants sold in this country than any other drug, it's a huge industry;" an indication that drugs are being used as a substitute for, rather than as an aid to cure. When frustration runs high, drugs are a quick solution not to the patient's problem, but to the patient as a problem, and what is considered treatment by the staff is often seen as punishment by the patient.

At P-6 Dr. Elkins told me "violence is the only behavior that is punished;" but what is considered "violence" varies widely. Etlinger at AMHI says punishment there generally "revolves around levels of privileges." "Seclusion is forbidden, but probably still exists (a suspicion other staff and patients confirmed). I have heard of thiorazine being given intra-muscularly as a punishment." Charles Rollins, patient advocate at AMHI, explained that, technically, a patient has the right to refuse medication, but the Superintendent or his designee can deny this right "for the welfare of the patient"; and a court-committed patient does not have this right at all.

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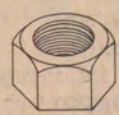
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nuts to bolts



how to change a tire

Ka blunk ka blunk ka blunk ka blunk. Pull over to the side of the road, you're about to change a tire.

Somewhere under that debris in the trunk you've got a spare tire and a jack. (If not, you shouldn't drive more than a mile away from an open service station.) Your jack probably came with the car and most likely will be the most common bumper type, which works by leverage, the screw type, or the "scissors" type.

If you're driving at night, turn on your hazard blinkers or your right directional signal, or use a couple of flares to warn passing drivers. Find your flashlight.

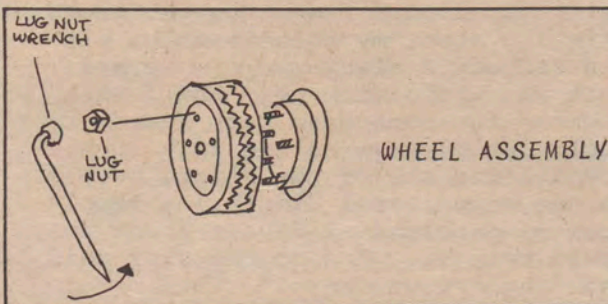
Before you start removing tires, check the pressure in your spare with your tire gauge. It should be approximately 28 pounds per square inch.

If you're parked on an incline and can't move to level ground, use extreme caution to prevent the car rolling and upsetting the jack. Even on

flat pavement, view the jack only as an emergency device. Never trust it enough to get under the jacked-up car.

Whether on a hill or a prairie, tightly block one or two wheels on both sides with wood, bricks, or whatever you can scrounge. The emergency brake will also prevent rolling, but, since it freezes the rear tires, only if the flat is in front.

Now for the flat. Pry off the hub cap with a heavy screwdriver. With your lug nut wrench, loosen the lug nuts slightly (see drawing). Ah, doesn't that sound simple! Well, it might be. But then again, it might be nigh on impossible, especially if some wild-eyed mechanic with an air-powered wrench changed the tire last. As for most screws, turn clockwise to put them on, counter-clockwise to remove them.



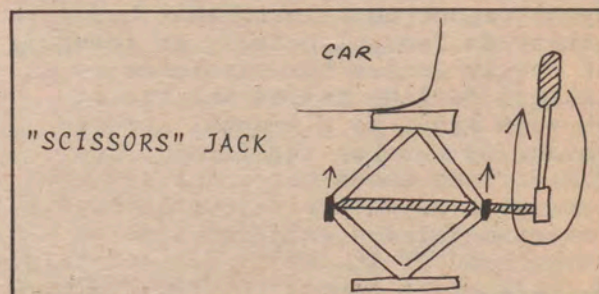
In the Wonderful World of Fix-It, there's always an exception: some earlier-model Chrysler Corporation cars have "left-handed" nuts on the driver's side, which turn clockwise for removal. Identify these by the "L" imprinted on the studs.

To loosen a lug nut, hold the wrench flush over the nut and twist, crouching to use your arms and legs for leverage. Be very careful to keep the wrench straight while twisting, to prevent the nut from breaking off. If it's very tight, put on gloves or wrap cloth around your hands so you can turn harder without drawing blood.

With the lug nuts loosened, position the jack on the bumper or frame near the wheel. Your car's service manual should specify the recommended jacking points (or ask a mechanic to point them out). With the jack base flat on the ground stand to the side of the jack (in case the car should roll and fling it backwards, o happy thought), jack the car slowly, checking contin-

ually for stability, until the flat clears the ground. Finish removing the lug nuts and lift the flat tire away from the vehicle.

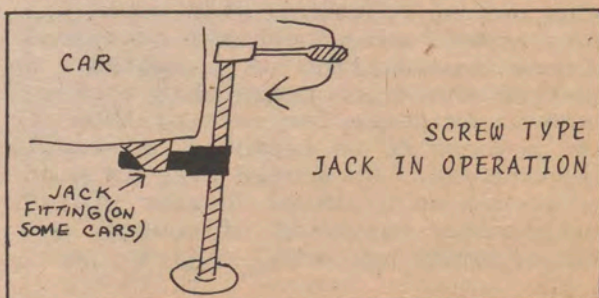
To lift the spare in place, observe the position of the studs on the wheel and turn the holes on the rim of the tire to correspond. Grip the tire underneath with both hands and slide it over the studs. (Volkswagen and



Mercedes Benz use bolts instead of lug nuts.) The easy method is to sit on the ground and use your feet to balance the tire while screwing the bolts in place.

Replace the lug nuts and turn them finger-tight, following a star pattern--turning every other nut until all are done--to avoid getting the tire on crooked. Then use the wrench to "snug" them down. Finally, still following a star pattern, tighten the lug nuts firmly.

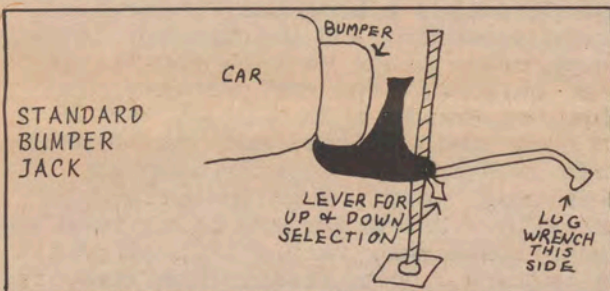
Replacing the hubcap can be a stinker of a job, depending on the style. Garages simplify the matter by pounding tough ones on with a rubber



mallet. Fit the cap over one side, then tap, pound or stomp it in place. If nothing works, fling it gently into the back seat and try again tomorrow.

PREVENTATIVE MAINTENANCE:

- Check tires regularly for wear. Under 1/32" of tread is unsafe and illegal.
- Check air pressure in tires and spare regularly. Most tires take about 28 pounds per square inch. Check pressure when tires are cold, as the pressure reads higher on tires hot from driving.
- Occasionally inventory your jack parts and lubricate to keep them from rusting.
- If wheels haven't been removed in a long time, they might rust and freeze. If you suspect this has happened, have a garage free them with an air wrench, before you have to do it on a busy highway.
- There's a delicate balance between tight enough and too tight for lug nuts. Not tight enough means you risk losing the wheel at 60 miles per hour; too tight means you might break the stud trying to remove them.



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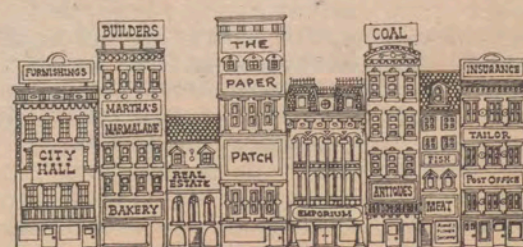
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University Centers In

by Charmaine Daniels

Orono

"It's a big step to have this office," according to Linda Monko, who is coordinator of the Office of Women's Programs and Services at the University of Maine in Orono.

Taking the step has led to an exciting range of programs and discussions focused on the needs and desires of women students. To date, some of the activities have included a forum on feminist trends in psychology, a women's health workshop, and a rap group for gay and bisexual women.

Monko likes her job and sees herself as "a supportive source" in relation to women's activities. As an administrator of an office within the Dept. of Student Affairs, she is a voice for women students in the administration. But, she notes, there is no precedent--"there is no role to go by"--since the office did not exist prior to November 1.

She believes the women students need to realize they have the major responsibility for defining what the office can do, although she feels because of historical precedents, women have difficulty expressing their wishes.

Pleased that feminists on campus have used her services widely, she says she will soon visit dormitories in order to meet more women, encourage them to define their needs and goals, and help them plan strategies. Until she gets more specific response from students she is assuming there is, in general, a need for more activities and exposure to programs for women.

Past programs have been well-received, particularly a women's health workshop. She feels the positive response to that workshop is an indication of where the "average college student is at." Believing that women want to know more about their bodies and want to feel a better sense of control over their bodies, she argues the educational system should answer that need. She has arranged a training workshop on women's health for the university health center staff, presented by the Maine Feminist Health Project. Monko says she would like the university print a list of all women's services available in the community.

At an abortion conference on campus, students saw a film on abortion, discussed their own experiences, and decided centralized information was needed. As a result, Monko's office will be publishing an abortion referral information sheet.

In addition, the office has created a women's activity calendar which lists all athletic, cultural, and academic events which involve women. Monko feels the calendar has really helped women because it gives them recognition on a campus where praise for men is everywhere (the football stadium, etc.).

Future plans for programs include a workshop on "Leadership, Power & Conflict for Women" based on exercises to experience feeling power and powerlessness, leading and being lead, and other awareness-building exercises. The workshop will help women understand their strengths and skills, and how they use them.

Another activity will be an improvisational theatre workshop called "The Demystification of the Women's Movement", featuring an actress and movement therapist. Mary Daly, feminist theologian and author, will speak on campus in March. Soon after that, a filmmaker will speak and show her film on myths and taboos associated with female sexuality and menstruation. Later in the winter, there will be a women's film festival featuring 40 films by women or about women.

In her efforts to promote activities



Linda Monko



Belinda Huston

for women, Monko has not been hindered by the administration. She feels her greatest obstacle is a non-verbalized prejudice--"everybody's pre-judged conception of the women's movement." She handles this situation with flexibility, she says, because "the women's movement is totally different for me than it is for a sophomore student at UMO. That's the wonderful thing about feminism--the opportunity for self-definition."

In explaining her goals, she points to the planned programs which are "subtle mechanisms for consciousness raising," and which "expose people to a whole spectrum of what the women's movement is or can be." She wants to expose students to feminists who are doing "super things" and to women who are successful in non-traditional ways.

In order to reach more non-feminists, she tries to present activities in non-threatening ways. And she stresses the importance of getting non-students from the wider community involved.

Monko believes men are changing their social roles within our culture because of the influence of feminism. She believes many women are becoming more self-defined, without calling themselves feminists, but due, in fact, to the feminist movement.

She recalls that at a recent regional conference of women, including workers, students, and professionals, there was a consensus that women have to define their needs. However, everyone there believed that before anything could really change, women needed to create their own support system, one which builds a strong connection among women.

This connection, Monko states,

"would allow a secretary to know she has support and that she can work to change things." Monko says she is very interested in creating such a support system on the campus, statewide, and on a regional basis. For now, she remarks, "I really like working with women and for them--it's marvelous!"

Bangor

The coordinator of the Women's Resource Center in Bangor calls the center "an idea whose time has come".

The idea of the center, according to Belinda Huston who has worked with the new center since August, is "to bring university resources to community women."

The center, jointly sponsored by the University of Maine at Orono and Title I of the Higher Education Act, is housed at Bangor Community College (BCC). It was created after various community groups asked BCC to offer programs which would meet the needs of area women.


The resource center has an educational focus and classes are now offered in self-defense, career development, and foods and nutrition. There are many short-term workshops scheduled on crafts, financial aid, automobiles, appliances, volunteerism, planning a garden, women's health, sex-stereotyping. Most of the classes are free.

According to Huston the center is used by a cross-section of women, but she says most wouldn't readily identify themselves as feminists. Huston feels many of the women are "looking for some way to grow, to improve themselves."

"Most of the women recognize they need something more," she goes on. Fall workshops on reentering school generated a lot of interest and much of the one-to-one counseling at the center involves discussing job goals and appropriate course work. Counseling and classes have been the major program thrust so far.

The center has been open since October 1 and now has a full-time coordinator, a part-time secretary, two work-study students, and two graduate interns. The Bangor community has reacted positively, and several lawyers volunteered their time to do a symposium on "Women and the Law".

The center is open on Monday and Tuesday from 9:30 a.m. to 9:30 p.m. and on Wednesday and Thursday from 9:30 a.m.--5:30 p.m. It is located in Lewiston Hall, Texas Avenue, Bangor. A schedule of events is available by writing or calling 942-2092.



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poetry

QUESTIONS FOR THE JUNTA ©

[UPI item, 29 September, 1974: "The Chilean military government is planning to construct a national monument to the women of Chile for their role in the overthrow of the leftwing government of President Salvador Allende...]

Will you make a monument to
To the woman who rises at five
To fix the senora's coffee?

Will you?

Will you make a monument
To the woman who hoes alone
(Because her man was shot)
The land no longer theirs?

Will you?

Will you make a monument
To the woman who squats by the stock exchange
Begging pennies to feed her kids?

Will you?

Will you make a monument
To the woman in Buen Pastor
Who screams and screams and screams
As they tear off her nipples?

Will you?

Joanne Forman
Biddeford

THE LAST HERO

You're in the mirror
the last hero
the last real man
worker
world traveler
fighter
protector
you're the last reflection you see
with your morning coffee
in the shined toaster
percolator
you're the last real reflection
the last universal father
the last comforter
with a pocket full of ready change
time for advice
you've the last masculine body
last taut arms
last mustache
last penis
but truthfully hero
none of us are impressed.

Linda Rowell
Norridgewock

A PLEA FOR CONSCIOUSNESS

You who sit there with made-up face
How many years of oppression do you hold
Behind your painted mask?

You who sit there with body strapped
Why can't you know what power lies
Within your bound-up breasts?

You who sit there as a toy of men
When you break
Will you see your sisters' struggle?

Go then, and cleanse yourself.
Let me see if there is sorrow in your eyes.

Linda Gitz
Old Town

FROM MYSELF

(FOR KITTY)

beyond the open window
i hear the laughing voices
of children
darting fleetingly
in and out of the small circle of light
that flows from the distant house
they do not know of course
that i sit alone in the shadowed alcove
of my empty house
nor that i just watched you driving away--
leaving for the last time
nor could a stranger
happening in
detect anything
from the composure of my face
from my dry cheeks
the motive of your departure?
i cannot tell myself--
i only know that
i believed you when you said
that with your leaving
a part of you would stay behind
a part of me would go
that as a man you would survive
but that i would no longer be a whole
person

well you are gone
and with your departure
all traces of you
are gone as well
now the smile within me
that was my love for you
is being replaced by
a dull aching loneliness
along with a realization that no one can take me
from myself
but myself

and so
like the fireflies flitting outside
i do not wait for dawn
but explore the possibilities
of the darkness
perhaps like them
my own light
will be sufficient...

Terri Simpson
Bangor

MARCH

Snow-sided
She crabs the limits of her world,
White upon grey the landscape
Bores of yawning cars that weave
Up between soiled snowbanks.
Little people pass in front of the window
On timid feet.
The house becomes smaller it seems.
The legs pull against climbing stairs
And sweeping the floors.
Four in the afternoon
Feels like bedtime.

Ellen Doran
West Bath

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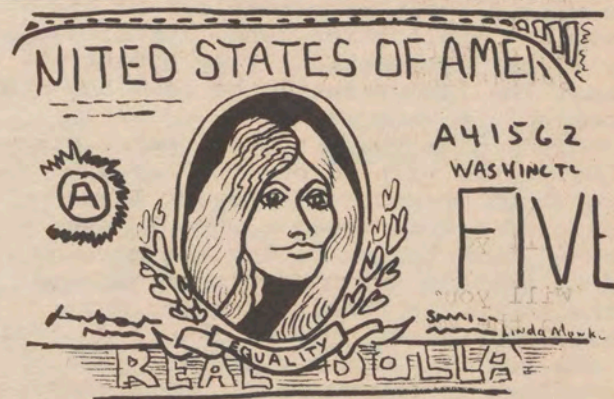
Think About It...

- The husband's name is the one listed in the phone book.
- The marriage ceremony. The bride's father "gives her away" to the husband while the male minister acts as administrator.
- The marriage ceremony. "I now pronounce you man and wife"--how about wife and husband.
- The smiling woman on TV who combines her career with motherhood (and still has time to wax those floors). A man is not expected to combine his career with fatherhood.
- Most spiritual "leaders" are men.
- Most political "leaders" are men.
- Most of the people in the world are women.
- Our friend Shakespeare wrote "Women are soft, mild, pitiful, and flexible", and "Thy tears are womanish".
- On a TV commercial male voices explain the scientific reasons of a product's worth.
- Constant references to the average man in the street.

- In Webster's New International Dictionary, Second edition unabridged:
 - *Feminine is defined as weak or effeminate
 - *A synonym for feminine is soft and tender; the antonym is robust and strong.
 - *One definition of woman, although now obsolete, is "bringer of woe" (woman).
 - *One origin of the word woman is wife+man (no separate meaning apart from her role of wife).
 - *A meaning of the word woman, when used as an adjective, is to produce a comparatively weaker and shriller tone as in "a woman cry".
 - *The meaning of the word womanish, when used as an adjective, is disparaging.
 - *The word "woman-easy" is an adjective meaning so easy as to be performed by women.
 - *In defining the word "feminism" the dictionary uses the words "cult" and "propaganda".

What If...

- All secretaries went on strike.
- There were go-go boys.
- Men smiled as much as women do.
- Boy cheerleaders performed at girl's sports events.
- Freud had been a woman.
- Marx had been a woman.
- Women who chose not to marry were called independent instead of old maids.
- Men threw baby showers for future fathers.
- Only women appeared on dollar bills.
- People said "man doctor" or "man writer" because the majority of professionals were women.
- Henry Kissinger had been told to use his skills as a diplomat to get himself a good wife and settle down.
- Something not so easily believed was labeled an "old husband's tale".
- We had liberated vocabulary like federal peoplepower programs, seaperson, newperson, fisherperson, chairperson, Congressperson, craftsperson, etc.
- Feminists explained the national news.
- The "man's page" of a newspaper concerned itself with recipes, weddings, and how to be a charming hostess.
- Men were supposed to shave their



legs and wear nylons and platform shoes.

The average American woman wasn't constantly depicted as a white, middle-class woman with a shirtwaist dress and a page boy?

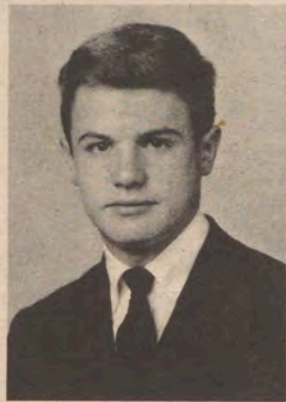
Mademoiselle & Vogue portrayed poor women who work at home, in stores, and in factories...who never have enough money to buy clothing modeled in those "ladies" magazines.

Men had charge accounts or credit cards in the name of their wives, i.e., Mr. Sally Smith.

Men's bodies were displayed on billboards to sell cigarettes, Pepsi, cars, tires, sun tan lotion, etc. ad nauseum. There were househusbands.



Nuptials Held



Ms. & Mr. Kathleen Brown were married today in a ceremony held at the Bangor Women's Center. A reception following the wedding includes a benefit celebration, with proceeds to go to the new Maine Feminist Health Clinic.

Mr. Brown, the former Ron Cleveland was given away by his mother. The groom wore white voile and satin, designed by Priscilla of Ogunquit.

Ms. Brown will complete her M.D. degree in June from the Uppity Women's University. Ronald works as a secretary at Human Exploitation, Inc.

The couple will reside where Kathleen damn well pleases.

Imagine

From *Getting Clear*, reprinted with permission.

This exercise was written by Theodora Wells, a feminist and a business communications and training consultant working in Los Angeles, California, who has written a book called *Breakthrough: Women Into Management*. Her exercise is designed to help a woman imagine a world without the myth of male superiority as a working premise.

How much of the social feminine stereotype do I accept and take part in?

WOMAN--WHICH INCLUDES MAN, OF COURSE: AN EXPERIENCE IN AWARENESS

There is much concern today about the future of man, which means, of course, both men and women--generic Man. For a woman to take exception to this use of the term "man" is often seen as defensive hair-splitting by an "emotional female."

The following experience is an invitation to awareness in which you are asked to feel into, and stay with, your feelings through each step, letting them absorb you. If you start intellectualizing, try to turn it down and let your feelings again surface to your awareness.

* Consider reversing the generic term Man. Think of the future of Woman

which, of course, includes both women and men. Feel into that, sense its meaning to you--as a woman--as a man.

* Think of it always being that way, every day of your life. Feel the everpresence of woman and feel the non-presence of man. Absorb what it tells you about the importance and value of being woman--of being man.

* Recall that everything you have ever read all your life uses only female pronouns--she, her--meaning both girls and boys, both women and men. Recall that most of the voices on radio and most of the faces on TV are women's--when important events are covered--on commercials--and on the late talk shows. Recall that you have no male senator representing you in Washington.

* Feel into the fact that women are the leaders, the power-centers, the prime movers. Man, whose natural role is husband and father, fulfills himself through nurturing children and making the home a refuge for woman. This is only natural to balance the biological role of woman who devotes her entire body to the race during pregnancy.

* Then feel further into the obvious biological explanation for woman as the ideal--her genital construction. By

continued on page eleven

Rita, a tall, middle-aged, intellectual woman who has been struggling successfully with recurring mania for several years, recalled her first admission to AMHI in 1971. "I was sure they would let me out, that they would realize it was all a mistake. I would talk with someone and it would be all right. But instead of introducing me to anyone with authority, they came at me with a hypodermic needle. No one gave any explanation, when I resisted my finger was broken. They didn't treat the finger until the next day and then set it wrong."

"They give you a slip of paper with your rights printed on it after you are doped up and can't read. I was assigned a woman doctor whom I never saw--I only talked to her the morning of my release for a couple of minutes (the nurse was pushing for early release because of my finger). I do feel I was really sick, but I don't feel I benefited in any way from being there. The thorazine could just as well have been administered in an outpatient clinic. The results of the drug didn't manifest till later, much later. I had trouble with my eyes, but didn't take it seriously at the time. Afterwards I couldn't stand or sit still or read and my speech slurred; I didn't know if the symptoms were mine or a result of the drugs. If I had gone on and taken the massive dose that they wanted me to take I would have had permanent nerve damage."

"The doctor had no sympathy for these symptoms. Then I went to a private psychiatrist in Portland. In ten minutes he made a snap diagnosis and was ready to send me to Maine Medical to start on lithium, but he was willing to admit that my symptoms were the same as the known side effects of the drugs I was taking."

"At AMHI they tried to make you really afraid that you would really flip if you stopped taking the drugs. It took a whole month from the time I stopped taking the drugs before I could sit still, and it was not until weeks later that my speech cleared up. Rita has been in and out of AMHI three times and each time she has been kept under control with drugs (and has gotten into a lot of trouble for her "rebelliousness"), but nothing seems to change her problem since no one seems to understand it."

Dr. Jacobsen observes that "drugs have totally changed psychiatry, especially in regard to manic depressives (like Rita and Denise) who are all outpatients now." Also whereas formerly 50% of schizophrenics (he admits this is frequently a catch-all label) remained in institutions and 25% were marginally functional; with drugs, the statistics are now reversed. 75% are out, 50% of those recover, 25% are functional and 25% remain in an institution. "The fewer people who have to stay in the hospital, the fewer become dehumanized and institutionalized."

But isn't drug treatment also dehumanizing? Denise comments, "Drugs don't solve problems, just make them appear OK, make everybody else feel comfortable." Are the mental institutions serving the public rather than

mental health

cont'd

the person who seeks their help? Dr. Jacobsen adds, matter-of-factly, that medication is often used as punishment and, as an example, told of a man expressing anguish and pain. "It is easier to relate to a woman in a comforting way, put arms around her; the staff doesn't want to do that with a man, that takes a lot of ego strength."

In fact, all judgments based on sex-role expectations discussed in this article seem to carry over into the area of drug treatment. Jacobsen remarks, "A man spitting in another man's face is a ward crisis, but a woman doing the same thing would not necessarily be taken as seriously (a woman's capacity for physical violence, even when she has evidenced considerable physical strength, is never taken seriously)." On the other hand a woman who is angry, questions the treatment given her or refuses to display feminine behavior may be in for trouble; and trouble for both the man and woman in these cases often means extra medication.

Denise states, "The constant message (at P-6) was 'do what you are told or you will have to have another shot--just to shut you up.' I never take any shit--most men can't stand that kind of woman. The young therapist I got on P-6 was swearing at me and calling me a bitch. I was questioning the medication, the diagnosis, and he couldn't stand it. Another doctor diagnosed me as schizophrenic after one interview. I asked him how he knew that: 'Oh, it's a genetic flaw.' 'How do you tell? Did you take any tests?' He just got irritated, very irritated, and I would have to take medication for two years, but I didn't want to. I really needed rest and the one thing I didn't get was rest!"

And Denise added, "I just had fantastic sleeplessness, no dangerous symptoms, but they kept me there. A lot of times they let men out, even if they've hurt themselves, so they can keep their jobs--they just sleep it off for three or four days. One man was let out in 48 hours even though he was told he had 'homicidal tendencies--me they hung on to like a prisoner.'"

There are methods other than chemotherapy and psychotherapy used by Maine's Mental Health System. Behaviorism is catching on here, and at least one team at AMHI is devoted to behavioral therapy. A discussion of the effects of behavioral therapy is beyond the scope of this article, so I can only note in passing that I find it as insidious and dangerous as any drug program--a major threat we will be dealing with more and more in school, jobs, prisons, etc. as well as in mental health programs.

Various kinds of group therapies are also tried in clinics and hospitals; and although they are run according to

different popular methods, they all seem only as helpful to the participant they all seem only as helpful as the person running them. The women I spoke with who had participated in such groups found them more intimidating than individual therapy and found the pressure to be feminine and to fulfill a proper woman's role, multiplied by the number of people in the group. I would seriously question the effectiveness of mixed group therapy for women at this time, although I found some indication that an all women's group could be helpful.

Bridget found a good outlet for her feelings through occupational therapy (OT) when she was allowed to work with clay in an institution out-of-state; but Denise went to OT to relax and found she was being watched and judged the whole time she was there. Jill Simons, head of OT at P-6, says they offer woodworking, leathercraft, ceramics, jewelry-making, candlemaking, needlecraft, etc. in their program, but explains that "men do the more masculine things."

"Our main problem in dealing with men as patients is finding things they would find worthwhile. Women are more used to dealing with leisure time." Again, OT is aimed at using up the patients' time, keeping them occupied, rather than helping them with an occupation; and a woman's time, as everywhere, is less valuable than a man's.

Unfortunately, although the clinics and AMHI seem to be trying out some new things, P-6 seems more caught up with a case overload and an unhealthy rivalry with AMHI. All the women I interviewed and the people I met at HELP (action group for ex-mental patients) who had been in P-6 reported they were threatened with being sent to AMHI as a punishment for not getting well fast enough. Those who were sent to AMHI were terrified and their depression intensified, although eventually they all realized that it was not a worse experience.

AMHI seems, in fact, to have discovered many things since its administrative changeover that P-6 could learn. AMHI is relatively relaxed, has a strong ex-patient as a patient advocate, has few locked doors and a fairly lenient visitors policy. Patients have their own bank accounts and many are allowed to leave the grounds for a day and return at night. Some administrators and doctors seem to be making a genuine effort to consider women's oppression as a serious issue in mental health.

The fact that P-6 handles shorter-term cases and has a considerable overload does not excuse the atmosphere of paranoia, distrust and elitism which prevails there. Dr. Elkins' contribution to feminism, as he so proudly told me, seems to be cooking dinner once a week for his lawyer wife and seeing to it that there is the token female doctor on the staff. No one at P-6 could make a decision to talk with me without the permission of their "commander-in-chief", and Bridget described one of the doctors there as a "general". Almost all the doors were locked.

In just the few minutes I was in the main office in P-6 waiting for some statistics, I heard several disparaging remarks about women from male staff; and a mental health worker employed elsewhere said it is still common for male therapists to speak among themselves about their female patients as "castrating bitches" or "hysterical females" (hardly a respectful, helping attitude). Although I was allowed to speak with women at AMHI, Elkins was very defensive and not only refused to let me speak with any patients there (people from HELP have also had a great deal of trouble meeting with patients there the way they do in Augusta), but attacked the AMHI staff as unprofessional. I think it is obvious that for any improvement in Maine mental health care, this kind of infighting will have to stop.



(TO BE CONTINUED in next issue. Part III: Directions for change.)

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health notes

iud's

Most of us have heard horror stories about IUD's. Some of us have experienced them. We have been told over and over that the pain and excess bleeding caused by IUD's are "normal" side effects, and despite their more serious risks, these risks are preferable to pregnancy. Political action has been slow, but is now gaining momentum.

Though there is no systematic reporting of complications, at least 36 women have died of infections caused by IUD's, over 3500 women have been hospitalized, and 209 women wearing the Dalkon Shield IUD have suffered septic (infected) miscarriages-- no one has counted those of women wearing other kinds.

Although many women have suffered effects of IUD's, few women thought of suing doctors or manufacturers. Those who did faced great difficulties and often were bounced back and forth-- doctors saying problems were caused by the IUD's; manufacturers saying problems were caused by faulty insertion or internal conditions of the women.

Now more and more women are filing suits against IUD manufacturers. Perhaps this will stir them to action, as previous complaints and reports haven't, because it hits them in the pocket-books.

Because the Food & Drug Administration (FDA) classifies IUD's as "devices", they don't have to be tested for safety before marketing and can be withdrawn by the FDA only if they present an obvious hazard. Anyone can invent an IUD, and many doctors have-- then inserted them without running a test and many times without even telling the patient that she was getting an experimental IUD.

The FDA did nothing until Congressional hearings were held on the regulation of IUD's in May and June of 1973. Since then the FDA has conducted a study which resulted in the removal of Dalkon Shields from the market.

The California Department of Health has granted a request by the Medical Rights of Women group for a public

hearing on IUD's, and has assured them a say in developing the format for the hearings, which will be held within the next few months. The coalition has compiled a list of requests to manufacturers. These include that information is distributed to patients which is thorough and understandable.

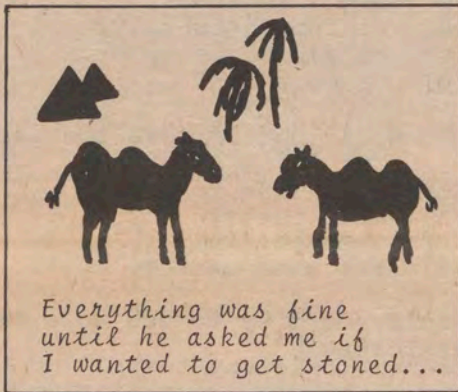
What can we in Maine do? One thing is to make sure that women and men are informed about the IUD. We should be told all the known risks involved. If experimental IUD's are inserted, doctors should explain this fact and have the patient sign an informed consent form before insertion. Inform your doctor and the manufacturer of any problems caused by an IUD. Write to the manufacturers as an individual or group supporting the coalition's requests. Ideally every state should form a coalition to put pressure on the government and the manufacturers. Concern for our bodies, our health and our lives must start with ourselves.

by Nancy Marstaller

Pregnant Camels

IUD's, like most of our birth control devices, are not new. 2,000 years ago Hippocrates described the use of a pregnancy-preventing device that was inserted into a woman's uterus through a hollow lead tube.

For centuries Turkish and Arabian camel drivers, finding it inconvenient and unprofitable to travel on long journeys with pregnant camels, inserted small stones into the camels' uteri and found it kept the camels unfertilized.



IUD's used in the early 1900's were placed inside the uterus but had parts

that extended out of the uterus into the cervix or even into the vagina. These devices caused many infections because they served as a wick for bacteria in the vagina to travel into the uterus.

In 1929 the modern version of the IUD, the Grafenberg ring, was introduced. Grafenberg wound silkworm gut into a ring and inserted it completely into the uterus, thus avoiding the problem of bacteria.

It wasn't until 1959 that IUD's gained general acceptance. But how does an IUD work? No one really knows. There have been many theories, the following among them:

1. The IUD's presence interferes with the normal development of the uterine lining (endometrium) making implantation of a fertilized egg impossible. The egg then passes out of the body with the menstrual flow.

2. The IUD interferes with the muscular balance in the uterus, cervix, and fallopian tubes, speeding up the peristaltic waves that send the egg through the fallopian tube. The result being that the egg reaches the uterus before the endometrium is mature enough to nourish it.

3. The presence of an IUD changes the chemical composition of the uterus causing a hostile environment for the egg.

4. Normal body cells that attack invading cells, such as bacteria, develop in the uterus in abnormally high concentrations in response to the invading IUD. The cells enthusiastically attack and devour the egg or sperm or both.

5. IUD's may cause hormonal changes which prohibit ovulation entirely.

by The Maine Feminist Health Project

The Maine Feminist Health Project is available for gynecological self-help presentations (slide show and demonstrations) for any groups of interested women. All women interested in working with the project on health issues or establishment of a women's health center may contact them at 865-4393, Freeport; 567-3100, Bucksport; 799-5465, Portland; or write c/o Rockie Graham, 23 Sheridan St., Portland. 04101



MUNCHING IN MAINE

by Meg McMullen

Stepping into the Miss Brunswick Diner I am spun fifteen years back in time by the steamy, fried-food atmosphere. Suddenly I have not just come inside from Brunswick's Rte. 1 Gasoline Alley: I have just piled out of Mary's mother's '53 maroon Pontiac with the rocking front seat and I am squeezing into a plastic-coated booth in Waterville's Parks' Diner and squabbling with Donna and Mary and Kathie about who gets to flip through the jukebox listings.

In that previous life, a decade and a half ago, we all order belly-bombs like french fries with gravy, chocolate ice cream with marshmallow sauce, grilled cream cheese and olive sandwiches...and cheeseburgers, loaded. With large Cokes, please.

We devour those items with gusto, with the special delight accorded food that tastes like nothing you ever get at home.

That much of the past awaits me 24-hours a day under the neoned buzz of the Miss Brunswick Diner. Diner food. Good. Homemade. Hearty. Inexpensive. And none of your la-de-da toothpicks with little green cellophane coiffes in the fries, either.

The Miss Brunswick seems to have avoided--to the degree at least that makes sense in 1975--the trap of the larger chains as they convert kitchens to places where food is not made, but merely heated.

In my recent visits to the Miss B., I keep vowing to try a broader spectrum of the menu. But I am, unfortun-



nately, addicted to the cheeseburger-fries-Coke trio. It is, as served on the thick, heated plates--with a bottle of ketchup on the side--unfailingly tasty.

Assorted companions have experimented with fried clams, omelets, HOT chili and several desserts. All judgments were loosely in the "very good" category. The prices, too, are in that realm. For two or three dollars you can be pretty self-indulgent and

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walk away happy. Five of us, for instance, recently had dinner there with a total bill of something like \$12.

And aside from the basic pleasure of eating good food (for those of you whose idea of Good Food is other than burgers and fries, order a salad and leave me to my indigestion) there is that feeling about the place.

The jukebox, encasing one of the largest Country & Western collections this side of Nashville, intermittently spews full-volume Tammy Wynette along the length of the railroad-car interior. Half a dozen seats are occupied at all times by truckers, exchanging road talk. And the door opens every little while to bring in to the moist warmth a Rte. 1 tourist, a local regular, a mid-coastal family on their way home from a Portland outing.

The only negative note concerns a suggestion to use an en route gas station or clump of bushes as a bathroom stop...a small inconvenience, but recommended.



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IS ANYBODY OUT THERE?

This issue marks the end of our first publishing year. We feel it is necessary to examine this past year and ask our readers to join us in this evaluation process: to share with us your ideas and your criticisms.

We have tried to make the *Freewoman's Herald* a paper that could speak effectively to both feminist and non-feminist women: a combination that is perhaps impossible! We thought it could be done by writing articles in a "non-radical" way. This did not mean compromising political convictions; it meant only reworking an article in a nonrhetorical way so that a number of people could be reached who might not otherwise pick up the paper.

It became our priority to try to reach and speak to women not involved in the movement: to women whose daily lives were affected, and controlled by, the conditions of sexism; to women not politically conscious of woman's oppression and therefore less able to resist, control, and change its effects on their lives, as feminists can. In this respect we feel the paper has been somewhat successful. We think many of our subscribers are newcomers to the women's liberation movement, with no prior political feminist background.

However, there has been little support from the more established feminist and political community. We're not sure if it's because we're not presenting a visible radical publication or what. We've been told by radical socialist lawyers and radical activist feminists and radical radical radicals that we're "not radical enough". That we're reformist, middle-class, too heterosexual.

We're not saying that these criticisms are not valid. We know that some of our material has failed in its intention and we need feedback. But we do ask that criticism be more concrete. If we are not radical enough for some of our readers, then tell us in what ways, with suggestions as to how to change/improve our content and image.

Should the paper be geared more towards women already politically active? We honestly don't know. In almost a year of publication, (with the exception of the Maine Feminist Health Project and individuals within other groups) not one feminist group in the whole state--from the Maine Women's Political Caucus, to NOW, to the various women's centers and projects--have come to our support in any way: verbal, financial, or article-wise. We need to know if the feminist community out there thinks we should keep going. After a year, we're tired, we're broke, and we're wondering if we're talking to only ourselves.

We realize that part of the solution would be accessibility to a larger number of women. And we also realize that we don't make enough personal contact with women's groups around the state, but we're a small staff, all holding down full-time jobs. We need, and have asked, groups to help us by sending news of current activities and upcoming events, and by contributing

written material. We want to be a news service to feminists, but the only way this will happen is with your support.

Lastly, the problem is financial. To bring this issue out it was necessary to borrow \$100, which brings our total deficit to over \$450. Each issue costs approximately \$300 and returns on sales, subscriptions, and ads do not meet our expenses. It was necessary to raise subscriptions from \$2-\$4. The last two issues we had to cut back to 12 pages in order to come out.

Those of us on the staff can no longer afford to put in personal funds to pub-

lish the paper. We no longer have personal funds. If the paper is important to women out there, if people want to see us continue publishing, we need the financial support of our sisters. We also need your ideas on ways to financially stabilize the paper.

Please take the time to fill out and return the questionnaire, but, more importantly, please share with us your ideas about our past year: ways we can grow and change, ways we should stay the same. Let us hear from you.



FIRST ANNUAL POLL

1. What article(s) have you most enjoyed? Why?
2. What article(s) have you disagreed with, or disliked? Why?
3. In your opinion, is the paper:
 - (A) too radical?
 - (B) too conservative?
 - (C) too middle-class?
 - (D) too what?
 - (E) just right?
4. In what ways?
5. Do you think the paper should speak to:
 - (A) more women not yet involved in the women's movement?
 - (B) to feminists only?
 - (C) to all Maine women?
 - (D) to more men?
6. How would you improve the paper?
7. Would you like to see:
 - (A) more poetry
 - (B) less poetry
 - (C) the same amount
8. Would you like to see more historical articles?
 - (A) Nettles, a column by Meg McMullen
 - (B) Nuts to Bolts, a column on mechanics
 - (C) Health Notes, a column exploring women's health issues
 - (D) Womanbriefs, feminist news shorts
 - (E) Books, reviews and bibliographies
9. Which of the following regular and irregular columns do you like? dislike?
 - (A) Nettles, a column by Meg McMullen
 - (B) Nuts to Bolts, a column on mechanics
 - (C) Health Notes, a column exploring women's health issues
 - (D) Womanbriefs, feminist news shorts
 - (E) Books, reviews and bibliographies
10. Do you have any idea how we can solve the financial problem we face?

We like the idea of a newspaper forum to generate discussion on certain issues. Would the best way to do this be:

- (A) Suggest the topic (with questions) in one issue and print any responses we receive.
- (B) Present one person's opinion and carry feedback the next issue
- (C) Other

The following is a list of possible feature, or forum, articles. Please let us know if you'd like to see an article on this subject and/or if you could contribute an article in this area:

- (A) Native-American women in Maine (we have discussed a complete special issue in this area--would you like to see such an issue?)
- (B) French-American women
- (C) Feminist childrearing
- (D) Varying feminist political theories
- (E) Lesbian feminism
- (F) Men's liberation
- (G) Economic status of women
- (H) Women in prisons
- (I) Spirituality
- (J) Pregnancy and childbirth
- (K) Violence vs. nonviolence in the women's movement
- (L) Children's liberation
- (M) Other

Please suggest other feature, or forum, articles you'd like to see. Again, the important thing is--would you like to contribute something in this area?

And, please write and tell us about yourself. We really want to hear from people and want to find out what they're thinking and feeling. Perhaps a good way to begin a more intimate dialogue is to talk about what feminism means to each of us on a personal level.

What does it mean to you? Try writing down your thoughts and send them in!



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NO CHARGE

nettles

a column by Meg McMullen

I am sitting in my living room this howling, rainy Saturday night. I am sipping on a martini and having an occasional cigarette. I am reclining in my favorite chair and crossing my besocked (but nearly perfect) feet. And I am busy. I am truly terribly busy.

I am celebrating Ann. I am thoroughly and truly giving these hours to appreciating, to delighting in, to doing joyous mental dances about Ann. To the fifteen years of powerful friendship we have had, a toast with every sip of my drink. To five times the fifteen more, a prayer with every breath.

I am wallowing in feeling good about Ann. Ann, who is serving a term as a remedial reading teacher in California, is, among other exceptional things, one of the funniest people ever to make my head a better place to dwell in.


She approaches life much like a three-month old kitten sneaking up to pounce on a litter-mate...it is an exercise that may not work out, but there is the joy in trying. During the past few years, for instance, Ann has tried pottery ("I made you an ash tray that came out looking like a dogturd..."), ballet ("I close my eyes and my sweat stains go away..."), tennis ("Everyone else was on the court in their Adidas and tans, I looked like I had on a nurse's body stocking...") and sailing ("The way I see it, a knot is a knot...").

Ann has also tried cooking ("I thought eight heads of lettuce would be about right

for a salad for ten..."), swimming ("In the class there are four 6-week old babies, one 6-year old, and me--it didn't occur to me that most Californians know how to swim!"), and Growing Up ("Life is more difficult than I had anticipated. Now I know why I loved to sit on my bed when I was ten and make paper chains for three days at a time...").

Then, Ann has been working on marriage ("It's really disgusting--hidden inside is a very fat housewife with pink rollers."), raising a dog ("Last night I had company for dinner and Heidi threw up under the table while we were eating. On Gary's father's feet."), Getting Along with Hippy Friends ("She invited me for lunch right after she told me that sometimes she just has a big plate of raw spinach..."), and world traveling ("After we took off, I looked down and my toes were bleeding. So I panicked and called the stewardess. She pointed out to me that perspiration had caused the red dye in my shoe linings to run."), and being sophisticated ("The first thing the salesperson said to me was, 'Hi. Are you a schoolteacher?' I gave him the finger...").

And if you are beginning to perceive a pattern at this point, you are right. There is one. But Ann persists, like the pouncing kitten (who at the same time, has enough lioness in her to command healthy respect). And Ann continues to be my friend, and to love me, and to have me love her back (and don't worry, Mom, it's straight) and to give me, among other things, joy.

So I sit here as it rains, and get stoned on what a fine and full thing it is to have Ann be a part of me. And, for a belated New Year's wish, I call for there to be an Ann for you, too. 

LETTERS

My roommate Mary and I find your Nuts to Bolts feature very useful. But in your August-September issue, you forgot to mention that a propane torch should never be used near the gas tank, since gas is highly explodable. Mary would have signed this letter also, but she can't remove the bandages yet.

In struggle,
Nancy Vapor
Mechanic Falls

It's great to see a women's paper in Maine, especially great to see it continuing.

Looks like it's time for a good shot at our independent governor who was supposed to be so wonderful...What's the matter, is he afraid of us or something?

Beyond that, how about a shot at all

the potential advertisers who aren't supporting our newspaper. Now, I call that sexist.

Mary Hamlin
Kennebunk

You're great! What a change from the mimeo'd paper out of Bangor. We all grow. I have just read two fantastic books on day care...each one of them is, I believe, a classic of its kind...this a background for me, totally ignorant in the field, as the Governor's Council on the Status of Women (I'm a member) is preparing a package of passable bills for the new legislature.

If any of you reading this have ideas on needed day care laws--or any laws affecting women (a broad field (no pun intended!)), drop me a line.

Yours in sisterhood,
Nancy Dibner
Portland


LEGISLATION FOR WOMEN

Last fall the Governor's Advisory Council on the Status of Women sponsored two public hearings to get input on areas of concern to women for the purpose of developing a legislative package expressing these priorities.

According to Ann Pomroy, executive director, the council's emphasis is on legislation and, secondarily, addressing departmental policies which adversely affect women.

Pomroy said the legislative package drawn up by council members will probably include: 1) an omnibus bill to remove from the books all state laws in conflict with the 14th amendment of the U.S. Constitution and Title 7 of the Civil Rights Act; 2) a bill on day care proposing an advisory council to the Department of Health and Welfare composed of consumers and others with interest in day care; 3) a bill to make ex-Governor Curtis' executive order on mandatory affirmative action for state agencies into a statute; 4) reconstruction of the council to geographically expand its membership.

Pomroy said the council expects to be cooperating with other groups in identifying and supporting bills which affect women. Other issues the council may address include the state personnel department's military preference system (male candidates automatically get extra points) and family planning problems in disclosing names of minors using birth control. She said issues relating to low-income women, such as increased AFDC payments, had not yet been discussed in depth by the council.

NOTE: At press time the status of the council is unclear as Governor Longley has ordered its suspension for 30 days and Pomroy has questioned the legality of his action. Many people have questioned many of his actions, and as one legislator pondered upon seeing the Maine Potato Queen in the halls of the capitol building, "Is this Longley's response to getting more women in top level positions at the State House?" 



opf

Imagine

Cont'd from page 7.

design, female genitals are compact and internal, protected by her body. Male genitals are so exposed that he must be protected from outside attack to assure the perpetuation of the race. His vulnerability clearly requires sheltering.

* Thus, by nature, males are more passive than females, and have a desire in sexual relations to be symbolically engulfed by the protective body of the woman. Males psychologically yearn for this protection, fully realizing their masculinity at this time--feeling exposed and vulnerable at other times. The male is not fully adult until he has overcome his infantile tendency to penis orgasm and has achieved the mature surrender of the testicle orgasm. He then feels himself a "whole man" when engulfed by the woman.

* If the male denies these feelings he is unconsciously rejecting his masculinity. Therapy is thus indicated to help him adjust to his own nature. Of course, therapy is administered by a woman, who has the education and wisdom to facilitate openness leading to the male's growth and self-actualization.

* To help him feel into his defensive emotionality, he is invited to get in touch with the "child" in him. He remembers his sister's jeering at his primitive genitals that "flop around foolishly." She can run climb and ride horseback unencumbered. Obviously, since she is free to move, she is encouraged to develop her body and mind in preparation for her active responsibilities of adult womanhood. The male vulnerability needs female protection, so he is taught the less active, caring, virtues of home-making.

* Because of his clitoris-envy, he learns to strap up his genitals, and learns

Freewoman Classifieds

FOR SALE

Olivia Records, Inc., a nat'l recording company offers its 1st album: *Meg Christiansen: I Know You Know*. Produced entirely by women. \$5.50 plus 50¢ mailing. Olivia Record, Box 1784 Main City Sta., Washington D.C. 20013.

Do-It-Yourself Divorce Manual, 80 page booklet on pro-se divorce. \$2.95. Available from *Freewoman's Herald*, PO Box 488, Brunswick, Maine 04011.

List of Gay Groups in New England. Available from the Gay Speakers Bureau, PO Box 482, West Somerville, Mass. 02144. Cost: two cents each, plus postage (10¢ per 10 copies). Hurry, while they last!

JOBS AVAILABLE

Occasional openings for look-out people to watch for fires. If interested contact the Dept. of Conservation, RFD #6, Bolton Hill Headquarters, Augusta 04330.

PUBLICATIONS

Quest: A Feminist Quarterly, Fall 1974 issue: 80 pages on money, fame, and power in the Women's Movement. \$2/sample copy; \$7 year sub.; write: *Quest*, P.O. Box 8843, Washington, D.C. 20003.

Maine Land Advocate, the newspaper of the Maine Land Trust and land reform movement. Mid-winter issue now available. 25¢ copy, \$3 yr. sub. Write: *Advocate*, Box 656, Bangor, Maine 04401.

Maine Gay Task Force Newsletter, 1 yr. sub. \$2. Published monthly. Write: M.G.T.F.N. Box 4542, Portland, Me. 04112.

Scar(d) Times Newspaper, a monthly anti-profit paper with the news of the struggle for justice. \$4 year. 374 Fore St., Portland, Me. 04111.

Maine Women's Political Caucus, a monthly newsletter to keep women politically informed. For sample copy write: Phyllis Austin, Elizabeth Rd., Fortune Rocks, 04405.

MISCELLANEOUS


PROJECT '75, a national Gay Convention to be held in Chicago, Easter Weekend, Mar. 27-30th. Write: Box 872, Chicago, Ill. 60690.

SEEKING WOMEN to set up an alternative mental health service. Bath-Brunswick area. Prior counseling helpful, but not necessary. Contact Nan Stone, 725-5113.

AD RATES

Classified ad rates 25¢ per line, free to subscribers and women's groups (up to 7 lines). Deadline for April-May issue is March 12. Write to us about display ad rates.

to feel ashamed and unclean because of his nocturnal emissions. Instead, he is encouraged to keep his body lean and dream of getting married, waiting for the time of his fulfillment--the time "his woman" gives him a girl-child to carry on the family name. He knows that if it is a boy-child he has failed somehow--but they can try again.

In getting to your feelings on being a woman--on being a man--stay with the sensing you are now experiencing. As the words begin to surface, say what you feel from inside you. 

STAFF:

Sue Brown
Charmaine Daniels
Sandy Lucas
Susan Lundquist
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SPECIAL THANKS TO:

Joanne Costanza
Mary Hamlin
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Cover photo by Carl M. Lundquist

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