Re-formulating

The Critique of Science

... the belief that patriarchy must be rejected outright in order to move into a new age, is itself an expression of the patriarchal proclivity for either-or choices, and for the ranking of alternatives as good or bad, rather than as simply unalike. From the phallic perspective, transcending this either-or duality entails building bridges between opposites. Such configurations as truces and treaties, even the gesture of shaking hands, express the motif of bridging between alien opposites. In patriarchal terms the route to the next age is a bridge connecting the old world view to the new one. From the perspective of the exertive womb, what is needed is not a bridge but a more comprehensive context that transcends and embraces both ways (Haddon in Zweig 1990:257).
Re-formulating

A Different Storying

Critique of ‘objective’ science and medicine in the Western world today and a possible (epistemologically pluralistic) alternative.

'Most cultures articulate their world picture through mythology or religion, but since the seventeenth century the Western world picture has been articulated through science ... for better or worse, this is the discipline through which our culture describes “reality”. In traditional societies children learn their world picture as they grow up, hearing mythological and religious stories that are part of the core knowledge of their people. Yet modern science has always been the domain of specialists and most of us receive little introduction to its “stories” either as children or adults. While it is true that other cultures also have their specialists and elite spheres of knowledge, in the “age of Science” this trend has been elevated to unprecedented heights' (Wertheim 1997:x3).

Historically,¹ academic and political knowledge has had two purposes and two main philosophical assumptions (reflecting the duality of our thinking) - one aligned to empiricism (the scientific ‘story’) which today dominates his-story writing and presupposes a ‘truth’ achieved through his-storical objectivity; the other (currently less popular) rejects the huge emphasis on ‘objectivity’, and instead utilises the story-telling (humanistic/mythological) function of his-story. While there is truth in all the great stories, by culturally selecting the particular story of science (and scientific medicine) as the only valid story, many other stories are not being told, and there are many voices not being heard - including those of women, and those of the more ancient forms of medicine (often traditionally practised by women).

'All human beings are influenced by the particular belief system in which their culture has initiated them, and this system helps to circumscribe their world' (Spender 1985:24). Being taught culturally selected stories, generates socially created inequalities, rather than fundamental inequalities. This helps create people’s lives and modifies their thinking (their perception of reality), which in turn, generates the way society is structured. 'Human beings tend to project onto the objects and events of the world, the value system they have learned, selecting the evidence from the world which fits into, and reinforces, the belief system of their culture. Depending on the society in which we live, we are “programmed” for a particular and limited set of meanings, and we then proceed to respond only to that which is meaningful for us' (Spender 1985:27).

Cultural change however, can be instigated. Having come from a scientific medical background² myself, and now working in the more humanistic field of complementary (holistic) medicine, my actions have become significantly politicised by this change of medical philosophy and practice. I personally have experienced a major shift from the dominant scientific paradigm, and know from my own experience, that what is taught - can be changed. And while I realise (and have

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² As this re-search re-voles around women in medicine, I have partially equated science and scientific medicine; as medicine as it is practiced today, is based on, and strongly centred around, ‘scientific’ thinking.
encountered many times) that there is a powerful group of medicos, sceptics and scientists who would think (and publicly state) that my critique (and my practice of complementary medicine) is ‘unscientific’, lacking in proof, totally lacking in scientific credibility and even quackery; I believe that science and scientific medicine needs to be challenged. This chapter is therefore devoted to a critique of the objective science and scientific medicine stories in the West, and articulates the context, out of which change can be generated that will re-balance the patriarchal system to one more honouring of the feminine.

I believe that the dogmatism of scientific medicine is starting to shift as more ‘scientific’ trials are conducted on complementary medicines - a shift driven partially by the public who are choosing to utilise these therapies. However it has a long way to go.

The Legacy of the Scientific Revolution

'Science is driven by cultural choices. It is determined by what a society wants from its science, what a society decides it needs science to explain, and finally what a society decides to accept as a valid form of explanation' (Wertheim 1997:33). Historically, the development of mechanistic (scientific) thinking during the Scientific Revolution, generated a major transformation in philosophy and in practice. In the 17th century - by separating science and theology - scientists won the right to make assertions which otherwise would contradict religious descriptions of the universe, and modern science began to exist alongside theology as a parallel system.

This separation was at first liberating, as a new territory was created where the authority to know, no longer belonged exclusively to the church and the state. It was a profound move to democratisation. In this freer space, anyone could conjecture and try to prove a theory. Truth became to depend less on old texts than on what was observed, and through the experimental method, physical life re-gained importance and observation became the cornerstone of reality.

Yet by this division, separate spheres of meaning came into being. Even if science had not re-placed the old mythos, it had done something even more consequential; it had invented a world. From the scientific practice of studying material existence, apart from any consideration of spirit or intrinsic meaning, unwittingly a world of matter apart from spirit, of function without significance, of ‘objectivity’ without the re-lationship of the observer, was created. In the process, science ceased to engage with knowledge of the spiritual experience, and started rejecting as non-existent, things it could not measure directly.

3 By a linear process of mind that cannot ultimately be separated from the desire for domination by both church and state, a nearly invisible idea of hierarchy in science has determined both its epistemology and its methodology. What was once divine authorship has been replaced by the myth of objectivity, an imagined position which, like the Christian idea of the divine, is not embedded in nature, and from which truth alone can be perceived. The absolute truth of

3 This was emphasised recently by an article in the Sydney Morning Herald by Ben Hills entitled 'Fake Healers' - Spectrum 11/9/99 pp1-6.
religion has been replaced by the abstract principles of science, as if the numbers or statistics were intrinsically beyond doubt, even by quantification. And just as religious doctrine placed the sacred above the profane, scientific theory has been placed above experience itself, while socially the scientific establishment has come to occupy the same position of authority once held by the church' (Griffin 1995:35).

How Objective is ‘Objectivity’?

Mechanistic/rationalist thought is analytical, temporal, sequential and concentrates on re-ducing wholes to the smallest meaningful parts. Over past 300 years it has increasingly formed the basis of scientific (and medical) thinking; it perceives itself as able to be ‘proven’ by re-search, and therefore the ‘truth’; and (in medicine) the only answer to the riddle of disease and the human condition. Re-searching in science and medicine, the re-searcher/observer determines what will be observed by drawing the boundaries of the system, and noting the interactions within these boundaries from ‘outside’ the system. By placing her/himself outside the system being studied, there is an assumption that the presence of the re-searcher is having no effect, the re-search is therefore ‘objective’, and the re-sults are perceived as the ‘truth’.

Science (and scientific medicine), by basing much of its re-search and understanding on this ideal of objectivity, paved the way for enormous progress and knowledge in biology and medicine, yet the predominance of this approach is generating problems - it has its shadow side as well. Ideally: ‘... medicine is coherent, elegant, mysterious, aesthetic. It mirrors the power of all the life force in everyone. It meets the will to live in all its varied and subtle forms, and it recognises the irrepressible love buried in every living thing’ (Remen 1996:Intro:xix), yet today ‘... modern medicine perceives human beings as broken and needing to be fixed... it has not recognised the strength of life in the midst of the most profound weakness’ (Remen 1996:Intro:xix). Medicine has gained enormous knowledge about disease, but has largely separated disease from life experience, and as such, has lost sight of the concept of health.

GC - [When I studied acupuncture] I didn’t talk about it much. [My peers] were totally unaccepting. When I got to 5th year medicine - it was my turn to organise grand rounds and I organised an acupuncturist and a chiropractor to come and talk about back problems. Everyone in the hall sat with their arms folded - all the way through it. Only ONE guy who was quiet during the session, but he came to see me privately afterwards, said 'what were you talking about when you organised the rounds'. One in 40 seems to be the ratio when the penny drops. When I speak to [medical] students now - the undergraduates - about 1 in 40 will come up afterward and say 'I really liked that and would like to find out more about it'. So the figures are about right.

Acupuncture was my life, my interest, yet it was so remote from the way they thought. I wasn’t so immersed in the philosophy of holism that I could argue with the lecturers. I was still prepared to take in what they had to offer and I was taking everything in. I wasn’t convinced that holism was the way to go but it made sense - what happens out there, affects what happens in here (10.10.98).\(^4\)

\(^4\) All the quotes from GC are taken from the transcripts of a personal interview.
The Engineering Approach to Medicine (Medical Science)\textsuperscript{5}

Much of the current medical model has developed from the influence of the mechanistic, so-called Cartesian (from Rene Descartes) paradigm\textsuperscript{6} - 'the body is like a well made clock'. Medicine has developed a technological/engineering approach where disease is re-duced to mechanical failure. Technical manipulation is deemed medical therapy and the image of the human organism is that of a machine - prone to constant failure unless supervised by doctors and treated with medication, surgery or radiation.

\begin{quote}
GC - Early on, because it's all anatomy and physiology - [I felt that] this is what life really is - looking down a microscope. It was all fascinating. [Yet] I can remember in first year when that drug companies started feeding us the propaganda and I thought - 'why do you want to seduce us so early?' Then it was all pharmacology and the drug companies. I felt intrinsically that this did not sit right with me - this was not the way of healing. I never thought in terms of healing or well being, but I felt this wasn't returning the organism to normality, but was creating something else again.
\end{quote}

There have been huge changes [in my philosophy of disease], so much so that I can't talk to normal doctors any more. When a GP rang up a couple of weeks ago and said 'I am a colleague and I want to get my father in immediately' - I said 'I am not your colleague'. The Naturopaths are my colleagues now. I don't relate to the medical profession at all, I have a different ideology all together. Maybe because doctors don't look at self responsibility - they are still prepared to take all the responsibility for their patients [and their diseases] (10.10.98).

For doctors operating within the medical paradigm, patients are actively encouraged (by the gamut of medicine, hospitals, pharmaceutical industry and their advertising) to assume that doctors can fix almost everything, largely irrespective of our lifestyles, and therefore shift all of the re-sponsibility for their health to the doctor- a practice that may relieve some of the symptoms of the disease, but discourages health in the patient (and the doctor).

The Medical Definition of Disease\textsuperscript{7}

Since the time of Pasteur and his germ theory, medicine has increasingly had a doctrine of one disease/one cause, and the causes are usually bacteria or viruses (today scientists have a huge focus on genetics as well). With this perception, disease becomes a clearly defined entity with structural or biochemical changes at a cellular level. Diseases can be measured in terms of specific physical pathology, they have unique causal roots.

Using this definition, medical scientists have three objectives. They need to determine the precise definition of the disease under study (naming) by technological

\begin{footnotesize}
\footnotesize 5 I have used the terms medicine and medical science interchangeably - meaning the way medicine is normally practiced and re-searched in the West today. This form of medicine is inextricably bound to the 'objective' science paradigm.
\footnotesize 7 In Capra (1982), Archer (1995).
\end{footnotesize}
measurement, identify its specific cause or biochemical pathway, and develop the appropriate therapy. The choices of therapies almost invariably involve technical manipulation of the biochemical pathways exhibiting the pathological process - usually with drugs, radiation or surgical procedures. This theory and practice works well, for example for clear cut conditions such as acute infections, specific nutritional deficiencies like scurvy, but many illnesses are not so clear, for example, degenerative diseases like cancer, over which medicine admits it has little control. In medicine, the focus is on treating disease (not the patient) and it takes little account of the person, their stories or their environment. It has little perception of the health:illness continuum - or the individual constellations of difference.

Disease Origins, Meanings and Processes

Many doctors concentrate solely on the physical and avoid the philosophical, existential issues associated with illness (Black 1993). In medicine, there is no idea of the potential meaning of disease. Rather it is perceived as the enemy that has to be conquered. The ideal is to eliminate ALL disease - but maybe disease has a role to play in human existence and we need to shift our perception of this process. 'Complete freedom from disease and struggle is almost totally incompatible with the living process' (Dubos, in Capra 1982:144).

OG - I’m finding that I get challenged - people say things (unknowingly) that connect back again to the loss. It’s a very raw space for me. The whole process has been one of grief and that’s where the medical model is wrong. It’s not depression, it’s grief, but there is no body to grieve, so nobody recognises it. People are attached so strongly to things, people, status, whatever so if there is no body to bury, there is no legitimacy, it is considered a failure. You can’t find help in the medical model because grief is not clinical, whereas depression is - ‘let’s label it depression and we can give you a drug for it - we can treat you’. Whether the treatment is appropriate or not is irrelevant. I have stopped counselling because I cannot stop myself making comments when people tell me they are on antidepressants. Dreadful things. So I think that’s what my learning is - knowing the grief of letting go of things, preparatory grief (5.2.99).  

Under the medical paradigm there appears to be confusion between disease processes and disease origins - doctors don’t ask WHY the illness occurs, or try to re-move the conditions that may have led to it. Instead they try to understand the biological mechanisms through which the disease operates (seen as the cause) - and they try to intervene in these mechanisms to reduce (‘cure’) the symptoms (Black 1993). Treatment is directed at the biological abnormality but to be successful, it does not have to re-turn the patient to health. For example, chemotherapy is considered one of the three main treatments for cancer in Australia but it can significantly re-duce a patient’s quality of life, and even kill, but less toxic alternatives, less aggressive treatments are actively discouraged, despite the overseas successes.

8 The quotes from OG were taken from the transcript of a personal interview - the story of her experience with illness.
9 In many countries in Europe - Austria and Germany for example, diet and lifestyle, herbs and meditation are often the first treatments used for cancer (with considerable success) - yet these are frowned on, and actively discouraged, in Australia. This was brought home forcefully during the two World Cancer Congresses in Sydney 1994 and 1995.
Loss of the concepts of systems/relationships

'A clear understanding of your culture's world picture is surely a basic human need; for at its most essential, this is nothing less than the knowledge to know how you stand in the cosmological scheme ... knowledge of a society's world picture is essential for psychological integrity within that society. Without such understanding an individual becomes, in profound ways, an outsider. As long as our culture continues to refract reality through the lens of science there is an obligation to make the science accessible to everyone. What is at stake here is not just individual sanity, but ultimately social cohesion. By binding people into the same cosmological framework, a shared world picture becomes one of the primary glues that holds communities together ... [yet] most people today have no clear sense of the scientific world picture. Despite the fact that we are living through an explosion of science [and medical] publishing, there is little about [it] that is accessible to people with no background in the field' (Wertheim 1997:xii).

OG - TM who gave me my own space helped, the immunologist helped me because he believed in me. There is this core thing - you know when you are believed and that helps. He never had time to listen but there was no need to. I knew he believed me and that I had only 7½ minutes. I needed his signature on a piece of paper as he was the authority figure who could legitimise my illness and I could get paid. When I got frustrated with the little he had to give, I reminded myself why I needed to see him in the first place - for his signature on the bottom of the page. When I got that clear in myself - I didn't expect anything else from him (5.2.99).

Hospital medicine and doctors often lose sight of the patient as a human being, and medicine is largely disassociated from social and environmental concerns, yet there is an underlying belief that only doctors are qualified to determine what constitutes disease and to prescribe the appropriate therapy. Medicine and medical re-search is almost totally focused on disease and has little concept of health, little idea of energies, processes or re-lationships. There is no idea of 'the whole is greater than the sum of its parts'.

OG - Many times I have been in tears. I had 6 interrogations by the superannuation doctors, who all tried to prove I was just trying to abuse the system, and neurotic. I have been so badly abused by some of these doctors I have been left in a foetal position in a corner, sobbing. I couldn't talk and they wouldn't speak to my doctor. I was so angry, I cried for about 7 hours. One really pushed me over the edge and that made me admit to myself that I was incapable. It turned out to be a blessing in disguise, but I would not recommend it to anyone. My letter [of complaint] just received an apology and justified his position. This doctor was simply doing his job and some people may find it distressing, but it was 'my fault' again because I was sensitive. They [superannuation doctors] are hand picked as gestapo. The whole system is established on the idea that everyone is trying to rip them off. Businesses run on the same principles - trying to get rid of people without having to make decisions (5.2.99).
Medical practice has shifted from the GP's office to the hospital, where it has been progressively de-personalised. Hospitals are large professional institutions that emphasise technology and scientific competence, but have lost contact with the re-lationship with the patient. With each visit the patient is seen by a different doctor and rarely does a re-lationship develop with the person (beyond their illness). Is the stress of this a factor that slows the rate of healing, or makes a person more susceptible to the hospital based diseases such as multi-resistant staphylococci (MRS)? Stress and depression have long been known to be factors in the immune system being compromised (Selye 1976). "Up to 50% of present hospitalisation is medically unnecessary, but it is considered therapeutically effective, and any economically efficient alternative services have almost disappeared" (Capra 1982:148).

The ‘splits’ in medicine itself

With the increased dependence on technology, there is also accelerated specialisation in medicine where the specialists increasingly look only at a specific part of the body. This potentially reduces the effectiveness of a widespread preventative health care system, and splits the medical profession into isolated camps, re-flected in the varying specialties ie. physicians treat the body, and psychiatrists treat the mind. There are also dermatologists, rheumatologists, gynaecologists for example. As these specialities tend to be almost mutually exclusive, they can prevent the study of re-lationships between the parts of the body, destroy the idea of a holistic system, thus leading to fragmented and separate groups often working on a single patient - further preventing the re-lationship of the doctor with the patient as a whole/person.

Even more frightening in its implications, according to Mies and Shiva (1993:174) medicine usually follows the ‘... age-old principle of divide and rule: fundamental or “pure” research is divided from applied research; genetic engineering is divided from reproductive technology; reproductive technology is divided into two - one for industrial societies and the other for undeveloped countries', which further ‘splits’ medicine as a whole - and has even more potentially drastic implications for the consumer.

Scientific (Medical) Re-search

Re-search today is largely directed towards genetics and to bacteria and viruses, with genetic modification or patentable drugs to combat disease, thereby neglecting re-search on the person and their environment. The concept is that disease is the re-sult of attack from the outside (the person as a victim) - NOT a breakdown of the organism. This has partially evolved from Pasteur whose experiments formed the basis of the 'Germ theory of disease', where bacteria were seen as the primary cause of disease. His opponent Claude Bernard completed experiments that concluded that the 'soil' (the host/the person) not the bacteria, was re-sponsible for illness. However, Bernard’s re-search has largely been ignored in favour of the more simplistic approach of Pasteur (Capra 1982).

There are millions of dollars poured into drug (and genetic) re-search and development (thus generating potentially huge incomes), yet very little re-search on the prevention of disease. Cancer re-search is a good example of this. The 1990 -
1994 budget for re-search for the Cancer Council\textsuperscript{10} in NSW alone was $14,866,000. Looking at the re-search funding - there were many grants for drug development and genetic re-search, but NO major grants given for re-search into diet or lifestyle factors involved in cancer in NSW for this period, yet local and overseas re-search (Kearney 1990) suggests that up to 80 - 90% of cancer is diet and/or lifestyle re-lated. Over the same period of time only $749,000 was spent by the NSW Cancer Council on Health Promotion - less than one twentieth the total budget. 'Cancer epidemiologists have claimed that up to 90\%\textsuperscript{11} of all human cancers are induced by, or associated with environmental factors, including diet. Cancer is now recognised as a social disease - being rooted in cultural habits and technological patterns' (Wynder J. Natl, Ca. Inst 1977).

Drugs have been developed for a range of conditions, for example, hypertension, blood clotting, heart disease, digestive disease. Yet drugs effect a huge range of the regulatory functions of body systems, and involve biochemical processes that we still don't fully understand. Drug therapies have both advantages and disadvantages; they alleviate much pain and suffering and have saved many lives, but there is also well known overuse and misuse - both by doctors through over (or wrong) prescription, and individuals through self-medication. There is also the ever present problem of adverse drug re-actions and side effects (symptoms that are generated by drugs on body systems other than where they are directed). 'It has been agreed that high quality medicine can be practised WITHOUT the use of ANY of the 20 most commonly prescribed drugs' (Mendelson 1979:19).

The re-search for drug therapies is supported by the multi-billion dollar marketing of the end products, (with government and public funding); and yet, where there is little economic gain to be made (ie. re-search on diets) little funding is available for re-search. In some instances this 'non-economic' re-search (and clinical practice) is actively discouraged (AACB/AIMS/ HGSA Conference 1996).\textsuperscript{12} This 'drug' policy has been adopted by medicine re-gardless of the long term negative effects on human health.

**Cost of Medical Care**

With the huge focus on high (expensive) technology and pharmaceutical medicine, the costs are enormous. For overall costing of medicine in Australia, I looked at Palmer & Short (1989), Moynihan (1998) and Archer (1995). According to Palmer & Short (1989:13-14) figures quoted for Australian Federal Government expenditure in 1985 - 1986 were: Medical services $2693 million, Public hospitals $1 billion, being in total 66% of government health expenditure; and Pharmaceuticals $702 million or 8% of government health expenditure. More recently (in Australia) in 1997 the costs for Pathology services were $1 billion per year (Moynihan 1998:174), and the Australian taxpayers lose $190 million a year through medical fraud and inappropriate practice.

\textsuperscript{10} From 'Reaching Out To The Community' - The NSW Cancer Council Annual Report 1993-1994.

\textsuperscript{11} There is slight variation in these figures depending on the re-search; the concept of the cause of cancer is the same.

\textsuperscript{12} The Australian Association of Clinical Biochemists (AACB), Australian Institute of Medical Scientists (AIMS), Human Genetics Society of Australia (HGSA). At the conference, this point was frequently made - by many speakers. Many of the re-searchers had been re-fused funding because their re-search involved dietary modification.
(Moynihan 1998:193).\textsuperscript{13} Compare this to Health promotion and illness prevention at 31 million dollars or less than 1\% of the health budget per year.

There are major economic issues that need to be considered when the medical system uses high technology (eg. CAT scans, MRI, radiation therapy, dialysis machines, cardiac pacemakers etc). The equipment is sophisticated and expensive, and can determine how medicine is practised - if large amounts of money are paid for expensive equipment, the (unstated) pressure is then on the doctors to use this equipment frequently.

\textit{Technology is expensive:}

- 1 person on renal dialysis for 1 year. Cost > $10,000.
- a CAT scan for diagnostic purposes. Cost > $1,000
- Coronary bypass surgery - can improve the quality of life but NOT the length. Cost > $25,000 per operation (Australian Govt. Health Dept Report 1990).

Keeping abreast with medical technology is an enormous drain on our economy. The cost of medical care today is second only to defence. Yet despite the money spent, overall there is no real improvement in health, or re-duction in chronic illness. Medicine may have dealt with many of the acute infectious diseases experienced by our parents and grandparents, but today we have different plagues. We have the infectious disease plagues of AIDS, Hepatitis C and Herpes, and in addition, we have plague proportions of the degenerative diseases such as cancer, arthritis, diabetes and asthma. In fact some of the old infectious diseases are re-appearing, such as tuberculosis.

Despite the constant ‘assurances /claims’ of medicine that they are ‘curing’ cancer, a re-port from Paul Jelis from the Australian Institute of Health\textsuperscript{14} said that ‘... overall the number of cancer cases (in Australia) has risen by 3\% from 1989 (to 1995)\textsuperscript{14} and particular cancers are increasing at greater rates, for example breast cancer increased from 1 in 9 women in 1989, to 1 in 5 women in 1996 and: ‘... the number of newly diagnosed cases of prostate cancer increased 2\frac{1}{2} times between 1990 and 1995’.

Medicine grosses $32 billion in Australia per year (Archer 1995:242) and the pharmaceutical companies spend $200 million in Australia on advertising alone (Archer 1995:236). The Australian Government spends 8.5\% of its GDP on the medical system compared to the UK who spend 7\% (Moynihan 1998:193). Yet these figures do not include any complementary medicine which is largely a health promotion system - and (conveniently) outside the medical/government economic and political system. In 1993 a survey was conducted in South Australia that showed that 48\% of Australians took ‘health’ supplements (excluding calcium and iron) and 37\% had visited a complementary therapist in the previous 12 months.\textsuperscript{15} The latest figures from the Complementary Medicines Evaluation Committee (a Government Statutory Committee

\textsuperscript{13} The re-cent ‘scan scam’ in NSW in October 1999, is another example where radiologists ordered millions of dollars of equipment to claim Medicare rebates, potentially costing the Australian taxpayer millions of dollars.

\textsuperscript{14} Sun Herald 14/4/96.

\textsuperscript{15} MacLennan A. et al. \textit{The prevalence and cost of alternative medicine in Australia} The Lancet 1996, 347:559-573.
formed in February 1999, by the profession to regulate complementary medicines) showed this former number had risen to 61% in the previous 12 months.\textsuperscript{16}

When we look at the costs of drug based medicine, we also need to look at personal and environmental costs. These are rarely (if ever) taken into account. For example, who calculates the waste from the hospital system? What are we really paying for with Medicare? We may live longer (this is debatable if we exclude child and infant mortality) but are we living with greater health - or have we become dependent on chemicals (drugs) to keep us alive? (Palmer & Short 1989:15, Illich 1976:94). What effects do these drugs have in our environment, for example, excretion into our sewerage systems that are either pumped into the ocean (in NSW) or have been used to grow vegetables (in Victoria)?

A major issue associated with the increasing cost of medicine is, who can (or will be able to) afford to pay for it.

\textbf{KB} - Maybe the cost of medicine will generate this [destruction]. They are even talking now about how are we going to decide who will get what treatments, in the next 20 years?

\textbf{LB} - I saw on TV a (fictitious) story that showed a new drug that would delay aging - yet was very expensive. It brought up lots of ethical issues - she said 'does this mean that only the rich could afford it' - the rich can afford anything - but the poor will get ill and die earlier like slaves (9.11.98).

\textbf{Safety of Medicine}

The current medical system can also be assessed as less effective economically as it can actually cause pain and suffering. Accidents in hospitals are greater than any other industry, greater than the mining industry and high rise construction (Archer 1995). The incidence of iatrogenic disease (disease caused by treatments, and from diagnostic procedures) is staggering. In America, 1 in 5 patients admitted to hospital acquires an \textit{iatrogenic} illness of which half are from drug complications, and 10% of these are acquired from \textit{diagnostic} procedures alone (Capra 1982:149). Does this make for effective medicine?

In Australia it is just as bad. The Independent Monthly (Oct 1994:37) printed an article by Archer stating: '... every day 400 Australians suffer injury or death at the hands of someone they trusted - their doctor. The Federal Health Department estimates that 146,000 Australians are accidentally or negligently injured by doctor or hospital practices each year, including 1,400 who die because of wrongly prescribed drugs'.

As a possible 'side effect' of the increase in iatrogenic illness in medicine, there is also a rise in the number of malpractice suits. Does the increase in malpractice suits come as a re-sult of the excessive use of high technology, the increasing iatrogenic illness or the perception that all re sponsibility for the 'cure' of disease, is that of the

doctor? If this is the case, is the increase in malpractice suits a reflection of the failure of the system to supply the needs of the consumers? 'Medicine has failed [many people] in some way, or they have used up its powers to help them and they do not know what else to do. They hope to find a way to heal, to co-operate with, or even strengthen the life within them ... we have all felt the power of the life force, we are all covered with the scars of many healings' (Remen 1996: Intro:xix).

The Effects of Male-practice on Women - Medical training

GC - I was the ONLY one in a class of 40 that even looked at the possibility that this [medicine] didn't make sense. Everyone was so immersed in the wonder of science and medicine and awe inspired by it. Bowing down and kneeling to it. It was actually pretty nauseating looking back on it. From 1st year Medicine, when we were given free stethoscopes, free sphygmomanometers with drug company names engraved all over them - it was all subliminal advertising (10.10.98).

Medical philosophy and practice are sustained in the education of medical students, and medical training is paradoxical. The conceptual basis of 'scientific' thinking allows for the development of a hierarchical system, and our current medical system is very strongly white, male dominated and patriarchal. 'The trouble with medicine has to do with gender. Both medicine and modernity have been linked with masculine power and domination' (Pringle 1998:7). In this hierarchical system, medicine and medical practitioners are placed at the top, and by default, every other approach to healing and other health practitioners is considered inferior. Medicine promotes doctors as the only source of proven medical knowledge, and they alone are perceived as responsible for all management of disease, under the guise that only they understand the highly scientific nature of disease. As the 'holders of the knowledge', they therefore also perceive themselves as the sole arbiters of treatment.

The source of the paradox arises from the need to maintain the power structures of the hierarchy where doctors are trained under a system where values like high competitiveness, are an essential part of the structure. This generates a medical training which in itself is very stressful but fails to teach students how to manage the stress (Archer 1995, Capra 1982). Medical training also teaches that patient needs come before the doctor's wellbeing. This negation of self was thought to be necessary to produce commitment to reponsibility, but now leads to extremely long working hours for doctors with few breaks - an attitude that ultimately leads to ill health - the very thing they are trying to 'cure'.

'It is not possible to be in a twenty-fours-a-day intensive training programme for many years and not be changed by it ... denial of the body, its needs for sleep, comfort and even food was the very foundation of the schedule. No-one complained. It was just the way we all lived. Many of the rooms I worked and studied in had no windows. Often I did not know what day it was, not even the time ... Training for many years in a male dominated field ... to survive, a woman has to compete successfully with the men, and I had fiercely and single mindedly cultivated the very qualities of decisiveness, objectivity, competence, judgment and analytical thinking that were most respected in this 'male' culture ... these qualities had become even more important to me.

than to the men, as I struggled to overcome what was widely perceived by them to be a gender handicap’ (Remen 1996: intro:xiv).

Medical education perpetuates attitudes and behaviour of a value system that plays a significant role in actually generating many of the diseases it tries to cure. Is this also a form of iatrogenic illness?

The Disembodiment of ‘science’ and the effect on women.

Looking at ‘science’ as being objective, leads us to honour the ‘scientists’ who best display the characteristics most conducive to this way of thought. This leads us to: ‘... the `fiction of the disembodied scholar’ (Waldby 1995:17), re-ferring to the assumption: ‘... that the scholar is simply a properly trained mind, unlocated in the specific historical experience and social position of a sexed, classed or racially marked body. The device of the bodiless scholar allows knowledge the apparent ability to transcend any particular point of view, and the limits of any particular experience... it also contributes to the image of scholarly dispassion and disinterest, for a disembodied scholar may only contemplate; he has neither the desire, nor the ability to interfere’ (Waldby 1995:18).

KB - There is that whole philosophical structure of letting go of the body and developing the mind - it's been the big thing against women for thousands of years - that women are tied to the body and therefore not as good (as pure intellectually) as men (18.9.98).

The device of the disembodied scholar has challenged feminism¹⁸ with ‘... particular methodological problems in authorising kinds of knowledge which take feminine experience as their point of departure’ (Waldby 1995:18). A focus of feminism is to re-honour the re-embodiment of knowledge, and re-claim the value of experience, and so make a space for a knowledge which is located in sexed experience. Throughout this thesis I have used feminism as a challenge to the notion of ‘objectivity’, as a way to perceive the world by validating personal experience.

‘In all the sciences [and medicine] women face a barrier to a career ... and the problem cannot be reduced to any one cause ... the age old link between [science] and religion has set up powerful psychological and cultural resonances in our society, that serve as a barrier to women. Recognising this barrier is no insignificant matter, for unless we understand the historical inertia of psycho-social forces, we will never be able to overcome them. No amount of affirmative action will enable us to equalise women’s [participation in science], if we do not also address deep-seated patterns of acculturation which turn women and girls away’ (Wertheim 1997:xv).

¹⁸ In this thesis, feminist re-search and world view is the predominant theme. Its effects are discussed in more detail throughout the work. In particular there is an extensive discussion of the feminist approach to medical ethics on pp 44-48.
The Funding of Re-search in Medicine - The Politics of Economics.

Today little re-search can be undertaken without funding, and the choice of problems for study in medical re-search is largely determined by an agenda that defines what is worthy of study (and therefore funding). Feminist critics of scientific re-search have shown that this re-flects the ‘... societal bias towards the powerful’ (Rosser 1992:127), and the powerful in Western societies are mainly white, middle to upper class and male, who are more likely to vote for funds for re-search which they view as beneficial to health needs - from their perspective.

Re-search for different approaches to healing re-ceives little funding, often with the criticism that it is ‘not objective enough’. Is this because it is more people oriented and patient centred, rather than disease/drug centred, limiting its value to the suppliers of funding? The politics of economics is obvious here as much re-search is funded by the pharmaceutical companies who ultimately wish to have a product (drug) produced that can be patented and marketed. In medical re-search women are rarely employed, rarely funded, and are rarely on peer re-view committees - the decision making areas of medical re-search. If these are largely ‘peopled’ by men under a predominately male paradigm, how can re-search from a different (healing) perspective be re-cognised? The predominance of men determining the priorities for medical re-search, potentially significantly effects the choice and definition of the problems for re-search. This can (and does) happen in various ways.\(^\text{19}\)

* hypotheses are not generally formulated with gender as a crucial part of the question, despite the fact that many diseases (and many drugs) have much different frequencies and different effects in male or female. These differences are not routinely being tested.

* some conditions which affect both sexes are defined as predominately male diseases, for example heart disease is re-searched largely on white, middle class, middle aged males, with very little re-search being done on women, especially black women who are in high risk categories.

* re-search on conditions specific to females re-ceives low priority, funding or prestige, for example, re-search on dysmenorrhoea or incontinence in older women, where drug therapies are unlikely to eventuate. There is significant re-search being conducted however, where there is an opportunity to generate a huge and very profitable market, for example Hormone Re-placement Therapy in menopausal and post menopausal women. HRT has worrying side effects (such as increasing risk of breast cancer), especially when prescribed as a blanket prescription for all women past a certain age, and particularly when its value as a treatment (for osteoporosis and heart disease) is doubtful.\(^\text{20}\) Funding is also being spent on clinical re-search on the profitable re-productive technologies (on women) for example, the development of contraceptive devices for women. Unfortunately when this re-search becomes clinical

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\(^{19}\) These points come from Rosser (1992), Rowland (1992) and Grant (1994).

\(^{20}\) Grant, Dr Ellen (1994) a re-searcher for 30 years on the effects of exogenous hormones on women has written a valuable book on their side effects.
practice, medicine often tends to convert a natural re-productive process, into a clinical, surgical or drug procedure controlled by medical ‘men’.

There are concerns re-garding the new clinical procedures for childbirth and infertility. Rowland (1992) expressed these as:

* the extent to which these technologies place the pressure on women to produce the ‘perfect’ child, while placing the ‘control’ of re-production in the hands of men.

* the enormous focus of IVF programmes which is all about male control of the female role of re-production (with little or no re-search being done on the male despite 40% of infertility being a male problem). Where are the ‘andrologists’; there are plenty of (male) ‘gynaecologists’?

* very little money is available for re-search on the causes of infertility, as the re-search is being funded in the search for a drug or a method that will intervene and create pregnancy (re-gardless of the cause), and that can then be sold at huge profits (as the incidence of infertility is increasing at a frightening rate in Western societies).

* fruitful questions for re-search based on the personal stories (experiences) of women have also been ignored. For example, Premenstrual syndrome has been thought for years to be associated with psychological or social factors re-lating to women's ‘hysteria’ and there is still very little re-search (especially involving women) about it. It has really only been since the discovery of prostaglandins (in the 1970s and 1980s) that the male medical establishment has realised there may be a biological component to the crippling pain of dysmenorrhoea (period pain), which until re-cently was classed as yet another form of women's ‘hysteria’.

There is more than one medical ‘story’.

'All human beings have a biased and limited view of the world; biased in that it begins with self, and limited in that it is restrained by experience. This means that theoretically there are many ways of seeing our world; the insistence on one view not only leaves out a great deal (and is therefore partial and inaccurate), it [also] assumes considerable privilege for those whose view it happens to be. They are in the privileged position of knowing 'everything'. Their bias, their limitations become the yardstick by which all else is measured, and if they have not been exposed to a particular experience ... then such experience can be deemed not to exist ... it is UNreal' (Spender 1992:10 emphasis in original).

The problem with accepting a single externalised ‘objective’ world view, is that it fails to take into account how we explain and validate our everyday experience. We construct our experience from what we see, an internal process which is explained with language. Being an internal process, this is contradictory with the notion of ‘objectivity’, and produces a significant dilemma. Science (and medicine) has tried to avoid this dilemma by negating the value of personal experience, often calling it ‘anecdotal’, but in the process denies the human experience (the personal stories), and thus provides only a limited world view. According to Maturana (1994) ‘objectivity’ is only one domain in the experience of the observer and its validity needs to be questioned. It is only one
explanation or description of an event or experience. There is a need to have more than one explanation of human experience.

At a workshop with Dr David Russell (1991), he used an image of the braid, there being 3 strands (ways of) explaining our world - the process of doing science; the collaboration with others through story and myth; and imaginative expression. Each strand is separate by nature, but the braid brings together the relationships between them. The concept of combining (braiding) strands of different realities but equal validity, provides a way to perceive another (multiple) path of truth.

Science perceives itself as the only way, and imagination, stories or mythologies are irrelevant. Science (and scientific medicine) is locked in its quest for its perceived truth, and yet paradoxically, because it perceives itself as the ‘truth’, it possesses only a fragmentary world view.21 Scientists see the pieces clearly but they have lost a feeling for the whole. Medicine provides many classic examples for this eg. a dermatologist gives a cortisone cream for eczema, yet doesn’t look at the dairy food intolerance of the person that may be triggering it, yet dairy foods have been documented as a known trigger since the time of Hippocrates.22

By prizing the concept of ‘objectivity’, medical science in effect, uses this as a distancing device. This cosmology is so powerful it reflects the way we understand consciousness within our culture - not as embedded in and inseparable from the process (and our environment), but as separate (distanced) from it. Being fragmented philosophically, it tends to generate our whole world view as being fragmented - which has huge ramifications for the health of individuals, for our society as a whole and for the health of the planet. This world view inhibits us from seeing the implications and direct consequences of the interactions/relationships of diet, lifestyle and environment on our health/illness.

LB - The masculine principle is out of control, the totally out of control Damuzi - using Nature for personal gain. The only thing they can’t control is death - death is considered a failure. In the totally mad (what we are living in now) patriarchy - our society is like a child that needs to be smacked and told its limits, that’s what the law is for - and it’s written in the body. If you deny that, the body cracks up - and so they are growing body parts for replacement. Yet if the myths are right - this will turn out an even greater disaster, the body/the society will crumble from within.

This is what happens when the masculine gets out of control - because thought has no limit. The body has limits, the earth has limits, the circle has limits, the ground has limits, and when you go beyond - when you get too close to the gods - you will be destroyed. We play with the world at our peril - we have had open slather for the last 200 years. It’s when the mind goes irrational.

21 For example, in medicine when a drug or procedure is created that produces a predictable effect on birth, (or on a disease) the illusion is created that science understands birth (or disease).
22 The first recorded evidence of the interaction of dairy foods causing skin disease and digestive disorders was by Hippocrates in ~ 450BC - in Grossinger (1982) and Lyons & Petrucelli (1987).
We can't live without water, we can't live without air and we are destroying those rapidly - and our food. In our future we will see many of these changes. According to the great astrological teachings we only have until the year 2012 to make that decision [to change]. But for a different way to return - something has to end - we haven't ended yet. For the future - we can't think within the dualistic paradigm of this is right, this is wrong. We actually have to change the basis of our thinking (9.11.98).

By taking away the interrelationships within ourselves, and with ourselves and our environment, human wholeness is fragmented, and in doing so are we shielding ourselves from our complete participation in the whole experience of life and death, and its potential for learning and transformation? Is this a factor in the development of many of the illnesses (of ourselves and the planet) that are besetting Western Society?

Concepts of health and disease

There are however other stories of medicine/healing that need to be heard. Looking at health in a holistic, environmental and ecologically sound manner; perceiving an individual being a combination of mind, body and spirit, inseparable from the social, cultural and environmental aspects of life; these may go a long way to improve our understanding of health.

KB - The term disease is a reductionist term and largely unrelated to holistic thinking. 'Disease' is process of the naming of a specific set of symptoms, of a particular part of the body, and therefore significantly limits our understanding of the process that is occurring throughout the body. Illness is a more appropriate term, as it is concerned with the processes of the whole body - it's systemic/holistic. Illness is the polarity/the counterfoil to health - these two polarities - illness and health are situated along a continuum. We are all somewhere along that thread/continuum.

Illness is a warning that we need to do something different - that we need to transform ourselves at some level. The more profound the transformation needs to be, the greater the symptoms, and therefore the more life threatening the illness manifestation. During illness we have choices for transformation - either we choose health and life and transform ourselves physically, psychologically and spiritually (illness can also be a sign we need spiritual transformation) - or we can choose death which is an even greater transformation - and just as valid a choice (10.10.98).

Systemically, the origins of disease are to be found in several causative factors that must concur, if they are to re-sult in disease. These depend on the individual’s emotional re-actions to stressful situations, in the social and physical environments in which they occur. For example:

* The common cold - many people exposed will succumb if susceptible, but this depends on a range of factors, for example, weather conditions, fatigue, stress, previous exposure.
* Cancer - billions of dollars have been spent (and are being spent) to discover the virus that is causing the disease. This has not shown any great success. In fact the figures are more encouraging with re-search that focuses on psychological, dietary and environmental factors. In the early 1900’s, re-search was conducted that showed strong evidence that many cancers are triggered by emotional states. This was fully re-corded in the psychology literature but little re-search has been done in this area (in Australia), where chemotherapy, radiotherapy and surgery are the predominant treatments (Capra 1982, Grossinger 1982).

* Patients can feel quite ill but have no demonstrable pathology. After testing that shows no measurable abnormality, they are either sent home - or sent to a psychiatrist. In a short survey (1 week) conducted in my clinic, 30% of my new patients had this experience, but were convinced they had a physiological problem that medicine couldn’t define, so consulted me (a complementary practitioner). ‘50% to 80% of visit to doctors cannot be associated with any specific physiological disorder. Are these functional rather than pathological disorders and therefore difficult to measure with our current technology?’ (Sydney GP 1992).

When systems thinking is applied to health, because of the nature of the thinking, this often also comes with a powerful interest in re-specting other forms of life, preserving our environment and re-cognising our (the human) place in the cycles of life.

**GC** - My perception of time has changed enormously. With healing you can’t set a deadline - it can go really rapidly for a while, then slows down for a while, gets up again, etc. It takes a lifetime but you are still in a process of healing. For some it will take a lifetime, and for some it will take a week. This has also given me an indefinite lifetime. I always had a feeling in medicine - they have a concept that you have to go over certain hurdles. By the age of 40 you have to be a consultant or you have missed out - the steps on the hierarchical ladder. Your life is laid out - there are certain milestones [for each decade]. Whereas I have created my own medical specialty (in complementary medicine) and I may even get medical recognition for that. If I do it will be great. If I don’t, it doesn’t matter. I don’t relate to that [medical] model any more. Now each decade is another opportunity to do different things, and with the healing profession there are all sorts of things to learn (10.10.98).

**The Health of Practitioners/Doctors**

**KB** - It is partly for yourself as well - it’s your own learning experience. A lot of doctors get sick because they get trapped in that [model of] rescuer with the guilt, with all the stress and the re sponsibility, and they are often as sick as the people they are dealing with.

**GC** - I see that a lot, when I see doctors that I trained with - they are all grey, all arthritic. I find the men, who have got into medicine because it is a

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23 According to Kearney (1990), AACB/AIMS/HGSA Joint Scientific Meeting (1996) - up to 80% of cancers are caused by dietary and lifestyle factors (as stated before).

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career and a way of earning lots of money, are so dissatisfied. But the women have often made choices earlier on - they have chosen a stream of medicine that has given them satisfaction. Men were never really into that. Although some were really called to [medicine], and they became quite successful, they became really tied up in that space of doing. But a lot only did it as a career, as a way of meeting a wife (10.10.98).

Traditional healers were expected to set an example of health to their communities, with body, mind and soul in harmony - an approach congruent with the philosophy - 'Physician heal thyself'. Yet how can a doctor expect to be effective and an example of health to the community when s/he is working under conditions that produce ill health?

Partially because of the enormous stress they work under, the life expectancy of a physician today is 10 to 15 years less than the average,25 and coupled with lack of self regulation and little understanding of health, these factors potentially lead to doctors with suboptimal health (often maintained by drugs), with increasingly less ability to function optimally. Medical practitioners have higher rates of physical illness, higher rates of alcoholism and drug abuse: ‘...narcotics addiction among unhappy medical practitioners is 30 to 100 times higher than in the general population’ (Archer 1995:54). These problems are generated by the stress of long hours, the stress of dealing with patients in states of high anxiety and depression, and the training of doctors that encourages a disease model in which emotional factors/forces play very little role. Many doctors therefore often disregard these factors in their own lives - to the detriment of their own health.

Concepts of death

KB - I perceive death to be the opposite/the polarity of birth, NOT the polarity of life. Life is the thread that joins these two moments of enormous transformation. It is the journey between them, and the choices we make along that journey that determines how healthy and happy we are (10.10.98).

Under the current medical paradigm, the ultimate existential issue - death - is denied or treated as a failure. It is considered simply the end/the standstill of the machine. Because of this concept, there is no distinction between a good or a poor death (or ways of dying) and no processes to deal with death in a meaningful way (within the hospital system). The age-old art of dying is no longer practised by our culture. The concept that you can die happy has been forgotten by the medical profession.

Overall

'I grew up believing that this cold dry approach to existence was a necessary component of intellectual freedom, that the courageous mind could look at a universe stripped of all myth with a clear unblinking eye. I thought somehow that meaninglessness presented the mind with an open field. Only later did I come to sense that underneath this idea of freedom an older way of ordering the world remained’ (Griffin 1995:34).

In the history of scientific medicine, we have gained enormous knowledge about the mechanisms of the human body, and have developed medical technology to an incredible degree of complexity and sophistication. Yet in spite of the amazing advances in medical science, we have a profound crisis in health care. There is relief of symptoms with medical treatments, but there are also extensive side effects, as well as wide dissatisfaction with medical institutions, inaccessibility of services, lack of sympathy and care, depersonalisation of patients and malpractice, and all at huge cost to the community.

Despite the staggering increase in health costs over the last three decades, and despite the claims of scientific and technological excellence by the medical profession and the media, the health of the population has not improved significantly. ‘According to the 1989-90 National Health Survey [in Australia] ... 70 per cent of the entire population, almost 12 million people (are) now using one form of legal medication or another ... more than half of these substances are habit forming pain killers, sleeping pills and tranquilisers’ (Archer 1995:71,78).

The relationship between medicine and health is difficult to assess, especially if using the narrow biomedical model of health - which is in essence - the absence of disease. The most common measurement is mortality and morbidity: ‘... a death is easy to define and usually can be determined with a high degree of precision’ (Palmer 1989:15). Life expectancy/mortality (Palmer 1989) is a useful statistic but it doesn’t measure the health of society. Illich (1976), Kovacs (1976) and Thompson & Miksevicius (1988) state that the result of both the decrease in infant mortality and in infectious illness in the general population, are more related to decreasing poverty, better hygiene, better knowledge of nutrition, greater (and regular) availability of food supplies, than to advances in medicine.

Regarding the general health of the population, Illich (1976:94) states that: ‘... it would be entirely incorrect to attribute more than one of those many lives ‘saved’, to a curative intervention that presupposes anything like a doctor’s training’. With infant mortality: ‘... food, antisepsis, civil engineering, and above all, a new widespread disvalue placed on the death of a child, no matter how weak or deformed, are much more significant factors, and represent changes that are only remotely related to medical intervention’ (Illich 1976:94). Most of the major infectious diseases in the world had decreased by 90% from 1850 to 1940, before immunisation and antibiotics were widely available. If so, medical treatment has played little role in this decline of infectious disease.

Medicine may have contributed to the elimination/reduction of certain diseases - but this has not restored health. Physical health is only one of the manifestations of imbalance of the organism. Psychological and social pathologies, while outside the scope of this thesis, are also an expression of systemic imbalance. If the symptoms of a physical disease are effectively suppressed by medicinal intervention, this illness may well express itself through one of the other modes. ‘One figure that has been put on

26 These two medical ‘treatments’ are frequently considered a major part of the medical arsenal in its fight against disease, and are often considered the reason medicine has been so successful.
the effect of medicine is that it affects about 10% of the usual indices for measuring health' (Capra 1982:133). An assessment that would have some meaning would deal both with the health of the individual (their sense of well being and quality of life) and the health of the society (and its environment), and would include the lessening of both mental illness and social pathologies.

Medical Ethics

Any critique of science and scientific medicine challenges the system of ethics by which it is perceived and controlled. So this re-search into the role of women in medicine has challenged medical practice, bringing medical ethics to the fore. This thesis therefore would not be complete without a discussion of these issues. However I have only done this briefly as, being a large and complex topic in itself, it is outside the scope of this thesis to go into much detail.

As in medical his-story, the feminine principle is rarely represented in codes of medical ethics (except in nursing, as the helpmates). There are only four re-cognised professions with Codes of Ethics reaching back into antiquity and these are those of the Church, Medicine, Laws and Arms - the professions of those who work with the spiritual welfare of the community, the care of the sick, the cause of justice, or the protection of the nation. The basis of all these professional codes of ethics is the concept of the 'brotherhood' of the profession, and service to the community before personal gain.

The four major principles of medical ethics

Medical ethics today are based on what is called 'principalism' (Frank 1999), and the four major principles can be summarised (very briefly) as:

a) 'Nonmaleficence' - first do no harm - but who defines harm? Today this Hippocratic ideal has been translated into a 'risk versus benefit' practice.

b) 'Justice' - which should mean equality of access, but in medicine today is becoming increasingly unworkable, as it '... raises the horrible question of who should get what, at whose expense, and that is just too overwhelming to take up when you are faced with an immediate clinical dilemma' (Frank 1999:8).

c) 'Beneficence' - do what is best for the patient, but '... beneficence is increasingly balanced by corporate obligation, and it leads to some very tough decisions, because behind corporate responsibility often lies community responsibility' (Frank 1999:8-9).

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28 This section is taken discussed in more detail in Fry (1992), Bequaert Holmes (1992), Porter (1991) and Pringle (1998).

29 For more detail see Chapter 7 Re-membering.

d) ‘Autonomy’ has defined bioethics since its formation in the mid-1960s. This is the practice of informed consent - and it has become increasingly bureaucratised. *The problem with informed consent [today] is that it doesn’t inform* (Frank, 1999:9).

According to Frank (1999), the problem with medical ethics today is that the principles are no longer working, instead they have become bureaucratic rituals. With the globalisation of medical markets and the commodification of product lines, medicine is turning into an increasingly abstract system, in which people have little trust, and in which physicians are simply employees.

**Expanding medical ethics to include an ethic of care**

Re-searching medical ethics for physicians, I found minimal literature based on the ideas of the feminist ethics of ‘caring’, or ‘for the good of’, except in the context of the ‘helpmate’ where it was a central value - coming from nursing (and feminist) ethics - the ‘ethics of care’. Caring attains moral significance because it is continually re-inforced as an ideal, by those who have the re sponsibility to serve the needs of others. Caring is traditionally considered a female virtue - in fact a central part of the ‘mother’, but this aspect is one that has historically been (and still often is) used in the subjugation of women - a woman’s role is often perceived as the nurturer or carer (often at the expense of her own life, and/or health). However, as a medical ethic, caring has many definitions. As collated by Fry in Bequaert Holmes (1992:93-106), there are three models of caring, relevant to ethics:

a) The first model was based on Carol Gilligan's (1982:94) work where she states caring is *'... feminine in the deep classical sense, rooted in receptivity, relatedness and responsiveness'*.

b) The second was from Pellegrino (a humanist and physician) who defined caring as the value of the physician’s obligation to do ‘good’. He noted at least four senses in which the word ‘care’ is understood, all of which are inseparable and integral to healing:

* care as compassion - a feeling, a sharing of the other person's feeling of pain, illness or trouble. The person not being an object of our medicines, but a fellow human who has touched us simply because we share the same humanity.

* caring as ‘doing for others’ what they cannot do for themselves - eg. feeding, bathing - because these are compromised by the illness - activities rarely done by physicians.

* caring for the medical problem of the patient - dependant on the expertise of the doctor/practitioner, but also the re- cognition by the practitioner, of the patient’s anxiety about the illness, and alleviating this as well.

* the definition of ‘take care’, that is, to carry out all the necessary procedures that are needed to stabilise the patient's condition. This was an extension of the previous point but the emphasis was more on the craft and the competence of the practitioner.

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31 See pp 48-52 for further discussion.
c) The third model is the ‘... moral-point-of-view’ (Fry 1992:101), which means subscribing to a particular view of morality, to the extent that the person lives that morality in their life, rather than just accepting the intellectual view of that morality. This is a more holistic approach, where the practitioner's health and behaviour are an example to their patients - adhering to the 'physician heal thyself' philosophy.

d) A fourth model was proposed by Porter (1991) with her concept of 'self-in-relation'. An ‘ethic of care’ encompasses Porter’s idea of morality and ‘... thus we transform by integration rather than separation’ (Kaufman Hall 1995:19). The moral identity Porter (1991) espouses, while rising from women, is possible for both genders through ‘... arduous but worthwhile dialogue to determine shared values, common purposes and the conditions whereby human potential may be realised. then we can increase the appreciation of commonality with others and our difference from others ... this narrative of sense of self (in-relations) confirms individuality and the social basis of our selfhood through intermeshing of personal histories’ (Porter 1991:196 and in Kaufman Hall 1995:30).

Caring may be considered more a ‘feminine’ way of re-lating but should not be gender dependent. However, caring is bound up with the ideals of re-ceptivity, re-latedness and re sponsiveness, to and with each other - all more associated with the traditional feminine principles. In medicine as in life, this has been (at times) a double edged sword. Medical ethics today needs re-constructing from that of a ‘curing re-lationship’ between the physician and the patient; to a ‘caring re-lationship’ - one that is more oriented to expressing the nature of the obligation between the physician and the patient.

The concept of ‘good’ in medical ethics

While re-searching medical ethics I looked at the concept of ‘good’ or ‘for the good of’. This encompassed at least three components - biomedical good - the good that medical intervention offers by altering (‘curing’ or alleviating) the disease; the patient’s concept of her or his own good - what the patient considers is worthwhile, or in their best interests, (which can contradict ‘biomedical good’ if the patient considers the side effects are not worth the treatment); and the ‘... good most proper to being human’ (Fry in Bequaert Holmes 1992:100). This is the capacity to make choices, to determine one’s own goals in life, to do whatever the person feels will fulfil her/his own potential as an individual, and that re-spects human dignity and expresses human freedom and considers both 'patient good' and our ideas of 'social good'. It has been argued however (in medical circles)\(^\text{33}\) that patient good (ie cure of disease) is more important than social good, but they are intertwined.

A new medical ethics - based on re-lationships

It should be possible to generate a medical ethics that is not gender dependant,\(^\text{34}\) by placing more emphasis on caring, and the re-lationship with the patient as a person (rather than classified according to a disease), being grounded in their particular

\(^{33}\) Fry in Bequaert Holmes (1992:100-102).
\(^{34}\) These ideas are based on Bequaert Holmes (1992), Porter (1991), Gilligan (1982) and Pringle (1998).
(personal, social and environmental) context, rather than with objectified sense of moral justification. *Working towards a synthesis acts to break down the hegemony of traditional thought structures and gender-differentiated practices that rely on dualistic assumptions, by acknowledging new moral tensions, new combinations of possible solutions and new forms of subjectivity. This provides a framework for an emancipatory ethic that is holistic in dealing with a general identity and sex-specific dimensions of identity... [and] helps others explore exciting, plural modes of being, encourages growth of distinctive qualities and addresses the whole of moral identity* (Porter 1991:196-197).

Despite my caution in coming from the feminist point of view regarding ethics, the phenomenon of human caring need not be gender related. Medical ethics has broader implications than either just to medical practice, or just to women. Cheney (1987:115-145) states (about ethics) that: '...we are part of an interconnected web of relationships, and we are what we are in virtue of those connections, both with other humans and with the nonhuman environment'. This suggests: '...an ethical stance emphasising interdependence, relationship and concern for the community in which we are embedded, as opposed to an ethical stance which emphasises individual rights, independence and the moral hierarchy, implied in the right view'. Frank (1999:9) agrees with Cheney when he says we need to '...begin to think of health on a community basis, and if we can begin to think of the community as that which nourishes and sustains the health of individuals within it, then I think there is a great deal of promise for the future of medicine."

An ethical stance from a feminist perspective allows the possibility of relationships being the focus of ethical concern, brings in the metaphorical concept of the webs of relationships (rather than hierarchical re-relationships), and involves mutual re-relationships of care and re sponsibility - re-relationships of connection, concerned with the preservation of community - not separation. They are an acknowledgment of the value of diversity, and honouring human dignity, are rooted in an attitude of respect for ALL living things.

**The Ethics of Medical Re-search**

From the perspective of 'the ethics of care', there were some real issues around the funding and practice of current medical re-search. Funding tended to be directed towards academic knowledge, or economics (profit) rather than towards improving the care of patients (particularly women) - much of it being financed by pharmaceutical companies who required patented products produced from the re-search.

Medical re-search that is centred on men (as an unconscious bias) raises ethical issues. For example, health care workers who treat the majority of the population (at least half of which is female) are using information based on clinical re-search that has often not been tested on females - where women's experience has largely been ignored. Yet women being treated by drugs may be affected in very different ways to men physiologically, and have very different experiences sociologically (possibly

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35 This section braids well with the discussion on pp 37-38 - The Funding of Re-search in Medicine - The Politics of Economics.

very different causal factors for disease). In much medical re-search, there is a basic assumption that re-search on males provides the answers to the whole population, and apart from this obviously not being the case, women are often considered as inferior males - an even more troubling assumption. Maybe the issues and funding of medical re-search should be thrown open to public (male and female) debate, or by re-ferendum by the tax payers, to decide where and where not, our money should be spent, and not leave these decisions behind closed doors.

**Change is occurring**

According to Rosser (in Bequaert Holmes 1992:130), changes in clinical re-search methods have started to emerge with the critiquing by the feminist movement and women scientists - bringing a re-cognition of the flaws and ethical problems for women in medical re-search. These changes are occurring as more women are being educated and are questioning medical authority. They are taking re-sponsibility for their own bodies and demanding re-search and better access to health care for women; for example, birthing centers staffed by women. Guidelines have also been developed for Federal funding that ensure humane treatment and fully informed consent by human subjects. There are also more attempts at patient involvement in re-search design and implementation which effectively re-duces the observer-subject distancing.

This type of re-search is not intended as a rival to the existing ways of approaching re-search, but is more a strategy which looks at effective forms of intervention, that is more re-lational (more of a feminist approach). Feminist re-search also looks at the problems, diseases and conditions that are part of female health (not just an extension of male health). It pays attention to women's ways of understanding and explaining their experience, rather than only valuing objective laboratory and/or animal experiments. These strategies have methods, as well as short and long term goals that are capable of being transformed during the processes, and are more flexible than the nature of current scientific re-search. Science and medicine need to change from re-search that is oppressive and potentially destructive to women (and other races and social classes), towards re-search that encourages liberation, equality and improvement in health for everyone.

**The Politics of Choice in Medicine - Informed Choice or Informed Consent?**

The politics of choice is intimately associated with medical ethics. In practice it is a vital component in the struggle for social justice and equality. As this thesis is about social justice (in medicine) it is therefore important to briefly mention issues around choice. When talking ethics of medicine, a practical issue that confronts many patients is that of choice (or otherwise), as it highlights one of the most obvious expressions of the power re-lationship between patients and their doctors, and is the subject of much debate. A primary aspect of social justice is the individual being sufficiently empowered to make informed choices, and to have those choices re-spected - something that does not always happen in medicine today.
During crisis/disease we should be about giving people more choices so they can pick the best one for them. It’s all about choices – expanding the choices. Today many people make the inappropriate choice, because they don’t know there is something else. Yet when ill, it should be your choice that determines what you do [with treatments] (9.8.99).

‘Respect for a patient’s right of informed consent is another duty of doctors. All persons have the right to refuse ... medical treatment ... the right of informed choice among alternatives is of great importance’ (Marquis in Bequaert Holmes 1992:140). The issue of informed consent or informed choice is one of the most important concepts in medicine. Bioethicists regard respect for autonomy as a central principle in how doctors should behave in clinical practice, and in medical research. Informed consent is one of the primary aspects of this autonomy. There are however many conflicting views of what this means and how it is practised. The confusion arises due to the concept being regarded in different circles as either a legal issue, requiring specific procedures that can stand as evidence, or as an ethical issue involving the autonomy of a patient. As these have such divergent requirements, I have delineated them by definition - informed consent being the medicolegal issue, and informed choice the ethical stance.

**How is choice constructed?**

‘The concepts of choice come from ‘a particular Western ideology that emphasises individual freedom and values neutrality. At the same time this ideology prevents us from examining technological and contractual [medicine] as an institution and leads us to neglect the conditions that create industrialised [medicine] and the role it plays in society ... at the very least, choice implies awareness of possible consequences and that ... health, autonomy, integrity and basic social justice are served ... The right to choose is fast becoming the right to consume ... the language of choice makes [medical] consumerism ethical’ (Raymond 1994:x).

According to Johnstone (1989:180) there are certain fundamentals of choice (and consent) that assume:
* the competence of the person/patient to understand the issues,
* the disclosure of the adequate information and relevant issues by the doctor,
* an understanding of the issues by the patient,
* and the opportunity for the patient to be able to make a voluntary choice.

Choice (or the ability to be able/to feel able to choose) bears a strong re-relationship to perceived power re-relationships between the person/patient and the doctor. The perceived production and ‘ownership’ of knowledge can determine a person’s ‘right’ to choose.

**B’s story - A story of informed consent.**

A 64 year old woman discovered a lump in her breast. Despite waiting (due to admitted fear and denial that it may be cancer and therefore a perceived ‘death sentence’) for several months until she had a large discoloured lump around her nipple, she was admitted to hospital and told she had to have a biopsy as the lump was almost certainly malignant. B was advised she had to sign

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37 This story was taken from a transcript of an interview - another story of a woman’s experience of medicine.
the 'informed consent' papers for the biopsy and for a mastectomy if the lump did prove to be malignant - and she was booked for surgery the following day.

Despite feeling ill, vulnerable and frightened, B rang me regarding this decision. I gave her research papers suggesting a lumpectomy and radiation treatment may be a better option. This was not an option her surgeon had suggested. The following day B refused to sign the 'informed consent' papers supplied by the hospital and requested to see the surgeon. After considerable pressure being put on her by the surgeon and being informed that this was the ONLY operation being performed that could save her life, she still refused to sign and was ordered from the hospital, being made to sign a release that absolved the hospital and medical and surgical staff from all responsibility for the progression of her disease or her death.

B (with the aid of her friends) subsequently found another surgeon and hospital to perform her lumpectomy and now, 10 years later, she is well and happy and has no recurrences (6.6.98).

The fundamentals of choice however produce significant dilemmas:

* What is the definition of competence? Different levels of competence may be required for different decisions depending on complexity. This is compounded further when illness, mental disability or altered consciousness may diminish or take away the person's ability to be 'competent'.

* Who determines whether adequate information has been given, and in a manner that is truly understood by the patient? It is extremely demanding to tailor the information required for an individual, and full disclosure does not necessarily translate into full understanding.

* Full understanding could also have negative aspects in terms of healing if it triggers acute anxiety or fear in the patient regarding their condition (Johnstone 1989).

‘Understanding can be seen as more important conceptually than detailed disclosure. This view emphasises the potential division between understanding and explanation, a problem that occupies a major place in modern hermeneutic thinking ... these complexities emphasise the value of hermeneutics (understanding human communication) in the process of obtaining informed consent. Doctors and patients must both try to understand the impact of their different biographies and ideologies before true discourse can take place’ (Little 1995:125).

**Informed consent.**

Informed consent is a defined medico-legal term, adopted by the medical profession that encourages a patient to sign a paper that allows a doctor to perform a specific procedure (commonly surgical) in a medical setting. It generally has nothing to do with choices of treatment. It is purely a decision to have, or not to have, a particular procedure performed.
A crucial part of ‘informed consent’ legally is that this decision should be made after the doctor has fully explained (and in a language that the patient can understand) the procedure, the implications, the possible side effects and the alternatives, to his/her recommended treatment or procedure.

In my experience and that of many of the women in this re-search, patients are rarely informed of the potential side effects to the treatment, or the alternatives. This is part of the problem with the hierarchical structure of medicine and the paternalistic idea that the patient would either not understand or would object, and therefore not to tell them is ‘for their own good’. Informed choice is a broader based ethical issue.

**Informed consent for medical re-search.**

When talking about choices in medicine, more complex dilemmas arise, regarding choices to partake (or not) in research/clinical trials. ‘The [medical] research tradition has been almost patrician in its refusal to grant a voice to the victims of cancer. Research initiatives remain heavily orientated towards treatment rather than prevention. Scandal, when it arises, is surrounded in secrecy. In short the conduct of cancer research is medical paternalism incarnate’ (*The Sciences May/June 1995:4*).

To give an example, what are the ethics of medical research that is treatment oriented - giving drugs with known side effects - to healthy people? Current research on breast cancer is being conducted on 16,000 healthy women, determined by the medical profession to be in a high risk category for breast cancer, because of their family history. These women are being given a drug called Tamoxifen where a known side effect of this drug is increased risk of endometrial (uterine) cancer (AACB/AIMS/HGSA 1996 Joint Scientific Meeting, Moss 1992 and Weijer 1995). Advertising for this programme was put through women’s magazines and local papers, playing on the fears of many women to encourage them to participate.

**Informed choice**

I was at home when the surgeon called ... 'We’ve got the results from the biopsy, the results aren’t good and we have to do a mastectomy on you'... Apparently the conversation went on for half and hour but I was too shocked to take anything in. I felt like my whole world had fallen apart. I stood there shaking and crying. I rang my husband and broke down. I saw my surgeon the next day. He said in a very matter of fact manner that there was no choice for my type of cancer, 'you have to have a mastectomy'. He gave me a booklet on mastectomies to read when I got home, he opened his diary and said he could do the mastectomy in two weeks after he came back from his holidays.

I was shocked and said 'I felt like I need some counselling before I do anything. I can't just go and have my breast removed!' He didn't respond, nor did he refer me to a counsellor. I called my GP and told her the diagnosis and proposed treatment. I said I wanted a second opinion. She said 'you're wasting your time, he is the best surgeon around for this. People like you waste time going to other surgeons for another opinion. You'll end up going back to him in the end anyway'. She refused to give me a referral.
Informed choice can revolve around making a decision regarding the choices offered (or not offered - a common issue in medical power relationships), but can also bear a relationship to a person’s internal perceived right to be able to choose. Informed choice involves awareness and understanding of all possible consequences - a difficult procedure for both practitioner and patient alike.

Studies on choice have shown that many people either do not have a choice of treatment or do not perceive their rights or abilities to do so (Frazer et al 1992, Peterson 1994). Those who may not feel they are able to choose include; women who traditionally are not used to being given a choice; the young who have not yet learned to be able to choose; the elderly who are often marginalised in our society; and those who do not have enough money to be able to choose. The first three could also fit into the fourth category. Not having the financial resources means that the choices a person can make are re-stricted to the public health system. Having adequate financial resources can mean more options for choice being available.

Why is choice important?

GC - It’s all about informed choice. People always know what’s wrong with them. What we are doing is presenting another choice to them. All I do is let them see that. Let them experience that choice - that gives them the lasting change - experiencing the change on a conscious and unconscious level. Almost everyone I see now makes a shift.

KB - I think you get better at it as you go along, and part of getting better at it is interfering less. Sitting back and mirroring it - not trying to make it happen yourself, letting them do it, taking the pressure off allows them to heal (10.10.98).

Because of the belief that they alone have the knowledge and techniques to intervene in the disease process, many doctors do not always give legitimacy to the need of the patient to make her/his own choices, or to have hope in a cure. Patients make choices that meet the demands of their inner world but this is rarely acknowledged or allowed in medical circles, especially if it contravenes the treatment recommended by the doctor. Yet the right of every person to choose what medical treatments will be used on her/his body is a fundamental principle of medical ethics.

Working in complementary medicine, healing and models of health are utilised rather than models of disease, for understanding the processes of illness. Under these guidelines, being able to make a choice and the associated empowerment of the patient are recognised as significant components of health. The WHO definition of health is ‘the ability to achieve one’s true potential. To achieve one’s true potential also means having the power and the information to make choices in life, especially about health and treatment.


Karen E. Bridgman © 2000
What are the Alternatives?

My ideal approach to health care (medicine) would be from a stance of 'epistemological pluralism' which unites body, mind and spirit on an individual basis. This includes science as well as other ways of knowing, with each body of knowledge considered valid in its own realm. It honours a balance of empirical, rational and spiritual knowledge, is capable of re-specting the difference of the other, and of being able to work with that difference. This approach would also re-balance the feminine and masculine principles in healing.

The Traditional Model Of Illness

LN's story
I grew up in a small town in F (an only child) and my mother was always aware of minor illness - rest and herb teas etc. I was always looked after naturally, never went to a doctor, as my mother fixed most things. My grandfather used herbal teas, and used to drink them every night, and he would tell the neighbour - if you have got a problem, take that [herb] - sort of like a herbalist. I used to drink herbal teas all the time as they were a part of our lives. My grandmother grew all our vegetables, rabbits, chickens, all organically, so I was brought up on organic foods a lot of the time as well, and was naturally attracted to fresh foods and fruits - not the cakes.

[I wasn't] particularly interested in herbs - it was just there and we took them when necessary. The doctor was not like a doctor, he was just a friend of the family and used to visit all the time, come and have a chat, have a drink, not like a doctor at all. He came when my grandmother was sick. There were no drugs in the house - we didn't take drugs - naturally my body has healed. I do not depend on drugs (9.8.99).

Throughout the ages healing has been practised by folk (and shamanic) healers who were guided by a traditional (ancient) wisdom that saw illness as a disorder of the whole person, involving not only the patient's body, but also her/his mind, self-image, dependence on the physical and social environment and her/his re-lationship to the cosmos and the various deities. 'The oldest healers in the world, the people our society once called 'witch doctors' knew no other way to heal than to work within the context of environmental reciprocity' (Roszak 1995:6).

Generally healers never re-stricted themselves to purely physical phenomena but used various techniques such as ritual and ceremonies to influence the patient's mind, to re-lieve the fear that is always a significant component of illness, and to attempt to stimulate the person's own healing powers. They also commonly utilised the energy of the whole social group to assist the healing process. Local (traditional) healers still treat what has been estimated at 80% of the people in the world today, and although they use many different remedies, their approaches are similar.

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39 This section is distilled from many sources including Griggs (1981), Grossinger (1982), Roszak (1995), and Achterberg (1990).
40 This story was taken from the transcript of an interview.

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Most societies show a pluralism of medical systems and medical beliefs, with no sharp dividing line between them. Many cultures have folk medicine as well as their own 'high tradition' medicine. Many of the 'high tradition' systems today are no longer based on oral traditions using empirical knowledge, but instead have been written down and are practised by a professional elite. Some examples are Chinese Acupuncture and the Indian Ayurvedic system. These have developed alongside the popular folk medicine (although the outlines are blurred), which usually involves a long 'experiential' apprenticeship, and was traditionally transmitted as part of an oral tradition. Folk healers traditionally have been both female and male (the proportions varying from culture to culture), but all derived their authority from their innate healing powers, developed by the experiential, initiatory process, and working within a system that was re-latively non-hierarchical.

**Conclusion**

According to Achterberg (1990), Brooke (1993) and Merchant (1976), until the Inquisition in the 1200 - 1700's (in Europe) women were traditionally the healers. Often there were different types of healers, broadly divided into two categories, that of the 'herbe-wyfe' dealing with the daily problems; and the 'shamanic' healers (male and female) who dealt with spiritual and social issues that affected the whole community.41

Following the 'scientific revolution' of Western society, came the development of its organised, 'high tradition' medicine - patriarchal patterns came to the fore and medicine became science (objective, male) dominated. In Western medicine the power has been (and still is) in the hands of a male professional elite, even to the intrusion of male gynaecologists into women's health and childbirth (traditionally the province of women). The biomedical model of illness and its basic principles are so thoroughly ingrained in our culture that it has become the 'dominant folk model of illness' - although 'complementary medicine' is challenging this today.

'Many feminists have been profoundly suspicious of the medical profession, seeing it as serving the interests of contemporary patriarchy. Male doctors have acted virtually on behalf of men as a group, to maintain the social subordination of women by controlling their bodies and reproductive capacities. Modern professional medicine snatched healing out of the hands of women (its traditional practitioners) and turned women in to the main objects of its practices. In particular some feminists have been furious that male obstetricians and gynaecologists took control of childbirth, an area of great symbolic power for women, and claimed a near monopoly of knowledge about women's bodies' (Pringle 1998:1).

There is a powerful cultural inertia that continues to discriminate against women in the sciences and in medicine. The 'old boy' networks, the tacit double standards that exist in many universities, the lack of women in decision making positions as mentors for younger women - all are important factors that contribute to gender inequity. Wertheim (1997:236) states: '... the cultural inertia inhibiting women's advancement in [science] stems from the male-female, heaven-earth dichotomy, that is still

41 For more detail on the His-story of medicine see Chapter 7 - Re-membering.
strongly embedded in the Western subconscious. Ever since the Homeric era, women have been cast on the side of the material, the bodily, the 'earthly', while men have been cast on the side of the spiritual, the intellectual and the 'heavenly'.

Many people have been conditioned to believe that only the doctor knows what makes them sick, and that the only thing that will get them well is technical manipulation; to the extent that many people will not leave the doctor's office without a prescription. This makes it very difficult for even thinking doctors to improve things, and makes the patient dependant on the system. The biomedical model, being inextricably linked to the common cultural belief system, has become the dogma for the medical profession and for the general public.

However if we are going to change - it will not be easy or fast: '... no astonishing transformation in the way we think has occurred. Nor have the insights of theoretical physics, astrophysics or molecular biology, the new geometry of fractals, or the ideas of fuzzy logic reshaped the paradigmatic thinking of science as it is widely practised, in science [medicine] and society today. ... in the European mind the universe is still ordered in a hierarchy of masters and subjects ... This intransigence should not be surprising, for a shift in a way of thought requires more than simple knowledge or intellectual understanding. In European culture, the idea of logic, reason, even the capacity for insight, thought, clear mindedness have been situated so firmly in the duality between intellect and emotion, mind and body, spirit and matter that to challenge this duality must seem like a threat to consciousness itself.

This dividedness is rooted deeply, in childhood memory, in a sense of self, as if written into the body. In a child's mind, self and the world become distinct simultaneously. All the dualities that structure the social order also become powerful ways of ordering experience. The arguments for a new way of thinking ... fail to address this level of existence, through which one grows up, receives a name and finds one's place in the social order. All this, the very boundaries and definitions of one's life, are attached by countless threads of culture to an old epistemology. To sever them would seem like erasing the very facts of one's own existence. To change how one sees the world is to change the self' (Griffin 1995:40).

Bringing the feminine principle back into medicine will allow the possibility of discovering different ways of knowing and working. It will allow for a re-distribution of power, and for different possibilities that are less hierarchical, less 'objective', and more caring and health promoting.
Re-working

Women - Identity, Work and Power

(in Kirner & Raynor 1999:257)
‘The World Turned Outside In

There once was a man in search for a spiritual master who had spent many years in the quest - to no avail.
After many decades he was told that in a certain cave in the ancient mountains he would find his master.
It was an arduous journey.
He laboured across rocky hillsides and climbed sheer cliffs.
After pulling himself over one more ice-slick ledge, he saw what he hoped was his destination.
Physically exhausted but hopeful, he entered a dark crevice. At the very end of a dim cave sat a figure hidden by a hooded garment.

The seeker approached expectantly. A few feet from the figure he stopped, gasped, and stepped backward with surprise.
‘Why, why, you’re a woman,’ he said.
‘Yes,’ came the quiet strong reply.
‘Well I didn’t know that women could be, he masters, could be realised beings.’
‘Oh, my son,’ came the reply, ‘that just shows you how unenlightened you are’
Re-working
Women - Identity, Work and Power

The process of becoming women is conducted in a world... [where] each component part of the world has its own standard of femininity, of how a good woman should conduct herself. Each specific institution, relationship and belief system within society, holds a vision of its ideal type of woman. Through this ideal, each social element’s interest in maintaining a gendered world is furthered. ‘Woman is clearly distinguished from man, or more usually from man presented as the universal’ (Matthews 1984:6).

This chapter sets the stage for women, in work and in their relationships with power. It provides another thread of the context in which women find themselves (professionally and personally), when it discusses the recent history of the traditions of Australian society from 1880 to today, the traditions which have influenced the current meaning of our femininity. It is a history of the contradictions and constraints that the world has imposed/imposes upon women; a ‘story’ of the lives of women (including myself) who have been confronted by the maze of gender imperatives, the demand that they be ‘good women’. Its purpose is to uncover the processes of becoming a woman in twentieth century Australia so that, by understanding our his-storical construction as women, we may expand our opportunities, and choose less inhibiting and stereotyped possibilities.

‘From the formulation of the agenda of public knowledge and discussion, to the formulation of curricula in educational institutions [particularly medical education], women are still denied influence, so it is not our knowledge that informs society... many of my concerns are not only what men have left out of their records, but with their assertion that what they have created is a full and accurate account’ (Spender 1992:2-3).

Our assumptions about our reality and how we perceive change in our lives, constantly influence our actions - but how aware are we of these assumptions, and how conscious are we of the choices we make daily? ‘Different theories of power rest on different assumptions about both the content of existence and the ways we come to know it. That is, different theories of power rest on differing ontologies and epistemologies, and a feminist rethinking of power requires attention to its epistemological grounding’ (Hartsock 1990:158). I believe there is a need to re-structure and widen the meaning and understanding of the feminine, and from that broadened understanding, women’s choices for living will widen, and we could become more autonomous creators of our own selves (Matthews 1984:8).

‘Maybe men could move away from the metaphors of battle and we could find ways in which we could all change the rules, so they [men] too would have more choices and fewer ascribed...’

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1 When discussing power in this thesis, I am using the word ‘power’ - not as a possession, but in its sense as re-relationship, as a dynamic that comes into play in re-relationships. This ‘power’ can take many forms, as I have discussed.

2 Apart from the two books written by Susanna De Vries on Australian women in his-story, this chapter has been informed his-storically by Matthews (1984) and Long (1997). A major shift in the definition of women and work occurred around 1880 which has largely persisted until today.
roles' (Cox 1996:231). Any gender definition in any culture affects both women and men, as individuals, as groups, as well as in the relationships between them. The issues of the meaning of ‘woman’ is paralleled by the issues of the meaning of ‘man’, but we are framed by our language, which in Western societies, is deeply structured by masculine symbolism. Men are also bound by the stereotypes of power and hierarchies, but today we have many role models of the strong male, but few of the female, yet we need both male and female images of success and power.

A Brief and Recent Australian His-story of ‘Work’

In this chapter I have defined ‘work’ as ‘paid work’ as my re-search has been conducted with ‘professional’ women, although I am in full agreement with Marilyn Waring when she articulates strongly the denigration/dismissal of ‘women’s work’ in the economic systems of today: ‘... the international economic system constructs reality in a way that excludes the great bulk of women’s work... housewives are excluded from what is measured as the working force because such work is outside the characteristic system of work organisation or production’ (Waring 1988:25).3

There has long been a debate over the meaning of ‘work’, because ‘work’ has been a way of marking out boundaries of sexual difference. The ideas of ‘work’ and ‘workers’ is largely ‘... a construction of those who have the power to name an activity and category or persons’ (Kirkby in Long 1997:161). The definition of work is not fixed, it can be ‘... shifted to maintain sexual difference, and to maintain the privileges of masculinity’ (Kirkby in Long 1997:162).

During the 1880’s there was a trend away from paid work for wives of workers. In 1891, the NSW census takers re-constructed the definition of work when they constructed men as workers and women as (dependent) assistants - therefore as non-workers. A single bread-winner model for families was developed which identified only one member of the household as working - the male - and totally ignored the family economy model of household income, yet: ‘... political philosophers have told us that the family is a microcosm of the state. Unfortunately, they didn’t take the next logical step: only democratic families can produce and sustain a real democracy’ (Steinem in Waring 1988:Preface:xiv).

Since this time (in Australia), ‘work’ has been largely re-presented as a masculine prerogative. At the turn of the century, women’s bodies were under intense scrutiny (by men). They were sites to be medically and morally protected, or sources of weakness and disorder - all imposed identities. Women re-ponded to this with re-sentiment of the imposition of priorities they did not share, re-fusing to participate in re-gimes designed to discipline and transform their bodies - but these re-sistant practices had little impact on the dominant discourses and only glimpses can be obtained from the literature.5

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3 From Marilyn Waring (1988) and (1996) whose work I greatly admire. I have not used her work in detail as the context here is a little different, but I acknowledge her profound insights and re-alise her struggle is the struggle of all women.
5 For the same reasons that women’s his-story has barely been re-corded - his-story has largely been written by men, with an assumption that what is men’s his-story, is also women’s.

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‘Women were keenly aware of the assumptions made about their identity, but their economic and cultural marginality left little alternative to participation in the dominant discourse … ‘women’s bodies were linked to specific and general disorder, and fear of invasion. The discourse of feminine danger shifted and fragmented across the century, moving roughly from an emphasis on simple containment, to transformation, to specialised regulation … it was in a precarious and frightening border territory somewhere between nature and culture, one that threatened always to encroach upon the ordered [male] space beyond, if left unpatrolled’ (Long 1997:129-130).

In 1902 Australian women won their status as citizens by winning their right to vote, and welcomed the opportunity to ‘… secure their freedom from masculine and conjugal tyrannies’ (Gunn in Long 1997:184), but by now there was considerable opposition to women’s emancipation - often by women themselves. ‘The woman’s place is in the home’ was a popular maxim. With the re-definitions and re-distribution of power generated by women entering the workplace, there was great debate: ‘… any move by women to take on any of the characteristics of masculinity (like muscular strength, or force of intellect) calls out in men and women alike, a fear of their potency that can only be appeased by a reabsorption of women into that subordinate category’ (Matthews 1984:114-5).

**KB - I remember my mother’s story.** She worked as a secretary when she left school at age 15 (in the 1930’s). She really wanted to study further (medicine or nursing) but wasn’t allowed to do so (by her parents). After the war (World War II) when she married, she was immediately dismissed, as married women were ‘not allowed to work’, as they were perceived as taking jobs away from the men (who were coming back from the war (the second world war). Since that time my father (with the best intentions) put up enormous opposition when she did want to work, as he felt that he was supposed to be the provider (even if it meant he had to have three jobs to do so). So she never did work for her own money and has often regretted it. However she was allowed to do some voluntary work - after her four children had grown up. By now it was the 1960’s, and the times were changing for women (24.7.98).

This was also the time in advertising when women were increasingly constructed in terms of their bodies - the beauty myth evolved - women’s bodies became the subject of public gaze and emphasis was placed on being the objects of men’s sexual desire. ‘The prewar emphasis on reproductive health and fitness shifted to a concern with appearance’ (Gunn in Long 1997:185), which continued to emphasise the advantages of not being in the workplace.

**KB - I was always brought up to be a ‘wife’ [in the 1950s and 1960s]. My big aim in life was to get married and have children - and my mother (until only a couple of years ago) kept saying to me ‘if only you had a husband to look after you and make lots of money’ - but I didn’t want that. [But coming from this culture] when I was younger I transferred my ambition to my husband - that was what I expected and had been taught. He was the breadwinner - and even though I had a good job, when he wanted to move, I moved without questioning. The ambition I had, I put onto him. That has changed over the years, now I would have an enormous decision to make if my husband had to move for his job. I noticed when I was about 40 that I made that shift (24.7.98).
These stories (taking them as typical for women during these times) indicate that even though the process was slow, significant improvements in opportunities occurred for women over these two generations.6

**Today things may not have changed significantly**

DH - Gender definitely affected me [at work] especially at the beginning. The boss used to come around to my house and invite me on holidays which he didn’t do with the blokes. Then I got pregnant and was told that I could no longer do the job I was doing and had to leave. It wouldn’t have happened if I was a bloke.

[Today it still affects me] in that there is something about my gender which means I don’t pursue my career as much, so I set it up and I’m set up ... it’s only recently that I realise how much of a choice I do or don’t make, but up to a few years ago, I don’t think there was much of a choice. [Because you were a woman] it was never expected, you were never invited, you were not told about things, you were not asked. [Even today] the way you are mentored in the [university] system is quite different (24.7.98).

"The options available to women in the battle to define our femininity, social role and the meaning of our experience are many. However, they exist in a hierarchal network of antagonistic relations in which certain versions of femininities and the sexual division of labour have more social and institutional power than others" (Weedon 1987:125-6).

**Women and work today**

"Feminist historians have examined the ways in which ‘gender relations are actively constructed in the workplace’ at a time when issues of skill and protection of labour roles become more prominent" (Long 1997:125). The rise of the feminist movement has been a genuine social re-volution, and as with any significant re-shaping of society, several generations must pass before we can fully identify the enduring changes. However, some effects have already been noted. These are:

* new patterns of marriage and divorce,
* greater co-parenting
* wider acceptance of one-parent families (both male and female parents)
* more flexible approaches (and greater input by Government money) to child care (although this is under threat at the moment - partially from opposition from some men’s groups - see below)
* more children born out of marriage
* more life partnerships without marriage
* greater acceptability of same sex re-lationships.
* increased education for women

Recently there has been a powerful backlash generated largely by some men’s groups re-garding payment for single mothers.

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6 See Chapter 8 - Re-cognising, for discussion of the further development of women in the medical work force.
DH - On the radio the other day I heard that part of the men's group lobby is being really powerful in lobbying against paying non-resident parent support. They used as a typical example [to support their case], that of a blue collar worker whose wife has been at home, suddenly decides to go out to work, meets someone really rich and goes off with him. [Yet] this is an exception. All the statistics show that women with children are the poorest in the country, and [Social Security] is not going to be paying them as much. I think there should be a flexible system, but a lot more women and children are going to suffer even more financially (24.7.98).

Women in medicine, in careers, are changing the structures of work in a male dominated environment. As more women enter the workplace (in medicine, as in other professions) and gain positions of power, work practices may change to those fundamentally different, and more equitable. I suspect the greatest and most radical legacy of the gender re-volution will be the change in attitudes to work. The following is partially from the Sydney Morning Herald article - Hugh MacKay 13/6/98:28 - Hey listen mister, I'm your sister now.

As working women entered men's turf in vast numbers, many of them initially fell for the classic male trap of allowing work to take over their lives. They became stressed not only by the demands of the job itself, but also by the challenge of trying to incorporate new re sponsibilities into their existing (already complex) lives. The result - tension, irritability, fatigue, estrangement from bewildered husbands, conflict with children, and a gnawing sense that so-called liberation was turning into another kind of enslavement.

CJ - It has been really difficult for me too, apart from particular occasions in meetings where general things would happen. In the particular organisation I was in, I was working very hard and everyone else had an infrastructure at home which supported their lives beyond work - whereas I had to keep both my work going alone, and my own personal and home life going alone. There was no infrastructure of support and that I think ultimately worked against me. That is kind of complex too - that's part of living alone and working at that level. I don't know whether it's particularly a gender thing [but is more common with women] (24.7.98).

Balance the images of masculinity with power, authority, control over most of the academic institutions, and the greater earning capacity of men; against the problems of early death rate, greater illness rate (particularly cardiovascular disease), greater crime rates and other social and physical problems. Maybe the burdens of power are causally linked to a downside, both sociologically and physiologically, shown in the diseases associated with stress.

In the male corporate world, women have little in the way of role models or corporate culture that is specifically female (or even balanced in female/male role models). In organisations, perception of gender roles allocates certain areas to women - defined as women's space - and these often tend to be household type tasks. Women are often expected to make the coffee and do the dishes, as well as succeed in their professional roles, even in the corporate world.
Subsequent re-search\(^7\) has also shown that many pioneering women - particularly those who set out to feminise the strongholds of management and the professions - suffered some masculinisation of themselves. They copied the behaviour of their male colleagues, often becoming more competitive and more aggressive than they wanted to be. However some of those women who were new to the upper echelons of the workplace began to view the whole scene with a fresh gaze, and observing the lives of men occupying jobs at the top of the ladder, asked themselves whether it was worth the climb. They thought about the effort needed to maintain some balance between life at the top and a satisfying personal life; some rejected the unreasonable work loads placed on the shoulders of senior business and professional people; some deliberately sought part time work as a means of ensuring they could re-tain some vestige of independence from the institutions they worked for, and some semblance of a private life.\(^8\)

When a leading woman decides to opt out or pull back from corporate life, this sometimes causes the men to re-evaluate the culture of a workplace that has driven them to strive for more and more re sponsibility, without re-alising the personal price that would ultimately have to be paid.\(^9\) But from a business woman’s point of view, a balanced life is often only possible if she settles for a job several rungs below her capacity. An alternative would be to try and alter the systems so employers are prepared to re-evaluate the demands (of professional versus personal life) placed on senior executives - a difficult task but one that is already being considered in some businesses.\(^10\)

Workplaces are generally not family friendly. There is undue pressure on those who try to succeed (male or female), in terms of hours worked, which can function as a barrier erected by those in power to avoid home issues, and to prevent women from entering management. Bringing the workplace and the home together effectively would allow more options for women wishing (and able) to work in leadership roles. This raises the possibility of a new structure, not based on masculine assumptions of individuality, but that, while still acknowledging the needs of individuals, also blends the communities of which we are all part, providing a more social and ethical base. While we are all individuals, we are also interdependent and reQUIRE one another to maintain our psychological balance. There will always be a tension between maintaining our links in our community and our individual sense of self - with the line sometimes hard to walk.

The demands of work need to be balanced with a re-warding personal life. With all the theoretical progress in organisational development, there has been a continuous discourse on the need to re-cognise employees as people with significant roles and re sponsibilities apart from work. But it has taken women, who are re latively new to


\(^8\) This is happening in medicine today - see Chapter 8 - Re-cognising. In Australian Doctor magazine 4th April 1997 an article by Deanne Henn - states that women are changing the face of medicine as they are choosing to work part time while they manage their families, and have a life outside of their chosen profession - a fact often regarded negatively by the ‘old school’ (male) doctors (pp 227-229).

\(^9\) Mackay (1998).

\(^10\) For example Westpac’s Managing Director insisting management spend more time with their families to balance their lives - The Weekend Australian Sat 11/7/98 - Business section.
the highly competitive corporate world, to encourage organisations to find more creative ways of making this change.

**Management (male) training**

‘In a world that seems increasingly chaotic, masculinity and whiteness do provide definition, significance and orientation for the European psyche. The intrinsic meaningfulness of experience may have vanished. But meaning is manufactured in another way, as a realm of exclusion. Not only does the colour of skin, called whiteness, the shape of a body, called masculinity, situate the ‘white’ man in an elevated place, above the natural landscape, but these identities stand for meaning itself. If all that is DIFFERENT recedes into the background, a terrain of labour and re-source which has no meaning of its own, this terrain of meaninglessness creates, through contrast, a frame. Significance not only re-sides with, but becomes human, white, male’ (Griffin 1995:45).

Training programmes in organisations largely rest on the assumption that women have a skill deficit - so they train women in (male) management skills - assertive communication, meeting procedures, financial skills, attempting to re-dress the imbalance between the sexes in middle and senior management. ‘The major difficulty of this deficit approach to training lies not only in its failure over the last ten years to produce significant change by increasing the presence of women in management, but also in the ways it has continued to perpetuate the masculine as a norm, against which women are judged negatively’ (Treleaven in Reason 1994:140). There is also an assumption made by this training that it needs to be ‘... directed towards developing the competencies of the individual woman and often assumes she needs to overcome psychological [female?] traits which are undesirable in positions of responsible decision making’ (Treleaven 1994:140).

What happened to the valuing of characteristics attributed to the female such as intuition, co-operation, nurturing, net working; rather than privileging those of the male - aggression, competition, and the ‘rational’: ‘... those gendered polarisations, produce a web of systemic practices and normative values which permeate an organisation’ (Treleaven 1994:140). Privileging male characteristics alienates women from organisational culture, and contributes to the absence of women in leadership positions. Today women need to take on leadership roles, because in doing so eventually the female contribution will balance and improve the quality of leadership, will develop role models for women of the future, and may ultimately alter the power hierarchies to more flattened /balanced (community responsible) structures.

**Women and leadership**

‘Women are rarely valued for speaking out, for their strength of will or risk taking. Their rewards come from conformity, compliance and comfort’ (Cox 1996:8).

Leaders are so often seen to be separate and alone - the one that takes all the re-sponsibility - and power at the top means just that. A strong (male) leader often rejects sharing as this is often seen as poor (weak) management. For women the idea of being alone and in charge is often alienating. ‘We are socialised into feeling connectedness through our roles in the family that often mean we are responsible for the
maintenance of links’ (Cox 1996:249), and stepping outside this role and going alone can be discomforting to many. There are differences between leadership and good management. The question is whether management needs to be as hierarchical as it often is in business and particularly in medicine. In hierarchical systems ‘... there is great power given to people because of their positions. This positional power gives the right to punish, coerce, as well as to encourage support and provide resources’ (Kaufman Hall 1995:24).

Medicine is a good example of this, as despite the ancient tradition of women as healers, today in Western society, medicine has persistently been linked with masculine power and domination, even including gynaecology - traditionally a source of women's power.\(^{11}\) The ‘leaders’ of medicine are nearly all male - the administrators, the specialists and the educators.\(^ {12}\) ‘Many feminists challenge such a narrow view of power... women have defined their preferred mode of power as 'one which enables' both themselves and others ... the oligarchic view of power and resulting controlling structures, are not only limitations to women. In practice they limit most people’ (Kaufman Hall 1995:24).

What needs to be re-cognised is that what are often labelled as ‘women’s issues’ are actually general issues, which are not always re-cognised by masculine institutions and culture, and are dismissed as not their [male] re sponsibility. There are wide differences in perception of leadership styles for men and women, so promoting more women to leadership roles (and specialist roles in medicine) will legitimate diversity for both men and women. ‘Maintaining the diversity depends on changing the cultures of organisations so they do not eliminate new modes because they are alien and threatening’ (Cox 1996:238).

DH - I was acting in some fairly senior management positions in that faculty, and I would have to go to the University finance committee. I was one of the only women at the meetings - and I would have to shout to be heard. You knew they were all undressing you by the way they were looking at you, you were trivialised, you would have to say things four or five times, then a bloke would say it and the others would listen - it was just so blatant. That was the main reason I stopped going (24.7.98).

Eva Cox confirms this attitude when she says: ‘... these [politicians] also found that when women did something worth noticing, it was often the men who took credit. This is an issue I receive constant feedback on in workshops - a woman puts up ideas which are then carried by men, and implemented, without the women’s input or even any recognition that it was her idea’ (Cox 1996:175).

CJ - When I was working at another University - my boss took me aside and told me that my disadvantage was that I did not know anything about cricket or football. [He] said it as a sort of a joke, but it was very high in that particular culture - the discussion, the competition - a lot of conversation went on around

\(^{11}\) This is discussed more fully in Chapter 1 Re-formulating - in the critique of (male) medicine and medical ethics.

\(^{12}\) For recent statistics on these see Appendix 4 - Medical Labour Force in NSW. For the discussion regarding this issue see Chapter 8 Re-cognising - looking at women in medicine today.
sport. And because the majority of Deans and Lecturers were male, unless you had a way of socialising with those people - I felt particularly at a disadvantage because of the inability to be with the boys in the social sense. I had to operate only on a work level, and that makes everything particularly hard because you don't have that underlying social kind of connection (24.7.98).

What is it about a workplace and its culture that can create a sense of alienation for women at times? What generates the time we find satisfying, and the times of despair? What do we need to change in our organisations so that women can work creatively; and have that included as a valid contribution to the cultural diversity of the organisation - rather than the feeling of being in conflict with the organisations cultural norms, policies, structure and everyday practices?

Discourses about leadership need to be further developed, and questions asked when and why we need certain types of leadership, rather than assume leadership means a universal set of skills. There are many styles of leadership, or models of management; from those who run a culture of constant crisis in their workplace; to those where the comfort of the ‘boys club’ is more important than progressing; others are run along military lines with a rigid hierarchical system; while others may be more broadly functional.

Two re-search studies were conducted at UTS, Sydney (Cox 1996:236-238), the first using 200 men and women looking at gender differences and concepts of leadership; the second re-searching 100 women exploring workplace issues. Both surveys showed most re-sondents (male and female) believed that there were differences between women and men as leaders. Women tended to be categorised more as a group from one bad experience than the men, and when asked what characteristics were desirable in leaders, the re-sults showed they wanted strength first (decisive, initiating, brave), followed by the ability to participate (approachable, team worker), then to be caring (thoughtful, compassionate and tolerant) and ethical (trustworthy, re-spected, honest). However it needs to be re-membered that these studies were conducted on men and women from a similar (Australian) culture - one that tends to value male characteristics more highly than female.  

'We need more flexibility in the workplace to invite a greater richness from workers and to meet their needs as complete people living in a community. An organisation which is flexible can bend to the winds of change without breaking' (Kaufman Hall 1995:24). If organisations are going to change to accomodate women as leaders, we need to be aware that we cannot necessarily work within what is, without clarifying exactly where we want to be. We need to look further than what is currently available, and increase the options open to us. We must do more than criticise, we must make explicit plans and goals for progress. We must not only change the system to allow for greater diversity in styles of leadership, we must also be prepared (as women) to take more active leadership roles, and learn to be comfortable using different types of power. ‘Power is to be shared, and flourishes in a climate that encourages and allows us to put love where labour is’ (Kaufman Hall 1995:24).

As has been discussed in some detail in this chapter and throughout the thesis - it is a re-current theme (thread).
Women and Power

The power relations involved in the process of knowledge production are defined by historically specific discourses where: ‘... discourses ... are ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and the relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the ‘nature’ of the body, unconscious and conscious mind and emotional life of the subjects which they seek to govern ... but the ways in which discourse constitutes the minds and bodies of individuals is always part of a wider network of power relations, often with institutional bases’ (Weedon 1987:108).

‘Power has the ability to attract, intrigue and scare’ (Kirner 1999:4). Looking at women in the professions, it is necessary to discuss issues of power, how it is practised, what it means, and how this could be different. Currently we all operate in a framework of power that is primarily defined by men. I agree with Eva Cox when she says:
‘... sensing and owning our own power are not experiences many women share or find familiar. Instead we are often socialised to share pain and develop a form of resistance to perceived male power. Few women learn to deal with risk taking or are encouraged to develop the belief that we can do what we want, try and for ourselves. Thus for the majority of women, the concept of power is both alienating and alien’ (Cox 1996:17).

As women have traditionally been re-warded for ‘feminine’ behaviour, for being supportive and being ‘helpmates’, many women feel uncomfortable in positions of leadership, in positions of power. We need to know that: ‘... power takes various forms ... leadership by moral example ... the power to inspire others ... the power of the community and people power. Power doesn’t have to be visible in order to be real; in fact it is often most effective when exercised on the quiet’ (Kirner 1999:4).

But power, particularly invisible power, can also be misused: ‘... it can ignore inconvenient views or protests, it can ridicule people and ensure that they are not taken seriously, it can withhold or doctor information, restrict discussion and debate, or threaten reprimand if dissenting views are expressed. It can marginalise groups of people, and can make individuals feel guilty, inadequate, ashamed or responsible for things like unemployment, crime, family breakdown’ (Kirner 1999:4).

The culturally accepted codes in our society are the source of modern bureaucratic systems of power and influence, and are generally hierarchical - possessed by a few, flowing from top to bottom (positional power from a centralised source - often unnamed), and are primarily repressive by imposed prohibitions and sanctions. Yet all these types of power have to be accepted by those deemed to be ‘powerless’ or they would not exist.

**JP - This is where critical reflexivity is so important, because if you feel that - where does this come from? Is it coming from where I've been oppressed or where? Recognising what you do feel, and being able to speak that clearly -**

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14 The way of looking at the world - in our society this is largely defined with the characteristics of a dominant white, male Eurocentric ruling class - as the 'natural' order.
that's the challenge. That's where so many of us are silenced. We know something is going on but we can't find the words.

DH - I think it's more than not finding the words. There are a whole set of rules and regulations - what's OK and what's not OK to do, for example you don't interrupt [speak up] because it's not polite.

KB - These regulations are set up by the culture - the hierarchy itself suggests that you don't speak to someone who is in power [unless invited] (9.4.99).

According to Kirner (1999), women work predominantly '... in the health, education, recreation /entertainment and wholesale/retail sectors of the economy, yet Australian industry is one of the most sex segregated in the industrialised world. Where women have entered the professions they tend to take up the least remunerated segments of it; for example women doctors are more likely to be GPs than specialists ... [in the legal profession] in 1996 only four out of forty-six Federal Court judges were women ... [in academia] a 1997 report ... found that only 27% of all academics aged forty five or over were women. Women also held only 27% of tenured positions but constituted 42% of academics on fixed term contracts - including casuals or part time ... [in business] May 1997 of 177 [prosperous] companies, 154 were dominated by men ... only 4% of all boards have women members' (Kirner 1999:25-26).

Even when women do succeed, they often conform to '... both a physical and psychological template which is determined by the masculine and feminine acceptance of it' (Cox 1996:172). In Western Society, this template tends to mirror the blond, blue eyed, slim, passive young princess. Unfortunately women are also culturally taught this as the ideal and often re-inforce it themselves, thereby identifying themselves largely through the male gaze.

The institutional investment in business, in academia, in science, and in medicine, which confirms the status quo is massive. Feminists do not have the re-sources or the institutional positions and backing to make much impact on the discursive hierarchy of existing writing and re-search, backed as it is by capitalist and patriarchal interests, yet authors like Mary Daly (1990) and Susan Griffin (1978) are '... concerned with exposing the repressive techniques and practices of patriarchy throughout the ages, and with encouraging women to create a new identity for themselves ... the process of achieving a new identity is conceived as a journey, which involves breaking with patriarchal perspectives, confronting the full horror of patriarchy and celebrating new organic female creativity' (Weedon 1987:131-132).15

What could having power mean to women?

'As used here, feminism is a world-wide movement for the redefinition and redistribution of power. Feminism is:
a) a belief that women universally face some form of oppression or exploitation,

15 Daly (1990) particularly has an interest in the gendering of our languaging, and changes this by investing derogatory terms such as 'bag' and 'crone' with new/ancient positive meanings. She also unmarks words (as I have done to some extent in this thesis) by hyphenating them (eg therapist = the-apist), and using alternative meanings for prefixes.
b) a commitment to uncover and understand what causes and sustains oppression, in all forms, 
c) and a commitment to work individually and collectively in everyday life to end all forms of 
oppression. Given this definition, the ultimate goal of feminist research is the emancipation of 
women and the creation of a just world for everyone’ (Maguire 1987:78 in Kaufman Hall 

Without ‘power’, women’s needs, hopes and plans are always secondary to someone else. Today we need to be able to make our own choices, and to achieve for ourselves - and to have that experience honoured. ‘Knowing you have power means being able to 
negotiate from a position of strength. It means getting done what you want to get done, what 
you want to achieve for yourself and others.. using [power] in a democratic way: empowering 
others’ (Kirner 1999:5). Women (and men) must force changes - we cannot be 
complacent while judges, policy makers and opinion leaders still hold to the old 
stereotypes of women as secondary in the hierarchy.

‘Power’ (re-lations) can be perceived differently, as being amorphous, shared, more 
expressed in the egalitarian re-lationships between people; making hierarchical 
power impossible. Power re-lationships can be used to generate social change, but we 
need to re-cognise re sponsibility for our own position. We need the power to do, the 
power to act, the ‘power with’; rather than ‘power over’ one another. ‘Domination is 
not a part of this image; rather, the image of a network in which we all participate carries 
implications of equality and agency, rather than the systematic domination of the many by the 
few’ (Hartsock 1990:169).

Ways to generate change

‘Mary Robinson, the former President of Ireland, said, “As women lead they are changing 
leadership, as women organise they are changing organisations” (Kirner 1999:43). To be able 
to generate change and shift the power structures of our society it is useful to 
understand the three levels of power (Kirner 1999:13):
* power over yourself (self-confidence, self discipline, self possession), 
* power to influence others (role model, encouragement, example), 
* and the power to communicate and act as part of a group (political). 
Women should not be afraid of (public) power, not be afraid to step out of the 
shadow and claim political power. By saying ‘we don’t want to be political’, by that 
very statement they are being political - but by handing the ‘power’ to someone else.

BG - People in an institutional context are very much affected by the system. 
There is a place for one on one but also a place for the system, and there are 
things you can do structurally. It is almost like chiropractic - you can adjust 
the muscles around the spine and they will pull the spine back into place, or you 
can adjust the spine in a different way, and it just slips out again. The whole 
body has to be organised differently and the muscles have to be tuned 
differently. In a [situation] there is the need to do something structural as well 
as something behavioural (29.11.98).
'Politically powerful women are still criticised and challenged; their efforts are obstructed, and attempts are made to marginalise them - though these can be used as opportunities, rather than hardships - far more than men. Why? Because the characteristics of a powerful woman are not traditional feminine values. They are leadership qualities' (Kirner 1999:15).

JP - Who constructs notions of what's assertive and what's aggressive. A good example of that recently [occurred] where a woman was, what I thought was assertive, lining up for a position of power. Yet she was seen by a lot of people as being aggressive and [because of that] they didn't vote for her. I spoke really strongly for her - what she had were the kind of skills we needed in terms of where we were going, and yet the others couldn't handle the so called aggressiveness ... I am sure it was [because she was female] - no-one says that of course (11.12.98).

In this thesis I have acknowledged the power of the social norms, yet still challenge what I perceive is not equitable. I re-cognise that different women will construct different meanings from similar experiences; honouring that diversity is an important part of this process. Women have to believe we have the ability, the right, and are worthy of power - and we need to own this before power structures will change. 'Having power is about setting your own agenda, not reacting, or responding to or [being forced into a position of] resisting others' (Kirner 1999:4). Women re-gaining their power publicly (and privately) is a step towards re-gaining balance in our society. Individual power and personal freedom depends on having a society that includes, understands and values women's experience (as well as men's), and that re-spects women - both individually and as a group.

KB - They [women in these institutions] were talking a lot along structural lines (like forming alliances) and were very much into naming things - what they could see, how they were, and how they could see themselves.

BG - And partnering - finding new ways of relationship, mentoring or putting the problem between you. [If you can put the problem] in the clearing between you - and the space is there - [you are] working side by side and not against each other - looking at it together rather than being adversarial. [It is about] joining with somebody, as opposed to separation between you. (29.11.98).

Women often work best by building trust and support in a group. 'There are women who can create working feminist cultures which can provide politics and pleasure, and effective action' (Cox 1996:235). With so few women today in positions of power it is difficult for them to survive except by adhering to the male rules and behaviours. By having more women in leadership roles, we will form alliances/coalitions for support - a more female way of working.

KB - We need to form coalitions, but we only allow them with particular people and for particular situations ... [yet] we are more likely to go it alone - the rules of society again - it's not polite if you haven't been invited.

JP - [These are] strategies we need for the future. We need coalitions - we need to think of all the situations where we think we have to act alone - then
we act in coalitions. How do we set them up? One way is lobbying before staff meetings.

DH - Talking about alliances is a change. There is often a defensiveness. Yet I am able to say that even though I may not agree with you, I will stand next to you - allied with you because you are the marginal voice here, and we need to take account of that. So you might be in alliance based on difference, but based on the right to speak (18.6.99).

There is still a difference in the way most men and women use power. Women’s power is more likely to be exercised by networking, acting collectively, persuading and influencing, whereas male power is exercised as ‘power over’ others - whether this be invisible or obvious. This is particularly current in Western society, in the large public and private organisations, including Government. ‘Women have had little direct input into the public manifestations of societies. The standards set in law, [medicine], politics, education and culture have been established by those with public power, that is, men. This results in women perceiving themselves, and being seen by men, as the Other’ (Cox 1996:172). Women need to learn how to cope with conflict, hostility and disapproval - boys' games teach them to be competitive, to win at all cost. Girls often avoid playing games that cause conflict because they are more interested in developing re-relationships. We need to learn the rules even if we ultimately want to change them.

JP - I had a very strong experience with Theatre of the Oppressed - they did an oppression play then said 'OK we are going to do [the play] again, and if you see oppression you call out 'stop', and when you call out stop, you have to come up and try and do something about it'. The play commenced and nobody called out stop - including me - because we knew we would have to go and do something about it. So she stopped the production and said - 'so there has been no oppression up on stage has there?' Everyone was saying 'well there was' - but no-one came up and did anything. They started again, people called out stop, went up on stage, tried to do something and couldn't, and everyone was fumbling around. I wasn't game to say stop and go up on stage and do something. After The Theatre of the Oppressed - I thought of a really good response that could have stopped the oppression. I remembered that everyone was going up on the stage on their own, and I suddenly realised that what I needed to do was to grab a bunch of people and all go up on the stage and do something together - and maybe call more people up. Doing it on your own, you'll never get through (18.6.99).

Medicine and power

The most common guarantees of the ‘truth’ of discourses are science (and medical science), god and common sense. In the area of biological sexual differences ... each of these sources of truth forms part of our overall discursive strategy, the effects of which are to conserve patriarchal interests ... biological sexual differences is a particularly intense site of discursive struggle in which our subjectivity is constituted for us in language and social practices which form and

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16 Extensive re-search conducted by Gilligan (1982) articulated many differences in the way girls and boys perceive and behave in the world - even from very young ages, with the pattern of young girls forming networking re-relationships, rather than the 'power over' re-relationship structures of the boys, being common.
discipline our bodies, moods and emotions ... biological differences between the sexes ... are a major material ideological support and guarantee of patriarchal social structures, from the sexual division of labour and the contemporary forms of femininity, to women's position in society at large (Weadon 1987:126).

GC - [My recent battle against another medical practice] has given me a great sense of purpose. It makes me really aware of how dangerous medicine can be. What powers am I going up against? I have the truth in my hand and that gives me enormous power and I'm not in awe of their qualifications or positions any more (10.10.98).

Michel Foucault\textsuperscript{17} has written extensively on power re-lations, and he was interested in health and medicine. He was concerned with how people govern themselves, and others, through the production of knowledge, where the 'holder of the knowledge', assumes 'power over' the 'other' in the re-lationship. Foucault described a shift that occurred in the eighteenth century, from a medicine focussed on health, to one focussed on 'normality'. As this shift occurred along with the rise of scientific thought and its focus on the principles of 'objectivity', in both philosophy and therefore practice: '... and the idea of a universal human being, generically masculine and white, is analogous to the idea of objectivity in Western science' (Griffin 1995:16).

Since the rise of scientific medicine, increasing 'separation' of the patient from the doctor has also occurred, making the patient subject to the doctor and the clinical setting of the hospital system. In effect the doctor gained the power over the patient (and the disease). Our whole medical/hospital system is based on similar hierarchical re-lationships. I realise that in saying this that many (particularly those in the hospital system) would not agree with me, as they feel they do know what is best for the patient, and this brooks little interference or challenge as it is perceived that any 'interference' reduces the efficiency of the system.

GC - Everyone was so caught up in this - the wonderful elitism of it, the whole thrill of the power of medicine. Through this stuff you could have power. As a surgeon you could have power over people - it offered people things they couldn't otherwise have. There is a lot of kudos and personal satisfaction that comes from that.

The adulation you get as a doctor really caught me by surprise. When I went to England as a recent graduate, the doctors had to sit in a different part of the cafeteria to the nurses - you couldn't be seen having lunch with them. You were an elite group, [and] you started to believe it. It is attractive - putting you up a level more than others. How can you refuse? You go socialist and leftie and give it all away - for high ideals - rarely.

I don't think I was seduced by the power of medicine so much, but by the personal power I got. I didn't want to climb the medical ladder and be a registrar, or a consultant. That didn't appeal to me, but the personal power did, particularly in fields like emergency medicine. Surgery appealed to me, it gave me a great sense of personal power - you can change the course of nature

\textsuperscript{17} See Foucault (1975) and Peterson (1994).
- take something out and someone got better. I had a particular feel for
surgery - if a person had an accident, you could put that person back together
- even suturing a simple wound.

There was also the concept of the rescuer. I got caught in the rescuer mould
for a long time, and it wasn't until much, much later on that I realised I didn't
have to be a rescuer - that was probably about 15 years later (10.10.98).

Foucault saw that knowledge generated power by the social construction of people as
subjects (patients), and then the subsequent governing of these subjects by those with
the knowledge (the doctors). Foucault also used the term 'discourse' to refer to a
collection of related events or statements, and determined that: '... discourses have a
profound effect on what it means to be human and on the possibilities for individual
expression. Medicine has shaped and limited these possibilities through its discourse of the
body as a biological entity' (Petersen 1994:6). This allows for a body of knowledge to
build, and a power structure associated with this knowledge to constitute and
manifest in our relationships.

GC - The medical model is - I'll fix it for you and in fact, I'm the only one
who can. You [as the patient] are not in position to know how, you are not
intelligent enough to know what to do about it (10.10.98).

Women gaining their own power

Women are culturally indoctrinated into believing male qualities are more desirable
than female ones. We are lulled into believing that male qualities are the universal
requirements for gaining power, and that there are no alternatives. 'Issues of difference
remind us as well, that many of the factors that divide women, also unite some women with
men' (Hartsock 1990:158). Many women in powerful roles act more 'male' than the
men themselves and negate their femaleness to some degree. We see this 'maleness'
being considered the 'norm' in many aspects of our society - in politics, philosophy,
medicine, sociology and psychology, projected in the media, as well as in everyday
life. Yet the energy fuelling feminism, is often the energy derived from the sense of
gender injustices being played out in our society.

Overall, for women (like us) who have been marginalised,18 we need to re-claim our
her-story, recognising that we can be makers of his/her-story as well as its objects,
by naming and describing our diverse experiences. 'We are well aware that we are not
the universal man who can assume his experience of the world is the experience of all'
(Hartsock 1990:171). We must work from an epistemological base that re-cognises that
different knowledges are possible; we need a theory of power that re-cognises that
the daily activity of women is valuable in this world;19 our understanding of power
needs to re-cognise the difficulty of creating alternatives; and being marginalised we
need to re-cognise oppression and use this as a rallying call to political action.

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18 From Hartsock (1990:170-172)
19 Marilyn Waring’s (1988 & 1996) work is an excellent example of the fight for the recognition of women’s work
in the world.
On a personal level, gaining your own power is about setting your own agenda - not always being re-active. Knowing you have power means being able to negotiate from a position of strength, achieving for yourself and others, empowering others. Power cannot be bought, but it may have to be fought for, and it does have to be claimed. For women this can mean getting over fear, being able to stand out in a crowd: '... staying true to yourself, knowing your own values and keeping them intact, managing your finances and your personal life, balancing home and work' (Kilner 1999:6).

Kaufman Hall (1995:14) (emphasis in original) describes qualities women need:
1. We work within the political realities of the system.
2. We use our own women's cunning (intuition, creativity).
3. We ensure justice by using absurd, shocking and unusual strategies at times as well as the subtle and also work with traditional structures in ethical ways.
4. Love is our strongest weapon.'

Ideas/Practices to generate change to more egalitarian systems?

Overall, more equitable work practices are essential if the professions are to change their power structures. This could involve practices such as:
* the integration of public and private lives in both business and government
* decision making including more perspectives and fewer blind spots
* the integration of senior management - with home, paid work and community service - so men and women can organise their lives into more balanced mixtures of
  work, community, family and leisure activities
* a model based on broader choices for roles and responsibilities - not primarily determined by gender. A less gender deterministic division of labour in both public and private spheres would encourage better management of human resources
* the re-cognition of the complex skills required in the management of the home, and their ‘transferability’ to many decision making arenas
* the out-sourcing of household work
* offering alternative styles of leadership as options.
* offering staggered work hours/job sharing
* organising flattened structures using work groups, rather than command structures
* opting for consensus decision making where possible
* the re-cognition and valuing of different roles for different skills, interests and time constraints (Cox 1996:238-240).

Conclusion

DH - We are up against a structure that is very difficult to change, so what skills do we need? The things that constrain you into your shape and make it difficult for you to shift - this is the advantage of shape shifting.

JP - It comes back to the question again - there are these shapes. One thing you would want to do is to open up a space - so if you can hold a larger open space - then maybe other little spaces inside that, can eventuate. How do you do that?
KB - In organisations - just listening to people would make a difference, yet if you are listening you still have to make a decision that takes many points of difference into account - keeping all that in balance. Going back to the people to communicate that - so the decision makers are not just listening and making a decision - they are listening and talking with the people to help assist with the decision.

DH - It’s also accepting multiple answers, and it’s also stepping out of the idea where people have to behave the same way in any one time. It’s difficult in defined structures and takes more energy, but is more creative (9.4.99).

In this chapter I have articulated a stance from the point of view of a professional woman healer (myself), and I re-cognise this may not be the experience of all women. However looking his-torically, I have articulated how our current systems of power and leadership have developed, and have looked at alternatives for change to a more egalitarian system.

For women to survive today in the (medical) professional environment they often need to be more ‘male’ than the men, as they have to overcome not only the normal challenges to the hierarchy and the ‘old boys’ network, but also their obvious gender - a traditional inequality. The upper echelons of the medical profession are largely filled by men - for example the NSW Health Department Medical Labour Force Annual Survey20 for 1997 showed that in medical specialists positions, 83.4% are male (and 16.6% female).

I realise that many in the medical profession (and in positions of power) believe that women would be better off at home bringing up the children, or that women cannot withstand the rigours or competitiveness of a medical education or practice. However I believe women can, and should be able to, choose their own path in life, and be supported by the community in their choices.

How can women re-develop a more female approach to medicine (or corporate life) - from within the already existing hierarchy - if their ONLY role models are also male and hierarchical and the women have been culturally conditioned to think this way is the ‘natural’ way things are. Women will never really be in positions of power, and will not learn to use this power in a more life enhancing and less hierarchical way, unless they have role models to provide a pattern for their actions. They also need the her-story, to provide a time line of women’s achievement, to appreciate how the skills they need have evolved over time, and are of (currently little re-cognised) value. (Is this part of the cyclical nature of the great re-turn?).

Powerful female role models are vital to create change. In medicine women need to re-claim and re-write the her-story of healers, and re-develop role models for female healers for today. The old models of the handmaiden will not do for positions of power, and the male model is inappropriate for women who also wish to re-define the meaning of power. Power could be re-defined into something that supported the

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20 As these figures reflect the status of women in medicine in NSW, I have included the full Medical Labour Force Surveys for 1996 and 1997 as Appendix 4. There is only a very slight increase in women in senior positions (0.6%) over these 2 years.

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health and wellbeing of all people, and the health of this planet, and into something that is supportive of the choices for all people to realise their full potential.

"We need to value skills, abilities and other qualities in ways which match their outputs and functions, not the gender or class, race or culture of their owners" (Cox 1996:254). We need shared reponsibility and cooperative management, joint leadership. We need ways of re-defining leadership, making it attractive and accessible at many levels, legitimately sharing reponsibility, crediting skills and re-cognising diversity without hierarchy.

I believe that developing myths that give us a framework for creating change is essential, re-membering women's her-story and women's areas of interest which have been excluded from [men's] his-story. 'The anthropologists, shamans, priests and elders of oral cultures recognised how myths acted as part of the normative cultures. The past can be used to create a legitimacy for the present, or to make the present seem very strange' (Cox 1996:262-263).

Change starts when people believe it is possible.
Re-searching

Research methodology and research methods
'At the core of feminist ideas is the crucial insight that there is no one truth, no one objective method which leads to the production of pure knowledge. This insight is as applicable to feminist knowledge as it is to patriarchal knowledge, but there is a significant difference between the two: feminist knowledge is based on the premise that the experience of all human beings is valid and must not be excluded from our understandings, whereas patriarchal knowledge is based on the premise that the experience of only half the human population needs to be taken into account, and the resulting version can be imposed on the other half. This is why patriarchal knowledge and the methods of producing it are a fundamental part of women's oppression, and why patriarchal knowledge must be challenged - and overruled.'

(Spender 1985:5-6).
Re-searching

Re-search Methodology and Methods

'Be patient towards all that is unsolved in your heart
And try to love the questions themselves.
Do not seek the answers that cannot be given to you
Because you would not be able to live them,
And the point is to live everything.
Live the questions now
Perhaps you will gradually, without noticing it
Live along some distant day into the answers'
- Rainer Marie Rilke (McCutcheon 1989:28).

This re-search was based on stories from two groups of women (and several interviews),
and included their perception of the role of women in his-story, in medicine and in academia; and their changing roles in the health care systems and professions of today. Threading the data/stories (from the transcripts) through the text, allowed each woman's voice to come through. There was a huge difference in each individual's experience of this challenge, but there was an underlying theme in their stories that forms the basis of this thesis - that there is a lack of the female voice in his-story, a lack of a female healing mythology, and a lack of strong, autonomous female role models for women healers in Western society today. Although this thesis is primarily about women in medicine, this lack is not specific to medicine as there is a lack of the strong female models in many large organisations and institutions. We live in a phallocentric culture where our only powerful models are male - and we are culturally supporting the patriarchy, as it is often the only thing we have been taught.1

However, by working with women who, by the very nature of our society are often marginalised (particularly in the work place), and with many of them working in the still strongly patriarchal cultures of medicine and academia, it allowed me to examine an emergent set of activist discourses that interrupt 'othering' (from Fine in Denzin & Lincoln 1994). The women in the groups contributed their stories of '... multiple post-structural selves speaking among themselves' (Fine 1994:71), in a society (and in work) that searches re-lentlessly to place these women in secondary (helpmate) pigeonholes.

In this thesis, the female experience and perspective has been allowed a strong voice - something that has (until re-cently) often been ignored by philosophers and his-storians in our phallocentric Western society. In this re-search, as well as scrutinising the process of knowledge production, the women also became the subject of knowledge. We theorised why the interpretative domains of knowledge production (in medicine) were more accessible to feminist intervention, and we discussed possibilities of a path to re-organise the knowledge base to include women;

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1 See Chapter 2 - Re-working sets the context for women at work in a patriarchal society such as that in Australia.

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to honour a more embodied (less objectified) medicine; and to articulate the feminine through this body of knowledge.

Telling the stories of the women allowed the understanding and uniqueness of their individual lives to evolve. The rationale for using stories as inquiry came from several discussions with colleagues, where we found that the best way to share our practice and our lives, was to tell each other our stories. There was a challenge for the women to name, in more explicit ways than most of us have previously done, the personal sources of the understandings of our experiences, and when we were explicit about the personal experiences of our work, there was less likelihood of making false and misleading generalisations. The stories provided the information to be able to look further into the underlying culture of the group. As the re-search evolved, we noted that even though our society is still strongly patriarchal, Western culture is changing, and women are becoming more prominent in the professions (and in health care systems), making it necessary to generate a new narrative - not just change the old one because it no longer quite fits. A good story has enormous power as a catalyst for change.

Re-presentations of parts of ourselves as stories are always politically situated, but they can also be personally negotiated, the ‘personal is political’. By engaging in social discourses (struggles) with women who have been marginalised (and we had all been marginalised at times): ‘... we work the hyphen, revealing far more about ourselves, and far more about the structures of Othering. Eroding the fixedness of categories, we and they enter and play with the blurred boundaries that proliferate’ (Fine 1994:72).

This re-search validated a philosophy of the feminine, re-claimed the his-story (her-story) of women in medicine, and by making the women’s stories public, made visible role models for women working in medicine today. Without totally polarising the current male-stream medical thought, it articulated a different model for medical practice (and other organisations) - one that allowed for a role for women and women’s ways of knowing and doing - that was not secondary to the male. The critical task was to unearth the blurred boundaries between the masculine and feminine principles in both philosophy and practice; to work in this space of creative transformation; to bring forth a new option for healing; and to develop a new role for women in medicine that allowed for the full valuing of the feminine experience alongside the masculine. This thesis deconstructed the dualistic oppositions that dominate western thought - mind/body, subject/object, masculine/feminine - re-valued our re-relationships and re-balanced our thinking.

Due to the inherent complexity of this topic, I found the use of (qualitative) multiple re-search methods more appropriate than a single method, as it better re-flected my commitment to thoroughness, and was congruent with my ‘holistic’ framework. Multiple methods allowed me more scope to fully link past and present, individual behaviour within social frameworks, and to be able to incorporate action generating steps.

2 From Mary Daly (1990), who works the hyphens when she uses languaging in a different (also gendered) way to develop new meanings.
This style of re-search was important as it allowed me to acknowledge and respect individual differences - congruent with 'the honouring of difference', a major theme. There was the opportunity with multimethod qualitative re-search for gaining scientific credibility for the narrative and feminist discourse, as this re-search transcended disciplinary (and gendered) boundaries, and enhanced understanding by adding layers of richness. Single method re-search in this context appeared inadequate to express the complexities of the stories and their analysis.

I have therefore woven three interlocking methodologies throughout this thesis - narrative (story telling), feminist re-search and co-operative inquiry; and the weaving of these can be likened to a holistic philosophy (congruent with my clinical practice). ‘Feminists choose multi methods for technical reasons ... and for particular feminist concerns that reflect intellectual, emotional and political commitments. Feminist descriptions of multimethod research express the commitments to thoroughness, the desire to be open-ended, and to take risks’ (Reinharz 1992:197).

The multimethod approach has given me a language to interpret my experience, that has affirmed my desire to want more for women in medicine than the current structure allows. The critique of medicine and medical ethics discussed in this thesis was congruent with this discourse and offered more holistic (balanced female:male) alternatives to the current singular structure. ‘Feminists embarking on important research projects are like people setting out on important journeys. As the journey continues they draw on different methods or tools ... multimethod research tends to be written in a way that reveals ‘the process of discovery’... being a researcher-traveller means having a self and a body. It means abandoning the voice of ‘disembodied objectivity’ and locating oneself in time and place (Reinharz 1992:211).

**Storytelling as Research**

> The writer of stories is always between the beginning and the end of the world
> and she must write in both directions at once, back and forth,
> so that the past and the future coincide in one seed.
> And so create and cancel time so we may meet in the desert where I hear the spirits can live
> (Metzger in Horfall 1998:305).

Our society has almost abandoned the ancient tradition of story telling as a means of providing answers to life’s key questions. Whether we use story to facilitate change to achieve greater stability, or to encourage instability (for transformation), the story is a potent tool. When re-searching story telling as a tool for change I looked at various aspects - oral his-stories, biographies, mythological stories and local stories of the women in the re-search groups. ‘Stories bring a coherence/congruence to our spiritual and social lives, they bring the spiritual and social quest together to provide grounding in ourselves. The more integrated we are, the better we will relate’ (Russell 1991).
There is a difference between oral his-stories, autobiographies and biographies and while I looked at this difference, for this re-search I felt that I was using the ‘life-stories’ of the women in a specific and clearly defined aspect of their lives - in medicine and in academia. Distinguishing between oral his-stories, life stories and autobiographies, I agree with Reinhart (1992:130) when she defines these as: ‘... the degree to which the subject controls and shapes the text. Autobiography entails the telling of the story to convey what was important in a person’s development, arranging and restating events to prepare for a climax or denouement. It is retrospective, in effect making a case. The life story, on the other hand, is ambiguously authored, and may be more or less actively composed by a mediator who arranges the testimony and quietly supplies explanatory interventions ... life stories are constructed to [elicit] the common and uncommon experience of ordinary people ... the fact that oral histories are typically created through interaction, however, means they draw on another person’s questions. That person may inhabit a very different culture.’

While I suggested questions to the groups (in the letters) I did not direct or control the group discussions, although as the author of this thesis, I have controlled and storied the text of this thesis. By taking the role of storyteller and writer, this gave me great power and author-ity which I both acknowledge and yet worked against, by encouraging the co-operative inquiry process in the groups, and by allowing the women’s voices to speak for themselves in the text.

Mythologies from a tradition of oral stories

‘The story of a life begins somewhere, at some particular point we happen to remember; and even then it was already highly complex. We do not know how life is going to turn out. Therefore the story had no beginning, and the end can only be vaguely hinted at’ (Jung 1983:18).

All the myths/stories of human lives, cultures and societies, and the development of consciousness, have arisen from ancient oral his-story traditions that have passed into literary transcription, with varying interpretations from a variety of authors. All stories change over time (although the basic message tends to be re-tained), and most of the ancient mythologies have come from complex sets of stories where the many random strands have been correlated and codified into a cohesive whole. These myths are mirrors re-flecting human understanding and experience. They inform us of our his-torical, social and spiritual past. There is an exchange between the inner and outer levels of the stories that give us an insight into how our lives may be lived now.

Unfortunately, in our male dominated culture, too many of the stories of women have been lost, and the ones told - commonly the stories of the hero - have been altered to fit the dominant cultural ideology (the male hegemony).

4 In the introduction on pp 7 (Footnote), I defined ‘life-story’ as a way of de-gendering his-story. This is still consistent with the meaning I intended.
2 See Chapter 4 Re-flecting - Feedback pp 156-160. This was confirmed by the feedback from the Sydney group.
To bring women back (re-member them) into the ‘life-story’ of our culture (and the myths), there was an affinity between the study of women’s lives his-torically and their stories today. First person accounts today were necessary to understand the subjectivity of the women⁶ and to ensure that women today will be re-membered (by being re-corded) in the ‘life-story’ of the future.

"Biography and oral history have the potential of bringing women ‘into’ history and making the female experience part of the written record. This form of research thereby revises history, in the sense of forcing us to modify previously published accounts of events that did not take women's experience seriously ... the heavy emphasis on personal testimony so central both to the women’s movement and to feminist theory and scholarship, was largely eschewed by early social historians who sought statistical averages, and perhaps feared that reliance on such testimony represented a return to past practices that had privileged the point-of-view of the educated and powerful creators of most written records ... but women’s oral history has this potential only if it reaches out to study the greatest possible diversity among women" (Reinharz 1992:134).

The healing stories as a re-search tool.

This thesis acknowledges the value of stories as critical sources of information and experience, as an educational tool, and a path to re-claim the roles of women in medicine, and as a path of healing in itself. ‘Storytelling, you know, has a real function. The process of the telling is itself a healing process, partly because you have someone there who is taking the time to tell you a story that has great meaning to them. They're taking the time to do this because your life could use some help, but they don't want to come over and just give advice. They want to give it to you in a form that becomes inseparable from your whole self: That's what stories do. Stories differ from advice in that, once you get them, they become a fabric of your whole soul. That is why they heal you’ (Alice Walker quoted in Bolen 1994:Forward).

For this thesis, I have used individual stories of healing, of women and their stories of their experiences in medicine (and in academia), and contextualised them utilising:

* the mythological stories (and the archetypes) as models for the process of healing. So many stories of women in our culture have been lost, so in re-searching cultural stories and myths, I have re-turned to the ancient re-discovered myths of women as healers - from different cultures and different times, and have woven these through a his-torical context.

* the personal stories of women. The telling of stories is how many people re-late their experience and understand their world. For this re-search I have used the stories of women’s experience today, as the thread winding through the ancient stories of women and binding the thesis.

⁶ Excising stories of people (women in particular) from his-story, thereby renders these invisible in the official re-cords, and the understanding, of the culture.
* this re-search is also the telling of my personal story - as I am one of these women healers, it is also the story of my experience and the story of my struggle for transformation of myself, and of the ‘culture’ in which I work and live.

* it is also an imagined story of how it could be otherwise - the political dimension.

‘Hidden in all stories is the One story. The more we listen, the clearer that Story becomes. Our true identity, who we are, why we are here, what sustains us, is in this story. The stories at every kitchen table are about the same things, stories of owning, of having and losing, stories of sex, of power, of pain, of wounding, of courage, hope and healing, of loneliness and the end of loneliness ... in telling them, we are telling each other the human story. Stories that touch us in this place of common humanness, awaken us and weave us together again as a family’ (Remen 1996: Intro; xxvii).

The current stories need balancing. We have a surfeit of male stories - men as the heroes of medicine and medical history - but few if any stories of women. In this thesis I have taken a step to re-dress this imbalance.

The Re-search as Story

‘The study of the realm of meaning precedes an understanding of the manner in which human beings create knowledge, and thus informs the operations of science itself. The study of the making of meaning is particularly central to the disciplines concerned with explaining human experience’ (Polkinghorne 1988:9). This re-search re-corded the stories of the women - the short term accounts of women’s experience rather than the more extensive oral histories. However it is the accumulation and the interweaving of all these stories that make an oral his-story.

Re-search into meaning is the most basic of all inquiry. ‘Scientific’ re-search (whether quantitative and objective, or qualitative and subjective) is based on the perceptual and meaning making operations of human consciousness. The understanding of our existence and action re-quires a knowledge of the structures and re-lationships that produce our experience, and from which we direct all our actions and expressions.

Stories/narrative provide individuals with a common symbolism, and an environment that informs their thought and social actions, while facilitating their interactions with others (developing community). Stories are also a way of expressing the voice of the consciousness of cultural his-story. Different stories give different pictures of the stages in life and as they are a way of seeing into the psyche itself, they also allow us to experience the shadow - vital in the process of psychological development.

Without stories we have no way of articulating our profound experiences - which can lead to alienation of self and the world. Since re-lationships are the essence of the living world, the most appropriate way to describe this is in the language of re-lationships - the language of story.
'Experience is meaningful, and our behaviour is generated by and informed by this meaningfulness ... narrative is the primary form that humans use to make meaning of their experience. Narrative meaning is a process that organises human experiences into temporally meaningful experiences. Because it is not a cognitive process ... narrative meaning is not an 'object' available to direct observation. However the individual stories and histories that emerge in the creation of human narratives are available for direct observation. Examples include personal histories, myths, fairy tales, novels and the everyday stories we use to explain our own and others actions' (Polkinghorne 1988:1).

The Use of Narrative/Stories for Re-search

Re-searching the use of stories I found many aspects that were valuable for the making of meaning in our lives;

* Stories/narratives are doorways into different kinds of reality. Stories, by tapping into the unconscious, can re-veal the shadow sides of ourselves and bring our experience together. We can learn much from the shadow side of ourselves and our society (Johnson 1991). If we acknowledge the shadow (and name the oppressions in our society) we can bring this to the conscious, re-lect on it, and use this as a tool for transformation.

* Stories as re-lationships. Stories are about re-lationships. The process of the development of re-lationships (social interactionism) involves much of our psychological learning.

* Stories as politics. By linking the stories of the women into the feminist position of 'the personal is political', these stories make the private, public. Stories both re-inscribe the status quo, and de-stabilise it. Stories can have an enormous power to generate change.

* Self re-flec-tion and the stor(y)ing from this re-flec-tion, makes meaning in our lives. Self re-flec-tion is the process of the making of meaning. Narrative operates in the realm of meaning as it provides the connections or re-lationships among events that give meaning.

* Stories as both the individual unconscious and as the collective unconscious of our race or culture. Traditionally the consciousness of the race was told in the stories. Stories are a way of expressing the voice of the consciousness of cultural history. The popularity of certain forms of storytelling and the way that these have changed over time is a clue to the popular culture.

At this cultural level, stories/narratives give cohesion to shared beliefs and help to transmit the traditions, cultural or racial values and moral codes. Participation as a full member of a culture, re-quires a general knowledge of its full range of accumulated meanings, known/told through its stories.⁷

* Stories for direction in life. Different stories give different pictures or directions for the stages in life, for example, youthful stories, stories of old age. Some tales show the personal psychological patterns, others give directions to the difficult tasks of life, to obtain the treasure hidden in the self. 'Without stories we have no articulation of experience and therefore no direction for struggle. This could lead to alienation of the individual and the world' (Russell 1991).

* Story telling is the heart of ritual. When an experience becomes a story, it is passed on, re-told, re-membered, given away, made sacred. The story intensifies the value of the events that have passed. Pain and rage can be re-leased, isolation broken, triumph and ecstasy celebrated. What was a singular experience becomes woven into a larger context - that of the community/society.

* Storytelling as myth. Stories give us a set of organising symbols that places our own lives and events in a context that stretches back to the past and forward to the future; that links us to a broader community and deepens the meaning of our lives. Stories are the description of an experience which, when developed over time, and congruent with the experience of others in the community, have the ability to develop into a myth for that culture.

The Power of Stories/Narrative

There are many different kinds of truths, and today there are two predominant ways (two stories) in how we perceive (and explain) our world - through narrative discourse and scientific discourse. In language, narrative discourse is organised by a different type of logic than scientific discourse; a very different language is used for these two processes; and they convey very different ways of perceiving, and therefore experiencing, reality.  

Scientific discourse uses a logical, easily demonstrated objective language where the logical protocols used to make meaning are the same protocols that link the actual objects of the world into a coherent universe - the paradigamic mode. This attempts to objectify our knowledge and searches for universal truths in our lives, attempts to explain and predict future events, and is excellent for the standard (objective) sciences. The language is objective, definitional, logical and analytical - the language of reason.

The narrative discourse on the other hand, looks for the meaningful connections between events in our lives, and gathers these events into a unified whole. This is participatory and re-lationship orientated and is necessary for understanding human activity. The power of narrative lies in its ability to form re-lationships; a process that produces a coherent story and gives significance to individual actions and events, according to their effect on the whole, thereby being constructed in the realm of perception and meaning (and experience). Narrative re-cognises the meaningfulness of individual experiences and how they function as parts of a whole; narrative organises past events into plots/stories about reality that include the perspective of the author.

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8 See Polkinghorne (1988).
Narrative is basically re-trospective as it analyses past events into meaningful themes and attempts to comprehend patterns in actions and events that could not have been predicted (Polkinghorne 1988). Narrative uses the language of imagery, of metaphor and of synthesis. It is the language of dreams, fairytales and myths and is the most natural key to areas of the mind that allow (and encourage) transformation.

‘All stories are full of bias and uniqueness; they mix fact with meaning. This is the root of their power. Stories allow us to see something familiar with new eyes ... the meaning we may draw from someone else’s story may be different from the meaning they themselves have drawn ... facts bring us to knowledge, but stories bring us to wisdom ... the best stories have many meanings; their meaning changes as our capacity to understand and appreciate meaning grows. Knowing our own story requires having a personal response to life, an inner experience of life. It is possible to live a life without experiencing it ... if we think we have no stories, it is because we have not paid enough attention to our lives. Most of us live lives that are far richer and more meaningful than we appreciate’ (Remen 1996:10).

Narrative as a Cognitive Structure

Narrative is both individually and socially constructed, so using narrative as a cognitive structure, this re-search investigated the lives of individuals and their stories, and re-related this in terms of the development of new roles for women in medicine. During the re-search I used a combination of what William Stern (Polkinghorne 1988:101) calls the nomothetic approach - which looks at the distribution and correlations of characteristics across a group/population (universal stories); and the ideographic approach, utilising parts of the stories of the individuals (and their specific characteristics) as the threads that bind the ideas in the re-search together.

"Is there medicine in those stories?" Little Wolf asked as he rose to his feet to join the other children at play. "There is," the Chief answered quietly, "they are powerful songs and medicine for those who listen." (Storm 1981:10).

A Critique of Narrative

Contradictions litter all forms of narrative. There is no simple dualistic opposition of self and other, all our stories about the other, are also about ourselves: ‘... and all narratives about others both inscribe and resist othering’ (Fine in Denzin & Lincoln 1994:75).

As researchers at the margins, trying to create transformation (working the hyphens) we: ‘... are chronically and uncomfortably engaged in ethical decisions about how deeply to work with/for/despite those cast as others, and how seamlessly to represent the hyphen. Our work will never “arrive” but must always struggle “between”’ (Fine in Denzin & Lincoln 1994:75). Using narrative I have been ‘working the hyphens’: ‘... reconciling the slippery constructions of self and other, and the contexts of oppression in which both are invented’ (Fine in Denzin & Lincoln 1994:78), with the vision/goal of social change to a more balanced feminine:masculine approach to medicine.
There is a lack of widely available and clearly understood narratives that communicate the reality of the experience of women healers today. It is important to name oppressions when working for transformation, and the evidence of struggle and resistance must be documented, or the prevailing politics (often cloaked under the guise of ‘normality’) will prevail and prosper. Stories illustrate the gaps, the silences, the contradictions that exist in our socially and culturally prescribed stories of what is ‘normal’. Using these stories (working in the creative spaces) is how we work the hyphens.

**Who are the Storytellers? - Feminist re-search methods**

‘*The practice of small-group consciousness raising, with the stress on examining and understanding experience and on connecting personal experience to the structures that define our lives, is the clearest example of the method basic to feminism*’ (Hartsough quoted in Gunew 1990:24).

**Women as storytellers**

‘*When women get together, they tell stories. This is how it has always been. Telling stories is our way of saying who we are, where we have come from, what we know and where we are headed*’ (Bonheim 1997:9).

Women generally tell their experience by the telling of stories, so using stories was congruent with the fact that I am a woman (and a healer). The healing methods I use in clinical practice have a basis in many thousands of years of ‘anecdotal’ stories (and women were traditionally the healers). Women form connection and re-lationships by telling their stories, and by having the space to tell our personal stories, these can lead us to the myths and the archetypes. ‘*Von Franz (1982) has developed, through her study of fairytales, a theory of how personal stories become ‘sagas’ by entering the local collective folklore; and how sagas become myths when their archetypal patterns and relationships become increasingly divorced from their original content*’ (Reason 1988:84).

Story, myth and drama all take us into the collective landscape - they reach parts of us that are normally unconscious. These places can be internal landscapes of emotions and images, the realms of dreams and fantasies, and with practice they can move us into areas beyond the personal, into the collective. What we create in the landscapes of these other worlds affects how we perceive our lives. ‘*The path of the inquirer may be from experience, through metaphor and story towards myth and archetype; but ... meaning can [also] ‘break through’ from the archetypal level into individual lives and stories*’ (Reason 1988:85).
Women’s stories as feminist re-search

In this thesis I have used feminist re-search methods, in a form of social interactionism. Feminist discourse underpins my perception of the world, and it has been an important factor in the shaping of my perception of healing in my professional life. Feminist practice was an integral part of the small ‘consciousness raising’ inquiry groups essential to this re-search. The stories of the experiences of the individual women, separately and within a group, and the re-flection and description of this experience were valid constructs of knowledge. This re-search was based on stories of personal experiences, and it was these stories that wove the thesis into a whole and provided the ‘data’. Determining experience as a theoretical construct came from the effect of the interaction: ‘... produced not by external ideas, values or material causes, but by one’s personal, subjective engagement in practices, discourses and institutions that lend significance (value, meaning and affect) to the events of the world’ (de Lauretis quoted in Gunew 1990:28).

It was important to note that the theoretical basis of valuing individual experience, lay in the ability of the person to re-flect on that experience and make meaning from it, while still being aware that this process of meaning making was being constructed in the telling of the story, and was not inherent in the experience itself.

The acknowledgment of the validity of a description of experience allowed us as the re-searchers to utilise narrative (the story) as an effective re-search tool, and by accepting the description of our experience as valid, the language used to describe the experience became very important.9 ‘Given that the language we use both shapes our conceptual framework and is shaped by them, some feminist philosophers are cautiously searching for new methods of discourse and analysis different from those of the Anglo-American analytic approach that characterises much philosophy today. The methods of existential-phenomenology can be useful for feminists in this regard because this school of philosophy is not analytic in its approach but descriptive. It attempts to describe how things appear to us rather than attempting to analyse them from a supposedly objective standpoint. This phenomenological method emerged from a concern for the dominance of the pure sciences, whose description of existence is so different from actual lived experience’ (Bigwood 1993:7).

Feminist re-search as a strategy is re-lational, and acknowledges the re-searcher’s involvement in the re-search and their experience and stories as valid (rather than the re-searcher being ‘objective’ and outside the issues). These strategies have methods, as well as short and long term goals, and by working at the edges (or margins) of our current thinking, are capable of being transformed during the processes. They are fluid and adaptable and can be based on a description of an experience, rather than perceived as ‘proven’, and therefore as the ‘truth’, as the scientific method espouses. As I am challenging these scientific ‘objective’ methods10 of re-search and the patriarchal structure of medicine, feminist theory is a re-cognised place to come from.

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9 Using the hyphens and acknowledging the gendered nature of language (and altering this at times) was an important part of this thesis and has been mentioned frequently.

10 I have given an extensive critique of the ‘scientific’ philosophy and method in Chapter 1 - Re-formulating, as challenging this formed the basic context of the re-search.
'There is a methodology common among feminists that differs from the practice of most social movements ... feminism is a mode of analysis, a method of approaching life and politics, rather than a set of political conclusions about the oppression of women' (Gunew 1990:24).

Feminists must be aware of the range of meanings which biological differences make in our society, and the political structures which support and justify these differences. This is a process enfolded in day to day practices of living, in '... which we constantly assume feminine subject positions and find ourselves subject to definitions of our femininity, often at variance with the ways we define our interests as women ... [this is] particularly pronounced in women's confrontations with, and subjection to medical and psychiatric discourses, particularly gynaecology' (Weedon 1987:127). Challenging these discourses, can be the basis for the articulation of alternative meanings, which do not marginalise and subordinate women, and which in the process also transform the patriarchal/hierarchical structures of masculinity.

Feminist theory; '... has seriously questioned patriarchal adherences to the following theoretical commitments;
1) Commitment to a singular or universal concept of truth and methods of verifying (or falsifying) truth
2) Its commitments to objectivity, observer neutrality and the context-independence as unquestioned, theoretical value ... closely related to the overvaluation of science and truth as models for knowledge.
3) The commitment to a universal subject of knowledge ... the ability to separate HIMSELF (sic) from feelings, emotions, passions, personal interests and motives, socio-economic and political factors, the past, one's aspirations for the future etc. This subject of knowledge is capable of achieving a distance from the object known, thus being able to reflect on it.
4) The commitment to a fixed, static truth, an immutable given reality, a guaranteed knowledge of Being and access to Reason ... Truth is a perspectiveless knowledge.
5) The commitment to the intertranslatability of concepts, terms, truths, propositions and discourses' (Pateman & Gross 1986:199).

However to be true to the feminist ideals, we have a reponsibility to encode 'right of re-ple' in our work, so that our omissions do not become exclusions (as has often happened to women historically under the patriarchy). There is a need to devise more equitable/varied means of dialogue and validation in a society where these are not readily sought. It is important to include more and varied voices even when they are critical, for they help expose the inherent limitations of a one's own experience, and to point to a greater range of meanings than would be (understandably) absent from a single account/story. In this thesis, by acknowledging and allowing different stories I have allowed voice to a greater variety of experiences. I also acknowledge that these women do not speak for all women, and as such the re-search is limited to the particular experiences of the women in these groups. 11

11 See pp 93 and pp 99 for more detail.
A socialist feminist perspective

We live in a society that overall is oppressive to women, evidenced in its hierarchical, power over, competitive environment, where the image of the ‘white middle/upper class male’ is at the pinnacle, and all other living things are graded according to this model. Even our language supports this oppression. However, today there is a shift, and women are finding their public voice again. Since the rise of the feminist movement, women are adding their voice to, or re-dressing the inadequacies in political, moral and social theory and practice - and re-balancing the male bias.

Although there are many forms of feminist thought, overall women are transforming our ‘patriarchal’, ‘male dominated’ society to a more ‘human’ society that includes feminist understandings, goals and strategies.

A socialist feminist perspective provides a coherent framework for social action in health and community work (and other social movements, such as the environment movement). As a socialist feminist, I have discussed developing a more equitable, relationship based, ‘human’ society that would be ultimately beneficial for both men and women sharing both power and privilege, but in a different way. This would go a long way towards the partnership model discussed as one of the outcomes of this thesis.

Experience as a valid tool for re-search

‘Though the notion that scholarship is objective and has been criticized in continental critical and hermeneutical and other theories, much radical feminist scholarship continues to be dismissed as biased, polemical, limited or confessional. I can hear choruses of criticism ... saying - ‘reductionist’, ‘self-indulgent’, narcissistic’... I do not propose that we abandon historical research, philosophical reflection, literary analysis or any of the other scholarly methods that we have inherited. I ask only that we abandon the pretension to objectivity. Incorporating personal reflection in our work does not mean that our work becomes solipsistic. I propose that empathy, not objectivity, is the way out of solipsism ... as scholars we should strive to constantly remember that we are grounded in particular experiences and histories, while seeking ever to expand the range of our empathy, our ability to imagine the perspective of others’ (Christ 1987:xy-xvi).

Using the story of each person’s experience was congruent with feminist theory, narrative discourse and co-operative inquiry. ‘Experience is meaningful, and human behaviour is generated and informed by this meaningfulness. Thus the study of human behaviour needs to include an exploration of the meaning systems that form human experience’ (Polkinghorne 1988:1) Telling the story of this experience, shapes the character of our existence in a particular way. Neither women’s experience nor men’s experience are universal categories. Our difference is important, makes a difference, and needs to be re-corded with equal value.
In this re-search I have made three basic assumptions about human existence:

* human experience is enveloped in a personal and cultural realm of meanings and thoughts, that are linked to the body, but which are qualitatively different. These meanings are not static, but are expanded continuously by new experiences, through re-flection and re-collection. As we communicate our personal thoughts and experiences to others, and in turn re-ceive communications as listeners, meaning transcends us as individuals.

* human experience is a construction fashioned out of the interaction between a person’s organising cognitive schemes and the impact of the environment on her/his senses. Experience is an integrated construction, produced by the realm of meaning, which interpretively links re-collections, perceptions and expectations. The structures of cognitive schemes are layered and are constantly modified by the interchange with the linguistic and natural environment, both internal and external.

Usually, these structures operate outside of consciousness and provide awareness with an already constructed meaningful experience (although they be made more conscious with re-flection and critique). Narrative is one of those cognitive schemes; it makes apparent a world in which human actions (experiences) are linked together, according to their effect on the attainment of human desires and goals.

* human experience and meaning making is not organised according to the same model we have constructed for the material realm. Experience makes connections and enlarges/enhances itself through the use of mythological/metaphoric processes, that link similar experiences together. Stories evaluate the meanings of these experiences according to the positions they hold in re-lation to larger wholes. The realm of meaning is an open system in which new forms of organisation can emerge and new meaning systems can be developed. It is a constantly evolving process.¹²

‘Epistemological validity has no inherent connection with either objectivism or power; it is a precondition of rational discourse and other ways of knowing, in any domain ... the challenge after positivism is to redefine it in ways that honour the generative, creative role of the human mind in all forms of knowing’ (Heron 1996:158). The theoretical basis and the value of experience lie in the ability of the person to reflect on that experience and make meaning from it, while still being aware that this is the process being constructed.

**Diversity - the importance of acknowledging difference**

When using feminist re-search, the diversity of women needs to be acknowledged including lesbian and black women’s issues. Feminists need to be aware that they too can be hierarchical and racist. The acknowledgment of all women’s experience is crucial, including the diversity of different feminist approaches. In this thesis, diverse approaches were considered and implemented where possible.¹³

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¹³ See Chapter 4 - Re-flecting for the process and the letters from the meetings. This chapter also gives a ‘snapshot’ of the women as part of the process.
However the women were all white and middle class so there was a little difference in cultural background, despite a significant difference in philosophies. I acknowledge that although we had all felt marginalised at times - because we were working women in a patriarchal society - there was really only one cultural perspective re-presented in the groups, and we had no experience of being black and female - and doubly marginalised. The WOTL group tackled this issue to some extent.\(^{14}\)

However, although the ‘big’ differences were not re-presented, many differences were apparent in the group. For example, there was a large age difference - from late thirties to late sixties (two generations); educational standards widely differed - from doctors of philosophy, to doctors of medicine, to high school graduates; there were a variety of parenting skills - from women with no children, to women with several; there were also cultural groups vicariously re-presented by the partners (and therefore the experience) of the women - Australian, English, European, Tongan, Asian. All of these experiences were voiced in the stories of the women.

Re-counting the stories of the experience of these women was a congruent tool for re-search, as there were several criteria adopted for greater validity:

* a variety of women from different philosophies in medicine were involved. The women found areas of common ground in their experiences and this eventually led to a collective unity of approach to the issues discussed, as we agreed to honour our differences (at least for short periods of time). This was not generated without some pain however, as it took some time and considerable difference of opinion and (at times) heated dialogue, on crucial issues to agree to accept the difference.\(^{15}\)

* There was much re-cycling through the re-search. Sending each person a copy of the edited work - the letter,\(^{16}\) including the parts of the transcripts - their discussions - after each meeting, generated successive cycles of positive and negative feedback, until the experience was agreed upon (both individually and in the group). Cycling through action and re-flection cycles many times (with this feedback loop) helped re-move irrelevant data, vagueness and ambiguity, illusion and confusion, as well as amplifying, diversifying, extending and deepening the re-search. The groups generated: ‘... a dialectical engagement between two forms of knowing, propositional and experiential; between conceptual map-making and participative engagement’ (Heron 1996:132).

**How do we generate social change - from a feminist re-search perspective?**

When attempting social change, the ground rules can block creative solutions, so the only way to arrive at creative solutions, is to change these organisational and intellectual ground rules. Using the stories of the experiences of the participants (with much heated dialogue at times) allowed a conceptual breakthrough to occur.

\(^{14}\) An excellent paper on being marginalised and how to create social change from this position is by Debbie Horsfall & Judy Pinn (unpublished research April 1999) Re-storying resistances: Working the margins for social change. UWS Hawkesbury, Sydney.

\(^{15}\) See Chapter 4 - Re-flecting for the process of the group discussions, that includes some of these dialogues.

\(^{16}\) Collected in Chapter 4 - Re-flecting, as these formed the data for the re-search.
This shifted the perception of the problem and altered the questions; from what is wrong with large organisations, to what we could do about changing them to something more supportive of women, more egalitarian, and more responsible to the community and the environment.

There are various approaches to feminist re-search, the most common being that of re-versal - if academic knowledge has adopted a stance of exclusion and devaluing of women’s experience, then accounts of this experience and the uncovering and validation of previously devalued his-torical and oral accounts of women’s lives is a major task. In the past, this approach has given women more of a voice, but unfortunately has proved inadequate to transform existing power re-lationships between feminine experience and masculine knowledge, as the stories of women’s experience have been largely discounted as those of a ‘special interest group’. It has not disrupted the concept of masculine knowledge as being universally significant, by assuming that knowledge production is a neutral epistemological machine that men simply use for their benefit. In practice, much feminist re-search has found the orthodox methodologies - with their narrow assumptions about what counts as evidence and about the necessity for an ‘objective’ view of knowledge production - much too limiting. ‘The very rules and procedures of disciplinary knowledge have been shown to be epistemological devices for the simultaneous inscription and effacement of masculine experience’ (Waldby 1995:17).

Women therefore must find valid ways to generate knowledge differently, to claim their own power. To do this a detailed knowledge of the ways in which masculine experience is systematised in knowledge production must be known, so that alternative methods can be utilised and valued. Then if women want to change the power re-lationships and become not just a ‘special interest group’ that can be invalidated, we must find other ways of knowledge production and process. What kind of knowledge can evolve that re-cognises its debt to the experiential - that no longer rests on a claim of objectivity and disembodiment?17

According to Waldby (1995:24), Iris Young used her pregnancy as a first person critique of disembodied scholarship when she articulated how the pregnancy collapsed: ‘... the requirements of objectivity, the separation of the subject and the object of knowledge’. She targeted the philosophy of phenomenology - the re-lationship between knowledge and lived experience. This school of thought can use the first person ‘I’ in the text, and this ‘I’ must also encompass ‘... the sex of the ‘I’ who writes and is written’. She cleverly chose: ‘... to write as a pregnant ‘I’, because pregnancy is a bodily state which is inaccessible to masculine experience ... furthermore, pregnancy is understood as the very emblem of embodiment, the state which historically has been used to argue women’s inherent inability to transcend bodily concerns and to justify women’s exclusion from higher thought’. (Waldby 1995:24) Iris Young’s overall critique is: ‘... that all bodies, male and female, pregnant or

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17 Discussions on how to do this were generated in the re-search groups and formed a significant part of the thesis. The ideas of the women are discussed in the context of the re-search, and were invaluable in formulating the chapters on women and work (Chapter 2 Re-working) and developing new role models for women (Chapter 9 Re-creating).
not, have a weight, a bulk, a visceral presence, and a vulnerable mortality, which render ridiculous the idea of a disembodied consciousness’ (Waldb 1995:26).

However we also need to re-cognise that the feminist re-search is dependent to some extent on the knowledge ‘... that our conditions of possibility do not arise from politically uncontaminated ground. We owe irreducible debts to the systems that we contest ... if feminism is to intervene effectively into phallocentric knowledges, it cannot do so by claiming a space outside phallocentrism, or by demarcating a solid and impenetrable line between itself and that which it contests. Rather, feminism must take aim from within: feminism is not possible and cannot be effective except by inhabiting those structures it contests’, and from this position ‘... examine our own conditions of possibility as they both enable and constrain our political and epistemological projects’ (Wilson 1993:40).

We need to develop a philosophy of ‘epistemological pluralism’ to make acceptable - heterogenous ways of knowledge production - under which feminism and experiential ways of gaining knowledge are validated. This re-search provides a path for this process.18 ‘Feminism has entered the academy on the basis that knowledge is not the learned reflection of the world, but rather shapes the world in particular ways, for particular interests. Knowledge production occurs within the context of particular kinds of social power relationships, and the question ‘whose knowledge, for what purpose’ is a crucial one for feminism ... feminism understands orthodox forms of knowledge production, forms that faithfully observe the distinctions between the academic disciplines and the demands of objectivity, to be deeply implicated in the maintenance of women’s social disadvantage. The historical masculine prerogative over academic knowledge production has ... ensured that the forms of knowledge most established ... extend masculine experience and interests, and ‘work to silence and pathologise feminine points of view’ (Waldb 1995:15).

Feminism (and this re-search) is contesting this prerogative, by finding ways to make knowledge that will extend and allow, the feminine experience and female points of view. In the general feminist project to secure more social power for women in all spheres of life, this becomes an essential strategy as it gives feminism the ‘... means to contest, not just the practices of everyday life which disadvantage women, but also the knowledges which inform these practices, and which often work to make women’s disadvantage seem ‘natural’ and inevitable, even to women themselves’ (Waldb 1995:15).

The polarisation of feminist methodology and the use of myth/story.

An interesting polarisation became evident when utilising feminist methodology alongside the stories/mythology (particularly when re-searching these from a Jungian depth psychology perspective). One of the strongest critiques of Jungian mythological understanding (particularly the archetypes) came from the feminist position and was exemplified by Mary Daly and Natalie Goldberg. As a feminist, Mary Daly (1990:280) condemned Jung by saying: ‘... particularly seductive is the illusion of equality projected through Jung’s androcentric animus-anima balancing act, since women are trained to

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18 See Chapter 4 - Re-writing - for the process of the meetings, recorded as the series of letters sent to the groups.
be grateful for "complementarity" and token inclusion ... thus it is possible for women to promote Jung's garbled gospel without awareness of betraying their own sex, and even in the belief that they are furthering the feminist movement'.

Daly (1990) stressed that Jung really does not address women's reality or women's sense of who they are, and stated that Jung's archetypes are just another way of alienating women from their own selves. Natalie Goldemberg discussed Jung's conception of the 'feminine' by stating that: '... his idea of adding feminine imagery to religious symbology and in his theory of the operation of the anima and the animus in the psyche, he codified images and rigidified them into stereotypes. Although this was done with the intention of giving women a better place in the patriarchal systems of religion and psychology, it was nevertheless limiting for women' (Goldemberg in Christ 1980:223).

However for many other women, Jung's psychology re-inforces and illuminates their experience, possibly because of the 'meaning making' aspect of his psychology. 'From within the Jungian framework, dreams, fairy tales, myths and other forms of folk lore contain wisdom and direction for our lives' (Wehr 1988:6).

In my view, while there are distinct tensions between Jungian psychology and feminism, it needs to be re-membered that Jung's psychology (re-membering the context and the time in which it was written) is invaluable for his in-depth understanding of the human psyche. Jung's psychology is one world view that can offer far ranging explanations (and a path for the search of meaning) for many of us, as long as it can be re-flected on with a critical eye.

**The Collective Stor(y)ing** - Co-operative inquiry

Singing up the stories is re-search with people, rather than re-search on people. 'It is about an inquiry as a means by which people engage together to explore some significant aspect of their lives, to understand it better and to transform their action so as to meet their purposes more fully' (Reason 1994:1).

Developing collective stor(y)ing re-quires a participative world view, where it is necessary to hear, and validate the stories (experiences) of others. I have re-searched individuals and their stories as a collaborative process, and re-corded (and analysed) the experience of the participants as part of the story of the re-search itself. Which comes first: '... considerations of method raise questions of world-view; while the emergent world view interrogates, informs and supports our practice' (Reason 1994:2).

In this 'cooperative inquiry' there was a constant communication between the re-searcher and the participants, all re-poorts and publications were given to the participants of the re-search for their comments, criticisms and feedback before the

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19 As elsewhere in this thesis, I have altered - hyphenated or bracketed aspects of words - eg. stor(y)ing - for emphasis.

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final stories were written, forcing myself as the re-searcher to go through a ‘... rigorous process of checking the facts with those with first hand knowledge before any reports are written’ (Foote Whyte 1991:41). This process enabled the stories to be re-written, allowing the re-cognition of alternative explanations.

The theory of cooperative inquiry discusses allowing joint ownership, which in this case was not taken up by the group in an overt way, although a co-operative venture was established for the specific task, and the women in the groups valued their contribution to this process.

An underlying principle was ‘... the way we think about problems is shaped to a considerable extent by the social setting in which we find ourselves’ (Foote Whyte 1991:42). In any group or organisation, there is a structure and culture that provides ground rules (implicit or explicit) that determine what information and ideas are re-levant for problem solving. This involves influences that link the people (in the groups, and in organisations we work for), the structures, policies and activities experienced together, that shape the way the members think, feel and act. If an organisational or group culture is re-presented as ‘... dynamic, changing as the members struggle to resolve conflicts and negotiate new understandings’ (Foote Whyte 1991:43), this can be more accurate than one that uses more static structures and policies to mask disagreement and conflict.

Cooperative inquiry (the collective stor(y)ing) has the added advantage that as the re-searcher, I was also on a learning curve during the process, by being constantly challenged by events, ideas, arguments and information from the re-search participants.

My involvement in this re-search has stimulated my thinking (and the thinking of the storytellers) in new and different ways about theoretical and practical problems - generating new ideas, leading to positive actions and potentially to positive social change. My clinical understanding and networking with other practitioners (both medical and complementary) has developed greatly and due to this re-search I have been invited to write a book and to speak at International conferences on the role of women in medicine. ‘If the advance of science is a learning process, clearly continuous learning is more efficient than learning concentrated primarily in the initial and final stages of a project ... organisational learning is enhanced when members of the organisation under study have active ownership in the project’ (Foote Whyte 1991:42).

However, developing a co-operative practice was not an easy task. When confronted with a group of women from widely differing world views, intending to develop a collaborative re-lationship, there were practical issues of how to do this. How do we meet each other, form re-lationships, re-spect each other’s differences and work together at a common task? Doing re-search with people of different views, as this re-search shows, presented a microcosm of the difficulties we all face in the ‘real world’ when we try to work collaboratively, across and with difference. ‘As soon as we touch upon the question of participation we have to entertain and work WITH issues of power, of oppression, of gender; we are confronted with the limitations of our skill, with the
rigidities of our own and others’ behaviour patterns, with the pressing demands on our limited time, with the hostility or indifference of our organizational contexts. We live out our contradictions, struggling to bridge the gap between our dreams and reality, to realize the values we espouse. So while we need the sweep of a participatory world view, it is not enough: we need also to learn the practice of participation (Reason 1994:2).

Our discussions included controversies and disagreements, but these served to enrich and expand our re-flections and perceptions, and eventually to inform our actions. In large organisations the barriers to change can be more pronounced, as the ground rules of the organisations can effectively block creative solutions, and the only way to transformation is to change the whole intellectual and organisational structure. The groups were a microcosm of this process, but one that allowed the co-re-searchers to experience a co-operative process, using stories as a tool for transformation.

The Storytelling - The Re-search Process

The Storytellers

When re-flecting and planning this re-search, I discussed my ideas with friends, family and workmates (in Sydney), generating much interest. So when deciding who I wished to invite, I already had many women interested in the re-search, and as they came from various philosophies of medicine - by happenstance - I invited all who had expressed an interest. I felt that the stories (the data) would be better gathered if the ideas were discussed in a group, which fitted with the overall desire of these women. Many of them were feeling increasingly isolated in their chosen professions and were looking for support - a group seemed the most appropriate way to provide for both needs.

Two groups were formed - one in Sydney focussed on women in the healing professions, although with differing philosophies (which made for some lively discussions). However, of the women invited, four were very interested but were not available on weekends for the groups. These women were interviewed separately at a time convenient to them, and these interviews were also transcribed as part of the re-search but were not part of the letters. The second group (the WOTLs) was one that had been meeting for several years, was going through some difficulties and on the point of dissolving. However, several of the women involved felt that the re-search had great potential, and wished to continue with this as the focus.

The Invitation

Invitations were issued to twelve women for the first Sydney meeting. Over the course of the group meetings, two other women joined. Not all the women attended all the meetings as they all had other commitments.

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20 The WOTLs - the Women Out To Lunch - was formed after a heated debate with a group of women regarding the role of women in social activism - those who thought we should be a fighting, warlike group, and the women who preferred to work in women’s ways - using networking and breaking the silences - as social activism.

21 For more detail of the women in the groups see Chapter 4 Re-flecting - the continuing story of the process.

22 See Appendix 1 for the invitation to the groups.

23 This is also discussed in Chapter 4 - Re-flecting.

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Inclusiveness / exclusiveness in the groups

The groups formed were both inclusive and exclusive; Group 1 (the Sydney group) - twelve women were initially invited, of which seven attended the first meeting and were keen to continue. The others expressed a sincere interest in being informed of the progress but the choice of day was difficult. The group was inclusive in that ‘membership’ was kept flexible - women could join in at any time - or leave if they wished to do so. This was discussed with the group on several occasions. Two women (MS and JS) joined the group three months later.

However the Sydney group was exclusive in as much as a re-requirement of being a participant was that the women had to be associated with the medical (healing) professions in some way. It was composed of medical doctors, naturopaths, medical scientists, medical astrologers, nutritionists, women working in health promotion, psychologists and psychotherapists, and women working in environmental health. This group was more challenging and conflictual than Group 2, as there was greater diversity in the group and they had not met before this re-search.

Group 2 - (the WOTLs) was composed very differently. The women were part of a previously established group of academics who had been meeting for several years on a re-gular basis. These women are interested in feminism, social justice and social change. They told wonderful stories, were invaluable as support, they helped maintain my direction when the going got tough, and they contributed enormously to the social change and theoretical aspects re-corded in this thesis. 24

This was a re-latively exclusive group although others could join on invitation if the group agreed. This group started with five women and settled with a core of three close women friends (including myself).

The Stor(y)ing

The groups were set up as informal co-operative inquiry groups where: ‘... cooperative inquiry rests on a paradigm of participative, subjective-objective reality, which holds that there is a given cosmos in which the mind actively participates, with which it communes and from which it is not separate, and which it can only know in terms of its constructions, involving all our mental sensibilities’ (Heron 1996:158).

The aim of this re-search was, through the stor(y)ing of our experience as women, to re-claim the role of women in medicine and medical history, to transform medical practice (work practices generally) to non-hierarchical ways of working, and to evolve role models for women working in medicine today. This stor(y)ing had several phases; we listened to the stories of the experiences of the women, both professionally and personally; this generated a phase of re-fection which was re-structured in the light of that experience; leading to further experiences as part of the continuing process of transformation.

24 The data (stories) from the groups were used as the basis, mainly for Chapter 2 Re-working and Chapter 9 Re-creating.
Looking at the ideal, for the co-operative inquiry group to have validity, there were three stages - articulated by Heron (1996:146-148). There was:

* a **strong prior commitment to the idea** - the idea was sufficiently plausible for the participants to make a commitment - largely an uncritical process at this early stage.

* an **experiential test** - the participants experienced a change of being (transformation) by participating in the activities of the groups, so the ideas were no longer just grasped intellectually, but were embodied and ultimately became a practical reality.

* the participants agreed to generate the appropriate experience/practice then **challenge the uncritical subjectivity** in the re-flection phase (watching for the risk of collusion).

There were also various skills that started to develop within the group:

* the participants started to be **engaged in a committed way with the cycle of inquiry** - being present (with empathy), meeting and feeling the presence of the other participants.

* the participants became **receptive to the meaning** inherent in the process of shaping people and transforming their world, using both sensory and nonsensory imagery

* there was an **intuition of pattern meaning**

* a process occurred where the participants started to **manage the conceptual labels and models** embedded in the process of perceiving others and the world in a different way - without the classifications and constructs normally imposed on our perceiving

* **re-framing** was encouraged where the ability to understand the normal constructs that form the basis of our perceptions, and alternative constructs were tried for their creative capacity, leading to an articulation of a different understanding of others and our world.

Overall these co-operative group dynamics made for radical practice - an emergent way of working (and knowing) that encompassed not only the issues worked on, but was also a process to discover how to work on them. This was the ideal, in fact the process was much ‘messier’ and less clear during the meetings. It only became clearer on re-flection.

Discussing and actively seeking social change, cannot necessarily be seen in itself as radical social change. Women can (and often do) use their new found skills to compete more effectively in a competitive male dominated world - ie. within the same structure. What was more important here was seeking personal change accompanied by major social change - from a competitive hierarchical culture to one that is more supportive, egalitarian, network based (web like) and more re-lationship orientated.

These meetings were evolving new ways of knowing that were challenging the dualistic nature of Western thinking, and becoming a more multi-dimensional dynamic of ever changing systems. *Pluralistic paradigms encourage and promote complexity. Without a system*
of understanding these complexities, simply reporting them could serve to cripple further understanding and resulting social action... through reflexive peeling away of layers of meaning, we used our stories and ancient myths, to help us understand how we experienced things the way they are and to understand why we did them' (Kaufman Hall 1995:323).

Overall social change is occurring (partially through groups like this challenging the status quo), however this is a very slow progression and in the time frame for this re-search, initial steps were taken that were positive. The changes were/are not expected to be easy and there was/will be often a degree of re-sistance. There are powerful barriers to change and attempting to overcome the current power structure is a challenge. I believe that major cultural change is a slow but powerful process - time must be allowed for the changes to be accepted and embodied. Women (and men) attempting social change need the support and assistance of other women (and sympathetic men) over a prolonged period of time - as they gain social, political and organisational skills and access to decision making areas. As even small changes were initiated in this group, they led and will potentially lead, to clashes with the established power structures.

It was also re-cognised that such changes and power shifts may re-sult in the emergence of a few dominant women who are just as undemocratic as their male counterparts - this needed to be re-cognised and guarded against. Efforts to empower individuals and groups of women must be encouraged by promoting participatory and liberal democratic processes, and exposing the controlling and oppressive aspects of elitism in hierarchical organisations.

Creating the Environment for the Storying

For the re-search meetings, I attempted to co-create an environment, in a non-threatening space chosen by the participants (usually each person taking it in ‘turns’ to offer their house for the next meeting), over an informal lunch. Space (and time) was allowed for each woman to speak in whatever manner she chose, about particular issues that had evolved from previous meetings, or other issues when necessary - keeping roughly to the topic. In so doing, the environment was designed to allow:

* the group to develop a re-lationship where all were trying to understand important aspects of each others lives,

* each participant to feel comfortable enough, not to feel she had to tell her story in socially valued images, but could be ‘true’ to her perception of the story.

A ‘loose’ agenda for several meetings provided further topics to some extent, as did the questions I left with each group to think about until the next meeting.

25 See Chapter 4 - Re-flecting and Chapter 9 - Re-creating.
26 Two of the women re-porter ridicule and some hostility with their workmates as their ideas changed.
27 See Appendix 1.
Some women consistently contributed more than others, but steps were taken to make sure each woman felt she had enough time to tell her story in the manner in which she felt comfortable. The steps taken to re-gulate this were; discussion in the group of the importance of each woman having her say; disagreements were initially re-ferred to myself as the re-searcher, then to the group if appropriate. There was some conflict (but little distress) within the groups over the time of the re-search, despite the sometimes powerful debates. Issues around emotional competence (being able to identify and manage emotional states) and non-attachment (not investing one's emotional security in the activities of the group) were discussed and supported. All this made for a dynamic congruence within the groups - a practical knowing whereby each person seemed to be aware of the behaviours, the '... purposes and underlying values, of its motives, external context and supporting beliefs and of its actual outcomes ... and adjusting for any lack of congruence' (Heron 1996:57-61).

Because the groups were comprised of women of widely differing world views, it was necessary to be aware of, and manage the distorting effect of fear and hidden distress, and to build trust within the women. Ways to do this came from Heron (1996:142-144) who articulated the need to identify any distress, and to provide a space for this to be expressed and processed. He suggested ways of processing stress such as meditation, debriefing and co-counselling. The group discussions were structured with this in mind, and were organised with the re-search (and the taped discussion) comprising the first hour, and the second hour (not taped - the tape being re-moved from the area) as debriefing and co-counselling, and as a support group - over lunch. Any member of the group could re-quest the tape to be turned off at any time if they felt the material was too sensitive, and this was re-spected absolutely. These measures were necessary to encourage the women to be comfortable in the telling of their stories, and to re-duce any distress that may have occurred because of this process.

As the groups progressed, a shifting of conflicts and alliances occurred between the women. Basic philosophical differences were apparent after the first meeting in the Sydney group, and the women involved (over time) tended not to attend the meetings (instead they discussed this with me privately), rather than to generate what they perceived as conflict. This was recognised (and discussed) as an avoidance strategy, while I was promoting the re-levanve of working with difference for women committed to social change. However for the last meeting - designed as a closure - all attended and agreed this re-search had opened up new ways of thinking, and that they had made some powerful new friendships - all obvious conflicts were forgotten, and they decided to continue to meet socially.

Narratives are context sensitive - both in their telling, and in the meaning they give to events. Form and content are re-sponsive to the aims and conditions of the discussion. The interaction of the women in the groups was noted and periodically discussed by the groups - in an attempt to further understand and support our process.
How did we get together to tell our stories? - The Meetings

For the first group, the meetings were convened by myself - the ongoing ones being determined by the group and the individual availability. The agenda was partially decided by myself, and partially by others at previous meetings. There was a re-cognition that I was the re-searcher and had originally convened these groups for the purpose of my re-search - so I commenced each meeting with a brief run down of the previous meeting, re-questing feedback from the letter I had sent out to each member with a summary of the previous meeting, plus the re-search I had been doing in the interim period. I also took along books I was currently reading to inform the group of my process as well.

Apart from this introduction at each meeting, there was very little obvious facilitation. I attempted to allow each woman to contribute as much or as little as they wished. This was commented on by several members who liked this approach, as they felt I was not trying to impose my ideas, but was allowing for the development of the ideas of others. In fact two women were very impressed with this approach as they had not seen meetings run like this before and perceived the benefits for their own practice. However, one woman re-cognised my style of facilitating and would have liked a greater contribution from me, as evidenced by the feedback in the final group.

KB - I tried not to direct it because I wanted you all to develop your own paths.

ER - It’s been a shame in a way that you have taken a back seat - so now you have to perform (6.6.99).

Initially there were distinct high contributors and low contributors, but over time the contribution level tended to even out - partially because different meetings had a different mix of women - encouraging different group dynamics each time and enriching our process.

Strategic Questioning

The first two meetings were ‘feeling the way’ although there was an agenda which included what I hoped to achieve in the re-search, the methods being used, and a structure for feedback. The stories of the participants were encouraged. After the third meeting a summary of Fran Peavey’s (1992) ‘Strategic Questioning’ was typed and these questions helped direct my ideas and the discussion of the group along productive paths.28

‘Questioning is a basic tool for rebellion. Questioning breaks open the stagnant hardened shells of the present. It opens up notions that might be explored. Questioning reveals the profound uncertainty that is embedded deep in all reality beyond the facades of confidence and sureness. It takes this uncertainty towards growth and new possibilities.

28 See Appendix 2 for the questions asked.

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Questioning can change your entire life. It can uncover hidden powers and stifled dreams inside of you... things you have denied for many years. Questioning can change institutions and entire cultures. It can empower people to create strategies for change.

'Asking a question that leads to a strategy for action is a powerful combination to resolving any problem. Asking questions that open up more options can lead to many unexpected solutions. Asking questions that help adversaries shift from their stuck positions on an issue can lead to acts of healing and reconciliation. Asking questions that are unaskable in our culture at the moment can lead to the transformation of our culture and its institutions' (Peavey 1992:1).

The process of questioning was crucial for the development, reflection and critical awareness of the re-search.

Gathering the Stories (the data)

In this thesis, data collection and analysis came from the taped and transcribed stories of the meetings and the interviews. These stories formed the basis of the letters sent to each group member after each meeting, gave the opportunity for feedback, and became the re-search. Using the taped discussions of the groups of women (as the data) allowed me to re-search the ontological basis of our understanding. This data was correlated by looking for meaningful and consistent patterns in the stories of these women, and accuracy was checked by going back to the groups for their individual, as well as group feedback at each stage.

'I believe we must risk writing personally, if we are to be true to what we know at the deepest levels of our being, and to the insights with which we create feminist [theory]... this means we will be drawn to write about our spirituality, our sexuality, our connections to each other and to the earth, our joys, our pain, our fears, our hopes, our dreams, our longings, our visions' (Christ 1987:xvi).

The narrative explanations/stories, were an effective way to understand how each person attempted to organise their existence. They were analysed into patterns that united the individual lives of the women into unfolding themes, and eventually into meaningful wholes. To be true to these stories, I threaded them through the main text, but used a different font to distinguish them, which allowed them to fit in the context of the overall story - the thesis. The thesis therefore was a description of the situation, including the story-tellers, the codes of the story, and also re-recognised the role of the hearer of the story as being vitally important to the stories being told.

Narrative explanations are based on memories organised into a unified story. They are not open to direct observation and must be established on the basis of traces - documents, personal memories, re-told stories, journals, etc. They are often re-shaped by a later happening and by the plot line, and therefore re-construction is important. Personal accounts are essential using these constructs.
There were four interviews (conducted over lunch) given by women who couldn’t attend the meetings, yet still wished to contribute. One woman had a particular issue she wished to discuss with me separately, as she thought the others would not understand her point of view, yet she wished to contribute these views to the re-search. These were also taped by my re-quest as it was the transcripts that were main source of data. These separate transcripts are not re-corded in the letters, although I have used some of the data from them. These women were also asked for their feedback and it was freely given. The women all became very interested and supportive with the process.

Stor(y)ing - Data collection

There are two major styles of human narratives that can be collected as data for re-search, both of which were used here:

* descriptive - using stories told by individuals and groups as a means for ordering and making current events meaningful. These describe the existing narratives held in or below awareness, that make up the interpretative schemes a people or a community use to establish the significance of past events, and to anticipate the consequences of possible future actions. They describe the stories that underlie the values and assumptions, and link the members into a group.

* explanatory - constructing a story (narrative) explaining ‘why’ a situation or event involving human actions has happened. This ties together and orders events to make the ‘cause’ apparent (in Polkinghorne 1988).

The Stories Collected

The stories collected provided traces of past experiences, and helped uncover the events documented in the thesis. They lent a unity to the individual’s and the group’s existence, as many of the women, regardless of their underlying diverse philosophies and contexts, described similar experiences. It was surprising how quickly a story being told by an individual, suddenly became part of the collective. The responses were both intensely personal, and when taken together, evoked the archetypal aspects of their experiences.

The text itself was developed from further discussions, feedback from the participants, and from extensive reading. The process of interpretation of the stories into the underlying patterns added to the development of the theme (the larger story). By validating the female experience, these stories were also stories (in the spaces of medicine) that deconstructed the masculine science, to re-imagine a potentially different story.

The data (stories) collected also had elements of an oral his-story of the women involved in the re-search, as the stories were used for developing (re-membering) a his/her-story of women and their experiences in medicine, as well as devising role models for women, now and potentially in the future. Oral his-stories can be useful

29 Discussed further on pp 82-83 in this chapter.
for this type of re-search: ‘... oral history, in contrast to written history, is useful for getting information about PEOPLE less likely to be engaged in creating written records, and for creating historical accounts of PHENOMENA less likely to have produced archival material. Relatively powerless groups are therefore especially good candidates for oral history research’ (Reinhart 1992:131 - emphasis in original).

In collecting the stories of the experiences of women in medicine, myself (as the re-searcher) and the participants in the groups collaborated in the conversations, and in a series of re-trospective conversations, in which either took the lead in defining the most important topics. In collating the stories, my purpose as the re-searcher was to create a written re-cord of the person’s experience from her perspective in her own words: ‘... oral testimony is invaluable for historians who seek information unlikely to be contained in written records. To the extent that men’s [sic] lives are more likely to produce written documentation, men are more likely to be the subject of analysis by historians who use historical data’ (Reinhart 1992:131).

Selection of information

An agenda provided some structure and direction for the meetings, but the topics discussed evolved largely from the participants. The selection of the excerpts (from the transcripts) included in this thesis was initially my choice, they were typed up and posted to each participant for their feedback, critique and comment. This selection was based on the narrative/story that was being constructed in the thesis, and any changes were made according to each participant’s perception of the accuracy of their statements. However I was the author of the thesis and made the final decisions regarding inclusion or exclusion of the information.

When I felt the thesis contained gaps - I re-searched further and made subjective judgements for the selection of this material. ‘A narrative explanation draws the gathered past facts together into a whole account, in which the significance of the facts in relation to the outcome to be explained is made clear ... the meaning of the fact is described in relation to the sequence of events, and the fact becomes significant in light of the subsequent events’ (Polkinghorne 1988:179).

DH - About authoring - this (feedback) is a gift, and is something we have co-created. But you are still the author, and you have chosen which bits of the tape - how you have ordered it. So while there has been a sharing of knowledge, and a different sort of knowledge has come out of that, you still are the major author. I think you need to be very clear that that is your role - it is collaborative but how collaborative is that? (9.4.99).

Analysis

The meetings and interviews re-sulted in a collection of stories (the data) that were woven into the text where appropriate, and analysed by noting underlying patterns (inductive analysis). Staying close to the data was the most powerful means of telling the story. The goal was to uncover the common themes of the women’s experience in
medicine, and in their working lives, as they struggled against power structures, hierarchies and discrimination, either because of their gender or their different ways of working. The patterns that emerged were not imposed prior to data collection but evolved collaboratively during the process.

Valuing stories as re-search, gives the human sciences a means for more appropriate theory construction, that incorporates an understanding of complex re-lationships that change through time - and are best expressed by a story. As the re-searcher and author, I analysed the fragmented information and looked for the underlying themes, to locate the patterns that informed the practices and interpretation of this particular community and its events. Despite the differing experiences and differing points of view (that made for some lively discussions), the group stories had underlying themes - we told stories of our joint oppressions, but also became aware of our joint privileges, and the range of possibilities for effective personal and social change developed.

This re-search could only articulate a common story for the women involved in these particular groups, and the common themes may not necessarily be the same for other women, or other groups. In stories the teller is claiming a particular kind of identity. As the re-searcher I needed to re-cognise the content of this self identity, the themes, and the cultural values that supported it.

Polkinghorne (1988) articulated three levels of coherence, that I looked for when analysing the data. They were the local - statements that are connected to prior statements by syntactic, temporal or causal re-lations; the global - statements that belong to an overall theme or the intent of the story; and the themal - which are general cultural themes or values expressed in stories. The analysis moved between the original data and the emerging description of the pattern/story, and involved critical re-flection and discussion by all participants.

Acknowledging / accounting for bias

In the standard scientific re-search model, the subjects of the studies have little or no say in the process of the re-search apart from their role as objects of study. They rarely get the opportunity to check the facts as they apply to them, or to offer any explanation or ideas to the re-search. This could potentially bias the re-search in favour of the re-searcher’s personal bias, although this is not often accounted for, much less re-corded, in scientific re-search.

With collaborative re-search the potential for bias is re-cognised and acknowledged, and steps are taken to re-duce it. In this re-search the steps consisted of locating the story within the personal experience of the participants and myself as the re-searcher; acknowledging individual bias by introducing collaboration by the participants into the re-search process and re-cording this as part of the process. This made for more accurate re-presentation of the ‘truth’ of the results. The third step was to acknowledge the ‘cultural’ bias of the particular group. As mentioned earlier, all these

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30 'Truth'- is taken here to mean a consensual explanation (agreement) of a group of informed, re-flective individuals, for a particular experience.
women were white and middle class (obviously from a similar cultural group) but with widely diverging world views, and different medical philosophies and practices.

Each participant was given many chances to read the thesis and comment. This in effect operated as a cross-checking process to ensure a greater standard of accuracy than could have been achieved by standard social science methods, where only the researcher (with often unacknowledged biases) determines the content of the thesis. The feedback was very positive throughout the process, and the re-port has been altered to include the suggestions and corrections made by the women participating.\textsuperscript{31}

In writing this thesis I have encouraged a degree of re sponsiveness and re flexivity:

* Using the transcripts for the gathering of data, I selected excerpts of the conversations, capturing intuitive insights to achieve understanding. Positioning these in the text, developed my interpretation of the underlying story. I showed the material to the participants for their critical re-flection, comments and feedback. I threaded the voices of the women through the text (multiple truths need multiple voices), capturing their experiences in the re-search. These were essential to the discovery of an underlying pattern.

* Writing (and re-writing) the drafts became a fundamental process of deconstructing and re-constructing the thesis. This re-inforced the critical re-flexive process.

* The sense of contradiction, tension and conflict at times, was an essential part of the process.

* Critical subjectivity, participation and observation was found in the voices, in the stories and in the feedback. There was coherence and consistency in the underlying patterns.

Each story contained many stories interwoven within it, and viewed through different perspectives, awakened a different state of consciousness, allowing us all to creatively imagine a different future. \textit{Exploration of our ways of knowing through our storytelling led to expansions of options on how to act in any given situation. Further reflexivity focussed on our multiple roles as co-researchers of being at one-and-the-same-time: storyteller, listener, meaning-maker, learner, supporter, strategic planner and social activist} (Kaufman Hall 1995:325). The stories were seen as re-flections of the present life of the story-tellers, and as we were all part of a community, they re-flected the processes of the community as well. \textit{‘Levels reflect levels; outside reflects inside; the individual reflects the collective; and the past reflects the present’} (Reason 1988:87).

The re-search process eventually found a balance between description and interpretation. The final part was an experience of creative synthesis that brought the individual stories together as a whole, and that included the meaning of the lived experience. The stories clearly supported - and further developed - my hypothesis of

\textsuperscript{31} See Chapter 4 - Re-fleeting.
the lack of female role models in medicine, and assisted in the development of new role models for women in this ancient profession.

**Feedback from the Storytellers**

As previously discussed, after each meeting, I wrote a letter with direct excerpts from the transcripts, added my selections of relevant theory, and mailed these to each participant. The women were asked to re-view and correct any impressions they believed were inaccurate. This process had the added advantage for me as the re-searcher, in that I was also on a learning curve during the process, by being constantly challenged by events, ideas, discussion, information and feedback from the re-search participants. The (edited) letters have been added as a chapter as they clearly show the process through time. The process highlighted the skills needed for women today that will potentially lead to positive action by the women involved, and ultimately to social change.

**Validating the stories**

The description and interpretation/explanation of persons, places and events have always been important in qualitative re-search, yet the acceptance of the ‘disembodied (objective) scholar’ so prevalent in our science and medicine, has presented feminist re-search with methodological problems in validating knowledge based on (female) experience. The effects of this are felt when (scientific) valid forms of ‘knowledge’ are understood as purely rational, conscious creations with obvious relationships to the events they describe - supposedly without the ‘contamination’ of bias or the subjectivity of the author or re-searcher. However feminist re-searchers challenge this approach as they re-alise that the authors/re-searchers of these texts have to draw on their embodied, everyday experiences and thoughts just to convey their message. Metaphors and images in these texts can also be interpreted in many ways by different readers. It is almost an impossibility to sustain a purely rational discourse without re-course to analogy or to experience.

By acknowledging their debt to the experiential, feminist re-searchers have found ways to re-tain the importance of experience and validating it as method. For an experience to be considered ‘valid’, there has to be agreement, or an outward confirmation of some shared experience. While this may be a personal experience - when it is shared and the explanation concurs, it is considered a valid explanation. Validity has been re-defined by formal science from the ordinary meaning. In re-search it has now become confused with the narrowing of the concept to re-fer to ‘tests’, or measurement with instruments, or to the re-peatability of the data and the re-search. It needs to be ‘objective’; and in the context of formal logic, validity

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32 Chapter 4 - Re-flecting.
33 The debate between ‘scientific’ thought (validity and re-search methods) and qualitative (experiential/systems) re-search has been discussed in some detail in Chapter 1 - Re-formulating.
34 See pp 94-95 of this chapter for Iris Young’s critique of the disembodied scholar.
describes a conclusion that follows the rules of logic, and is correctly formed from the original premises. This type of validity is inappropriate for this re-search.

In narrative re-search, the word ‘valid’ re-tains its ordinary meaning of being well grounded and supportable. It is based on the general understanding of validity as a well grounded conclusion, evolving from a set of personal and/or cultural experiences.

Re-search has validity when it has the capacity to re-sist challenge. An agreement cannot happen if it only involves one person, therefore reaching agreement with others sharing the experience, is the beginning of qualitative science. Different people have different ways of constructing their world and differing explanations for (similar) experiences; so sharing an experience and agreeing with the explanation of this experience, can be considered a measure of its validity. The publicness of our agreement is important because language is crucial to our lives, the understanding of our lives and to the explanations of our experiences. The limitation of objective/ positivist science is that it limits the questions, demands ‘objectivity’, and therefore rejects the explanation of personal experience - often negated as ‘anecdotal’ evidence and therefore ‘not scientific’ (Russell 1991).

When using experiential (qualitative) re-search methods, conclusions re-main open-ended. New information may indicate that another conclusion is more likely, so thoughtful consensus (rather than mathematical or scientific explanations) can be used to determine the validity of the re-search. Validity (in qualitative re-search) is not limited by formal (scientific) systems and their particular type of rigor (Polkinghorne 1988 and Russell 1991), but is considered significant, where significance comes from the meaningfulness or importance of the findings and their interpretation. In this narrative, feminist and co-operative inquiry, the re-sults are ‘meaningful’ to the participants, rather than necessarily statistically significant.

By the very nature of this re-search, the re-searcher (myself) was in the position of gatekeeper. No-one is free from partiality or political bias, so it was my re-sponsibility to try and ensure that in this area at least, I made provisions for checking and validating what I kept in and what I kept out. I did this by a process of regular checking by myself and the participants, by collaboration with the participants sharing the experience, by noting and re-ponding to feedback, by engaging in different forms of knowing, and by systematically critiquing the re-search, and checking its compatibility with existing knowledge (Reason & Rowan 1981:239-250).

There were also some specific procedures that were used to determine the validity of the thesis. These were:

* re-search cycling - the re-search involved several cycles of re-flection and action, each one progressively re-finining each other through positive and negative feedback

* divergence and convergence - in the action phase, the co-inquirers diverged or converged, in parts or in the whole, and this was encouraged and expressed through re-search cycling.
* re-flection and action - the process was re-fined by cycling through the different stages and the success of the re-search depended on getting a right balance with these stages.

* the re-reflective stage showed the balance between the presentational (expressive or creative) ways of making sense, and the propositional (verbal/intellectual) ways. Intellectual ways of thinking have four aspects - describing, evaluating descriptions building theory and the application of what has been learned. All these were clarified.

* challenging uncritical subjectivity - there was an important role in the re-search for the ‘devil’s advocate’, and different women took on this role at different times.

* chaos and order - every re-searcher, the participants and the re-search itself, have to have a mental place that allows for both chaos and order, and an attitude which tolerates confusion, disorientation, ambiguity and uncertainty. These eventually convert into new levels of order - given time and space to allow them to happen.

* managing unaware projections - each group discussed methods for processing emotional trauma. The de-briefing sessions after each meeting were invaluable for this.

* there was some authentic collaboration amongst the participants.

The outcomes of a co-operative inquiry are valid if they are well grounded in the forms of knowing which support them; the forms of knowing are valid if they are grounded in the procedures adopted to free them from distortion; and in the special skills involved in the knowing process (Heron 1996:57-61).

The validity of each form of knowing also depends on how sound it is in the light of standards internal to it. The purpose of these procedures is to free the forms of knowing from the distortion of uncritical subjectivity - the lack of discriminating awareness. For example, radical practice is a valid outcome when it is well grounded in propositional knowing, and evaluated in terms of a range of verbally stated criteria of sound practice - including executive, technical, psychosocial, intentionality and value criteria.

Re-flecting on The Making of Meaning

When we tell stories are we creating meaning, or discovering it? Telling our stories we tended to choose events to re-count because we had a sense that they were infused with an elusive meaning - one that was brought to light by the act of telling the story. Or did the act of story-telling create the meaning that we now re-cognise?

To interpret one’s experience is to deal with meanings. According to Lipman (1992), to interpret meanings is to trace the origins (of the meaning of experience) back to their roots in the soul: ‘... to interpret here is not merely to manipulate concepts or apply a technique. It is to live in a meaningful world ... to pursue such meaning, to trace such roots is to discover that one’s life is inherently meaningful, that there is a TELOS, a path, a thread, that is both individual and universal’ (Lipman 1992:34).
As the re-searcher I have done what all readers/listeners of stories do - attempt to produce meaning in interaction with the conversation (text). I have tried to fit ideas and symbols together and searched for causal connections. However I do re-cognise that I have brought my own (personal) set of experiences and expectations to the stories.

Differences in interpretation of the stories could be derived from differences in my personal experience, social understanding and position in the world. To overcome this bias, this re-search has been through many cycles of re-flection, feedback and correction, with the collaboration of the participants. I quoted the participants as accurately as possible, the only editing being the choosing of the excerpts from the conversations and their positioning. This had the potential to alter the meaning, so they were regularly shown to the participants for their feedback and to check accuracy. As I tried to allow each person to speak with their own voice, each person gave feedback regarding the perceived truth (or otherwise) of their statements, and this was noted and the text adjusted according to the person’s instructions. The corrected version was also shown to the participants for further clarification - to correct any misunderstanding that may have been missed. It has been a rigorous (and extensive) process.

By re-flecting on this process in successive cycles, we analysed the findings of the re-search with a new critical awareness. Differing explanations were investigated, discussed, and the agreed on explanation was grounded in the theory. As the women came from differing (and often opposing) world views, this added depth to the re-flections, encouraging us all to re-flect on possible applications, as well as encouraging a vision and action for social change. Fran Peavey’s Strategic Questioning (1992)\(^{35}\) helped with both the re-flective and the visioning process.

However, I re-cognise that the data generated in these narrative studies is affected by the context, and by the sequence in which the data was gathered. This is particularly re-levant for individual feedback. All re-searchers (including myself) undergo changes as they gather data, which affects the people participating as well as the data considered important to the re-search. As the re-search progressed, my direction and understanding changed, different emphases crept into the explanations - which was also checked with the groups and the individuals for feedback. My initial direction was re-searching the role of women in medicine, but this evolved into a more diversified understanding of women in work, women and identity and women and power.

The re-search significantly developed my mythological understanding and broadened the search for the ancient female stories.

**A Devil’s Advocate**

Stories have contributed significantly to this re-search, yet stories can distort meaning just as much as they can uncover and create meaning. While stories are created from experience with selective emphasis, so propaganda can also be created by selective distortion. ‘Martin Buber sees propaganda as an inevitable outcome of the failure to maintain

\(^{35}\) See Appendix 2.
dialogue ... [when] we seek to impose a meaning onto it, rather than allow its meanings for us to become manifest through dialogical relation' (Reason 1988:98). Throughout this re-search I/we needed to be careful that the stories did not pervert the truth, did not collapse multiple meanings or multiple levels of meaning to support one world view. As epistemological pluralism was an ideal, the stories were valued as personal, rather than objectified, thus re-taining multiple voices.

Stories can be used for both creative or oppressive socialisation in different cultural settings. To keep the stories as authentic and as liberating as possible (rather than alienating), each person was encouraged to critically tell their own stories. 'A final word of caution may point to some important qualities of the scientific tradition to which we would like to hold: ideally, science has always been critical and open to amendment, and scientific inquiry at its best, has been a blend of careful, cautious, and bold, creative knowing. We hope to develop storytelling as inquiry in this spirit' (Reason 1988:99).

Truth in Storytelling

Science makes claims to ‘absolute truth’ where ‘truth’ is by definition: ‘...fixed, absolute and unchanging. It is the final guarantee of the way things are. It offers stability and evades questions of interest, in this case women’s or men’s interests. Social recognition of their truth is the strategic position to which most discourses, and the interests which they represent, aspire. To achieve the status of truth they have to discredit all alternative and oppositional versions of meaning and become common sense ... it is in making claims to [absolute] truth that discourses demonstrate their inevitable conservatism, their investment in particular versions of meaning, and their hostility to change’ (Weedon 1987:131).

In this thesis, I looked at ‘truth’ from different perspectives, from that of re-search, from science and from life, and explored the ‘...ways in which knowledge has been linked to various quests for truth’ (Gunew 1990:13). From these different perspectives, I found that ‘truth’ is determined more by personal, spiritual and cultural beliefs, and often seems to belong more to persuasive speech than to any kind of objective reality. There is no such thing as absolute truth. ‘Who or what decides how and when knowledge in the sense of ‘truth’ has been reached? Does gender come into this? Do feminists have any use for a body of theory which has largely misrepresented and/or excluded women?’ And ‘...if women have for so long been misrepresented by male-defined theory, then isn’t it rash to assume that women themselves have not internalised these same definitions?’ (Gunew 1990:13).

In this re-search the results and conclusions make no claim to correspond exactly with ‘truth’ if this means conforming to a predefined external actuality. ‘Truth’ in this thesis is understood as true to the person’s interpretations of events, and therefore subjective. In this context it looks for the ‘meaning’ of a person’s experience (the story).
Language

Language has a vital role in the production of meaning as it constructs the individual as the sender and re-ceiver of meaning. ‘Knowledge usually becomes accessible through language and language in turn manifests itself in various forms of discourse’ (Foucault quoted in Guenew 1990:18). Husserl (in Polkinghorne 1988) articulated two separate organisational patterns for the use of language - for original experience; and for thinking and talking about this experience. These are interdependent and interrelated, and allow for objects from the realm of thought to be derived from our experience. Language allows us to mould our experiences into meaning by putting these experiences into our stories or narratives, in which desires, thoughts and aspirations are used to transform our lives into adventures of significance.

Throughout the long his-story of humankind on this planet, humans have used either one or a combination of rationalistic language which is ‘scientific’, specific, empirical and logical (the current language of medicine and science); and the language of myth and story. There is also the language of co-operation, and the language of creative human expression (music and art). These are different languages used to understand our world - each with their own different, but equally valid rules, and they are all valid forms of explanation and ways of knowing. They are all threads of a braid that when woven together, enrich the tapestry of our human experience and organise our lives into meaningful wholes.

In Western culture there is a hierarchy of ways of explaining. Science claims to be at the top (claiming ‘proven truth’), and currently this has greater credibility than using a story as a way of explanation. In this way, science has dominated all the other forms of explanation and has taken over from mythology as an explanation for our world. Explanations with mythology are very different from science, but just as thorough (Russell 1991).

‘Languageing brings forth our world’ (Kaufman Hall 1995:11). Language shapes our lives. We define our experience and our knowledge by the words we use - so speaking our stories, speaking in our own voice, telling our experience allows this to unfold.

‘Language is the factor that enables us to express the unique order of existence that is the human realm, because it serves as the medium through which we express the world as meaningful... language serves as a means of efficiently storing in memory or for thinking about and communicating to another, what one has perceived’ (Polkinghorne 1988:24). To bring forth new ideas and create new ways of being, doing and perceiving our world, we require different (new) ways of expressing this (new languageing). If we wish to change the way we perceive (or construct) the world, we also need to change our language.

The real function of language is to ground thought in the ideas to which the words re-fer. We need however, to be careful that language is not used deliberately to disguise meaning. For accuracy, and for others to understand our stories and our position, the meaning of words needs to be clearly defined. Language is the medium we utilise that allows our re-ality to show forth in experience, and allows us to
understand and share that experience. It is by ‘... language ... that the act of knowing, in the behavioural coordination which is language, brings forth a world. We work out our lives in a mutual linguistic coupling, not because language permits us to reveal ourselves, but because we are constituted in language in a continuous becoming, that we bring forth with others’ (Maturana & Varela 1988:234).

For true understanding, it is necessary to acknowledge the validity of the different languages - of different ways of explaining our experience - and allow these to interweave with each other. If there is only one strand to this braid our view is impoverished. Richness and luminosity about our lives comes from many strands being woven together. ‘I deliberately use language as a tool. I can and may sculpt a new shape - the shape of the shape-shifter’ (Kaufman Hall 1995:12).
Re-flecting

The Process

The Paper-bark Woman

In the new Dreamtime there lived a woman, an Aborigine who longed for her lost tribe, and for the stories that had belonged to her people; for she could remember only the happenings of her own Dreamtime. But the old Dreamtime had stolen the stories and hidden them. The woman knew that she must search for the old stories—and through them she might find her tribe again.

Before she set off, she looked for her yam stick and dilly bag, but Time had stolen these too. She found a sugar bag that the ants had left and which Time had forgotten to destroy, and she picked it up and carried it with her wherever she went. Time laughed at her efforts; he thought her new dilly bag was useless.

One day as she searched, the woman came upon the ashes of a fire her own tribe had kindled long ago. Tears came to her eyes, for she yearned for her tribe, and felt lonely. She sat down by the ashes and ran her fingers through the remains of the fires that once glowed there. And as she looked at the ashes, she called to Biami the Good Spirit to help her find her tribe.

Biami told her to go back to the paper-bark trees and asked them to give her some of their bark. The paper-bark trees loved this woman who had lost her tribe, and they gave her their bark. They knew she was not greedy and would not take more than she needed. She put the bark in her dilly bag.

Then Biami told the woman to return to the dead fire of the tribe, collect all the charred sticks and place these too, in her bag—and to do this each time she came upon the dead fires of any lost tribe.

Time did not understand what the woman was doing, so he followed her.

She travelled far and wide over the earth, and each time she came upon the dead fires of a lost tribe, she would gather the charred sticks, and when at last her bag was filled with them she went to the secret dreaming place of the old tribes. Here she rested again and called to Biami and asked him to help her remember the old stories, so that through them she might find her tribe.

Biami loved this woman, and he put into her mind a new way in which she might find those stories and her tribe. The woman sat down and drew from her bag that charred pieces of stick she had taken from the dead fires, and placed the paper-bark flat on the ground. She drew the sticks across the paper-bark, and saw that they made marks on its surface.

So she sat for many years, marking the paperbark with the stories of the long lost tribes, until she had used up all the charred remnants she had gathered and the bag was empty. In this way she recalled the stories of the Dreamtime, and through them entered into the old life of the tribes.

And when next the paper-bark trees filled the air with the scent of their sweet honey smelling flowers, they took her into their tribe as one of their own, so that she would never again be without the paperbark needed for her work. They called her Oodgeroo. And this is the story of how Oodgeroo found her way back into the old Dreamtime. Now she is happy, because she can always talk with the tribes whenever she wants to. Time has lost his power over her because Biami has made it so (Walker 1982:56).
Re-reflecting
Singing up the Stories

'The tea is poured, the stitching put down.
The child grows still, sensing something of importance.
The woman settles and begins her story.'
(Eavan Boland in Warner 1994:409)

This chapter is a time line of the process of the re-search - the method as it was re-corded. The chapter comprises a series of letters (written from the transcripts of the meetings) sent to each member of the groups, and is therefore a re-cord of our meetings over time - the continuing story. These letters included quotes directly from the women (the different type face denotes quotes from the transcripts), quotes from the re-search and information on particular topics. They were largely content based and have been checked by the contributers for accuracy and altered according to their feedback. I have edited these letters and I have placed the symbol - (...) - where I have re-moved sections of the letters and placed them in the main text. This altered their context a little but made for easier reading. Some sections of the letters were in point form, which has been re-tained as this was true to the process. Each letter was re-ferenced with a bibliography of the books quoted. These have been included in the Bibliography at the end of the thesis (once again, for ease of reading). However in these ‘letters’, the re-ferencing doesn’t always conform to academic criteria.

The first (Sydney) group was made up of women in the following professions (I have listed these in no particular order); KB - a naturopath, ER - a nutritionist, HJ - an anaesthetist (medical doctor), LB - an astrologer/mystic, BG - a mother and a facilitator for professional corporate training, JB - a medical scientist/pathologist, AJ - Dean of a college for Natural Therapies, JS - a grandmother/post grad student, MS - a medical re-searcher /trainer for GPs (AIDS education) and CD - an environmental consultant /artist. It was a group of women of varying skills and philosophies, that generated much debate. I also interviewed three women who did not have the time to attend the group meetings - GC - a holistic medical practitioner (GP), OG - a counsellor/psychotherapist with a history of severe illness, LN - an acupuncturist and NLP practitioner. All these women had valuable stories to tell of their experiences of medicine, and helped build the current picture.¹

The second group (the WOTLs) consisted primarily of three women - (myself) KB - a naturopath, and two academics - JP who also has a profound interest in the performing arts, and DH with a background in health education. In the early meetings two other women were involved with this group - CJ an academic and JW, a trained nurse and widow. This group had a very different focus to the Sydney group, and generated some amazing discussions. The WOTLs played a vital role in

¹ The stories of the women in the Sydney group played a major role (and formed part of the text) in Chapters 1 (Re-formulating), 2 (Re-working), 5 (Re-generating), 6 (Re-cycling), 7 (Re-membering) and 8 (Re-cognising), as well as the data which was taken from this chapter.
understanding what skills women will need if we are to be a force for change. We truly generated 'magic' on a regular basis.

The transcripts of the meetings, my journal, the interviews and these letters have provided the data for the re-search. The women involved in the re-search groups have inspired my thinking, directed the re-search with their questions and challenges, enriched my understanding and helped articulate the specific skills that developed a rich picture of role models for women in medicine (and organisations) of the future. These professional women themselves are excellent role models and are 'walking their talk'.

Initially getting feedback from the women was a theoretical consideration, but when my work was going out for comment from the women involved, I found I was being much more careful to be accurate, I wrote the text more thoughtfully and I often re-vised my opinion or evaluated the work more re-flectively. I re-pected these women and their critique, and they in turn spent considerable time and thought, attempting to provide valuable feedback. I have learnt a great deal from this exercise.

The stories of powerful women have been stolen by the Time and Science of our day, so I have used the aboriginal story of 'The Paper Bark Woman' at the start of this chapter as I felt the story of her journey to re-claim her lost stories and her own people, re-sonated with this process. This story is one of the many stories across many cultures, that tell of the search for our 'life-story', a major thread woven through the fabric of this thesis.

12/4/98
Dear
This letter is a summary of the inaugural meeting we had on 22/3/98 at ER's place where 7 women attended. Unfortunately the tape didn't work very well and there is a lot that I couldn't hear. However I have remembered as much as I could. This letter is the corrected version. BG thought I had not expressed her ideas as accurately as she would have liked - so I have corrected these to her satisfaction. The other members of the group felt their thoughts were quoted accurately.

Now for your [further] feedback on its accuracy and/or anything else you would like to add. Please ring me and I will make the additions and/or the corrections. This summary may also form part of the basis for our next discussion.

The afternoon was wonderful. I found it helped provide a basis for my work, and the feeling amongst us all was of great caring and interest. I came away feeling very stimulated and quite 'warm and fuzzy'. BG made a wonderful comment when she said that we are all very diverse women with different backgrounds and different opinions, but were like the spokes of a wheel and made a whole energetically. A lovely memorable afternoon - thank you all. (...)

2 The WOTLs played a major role in the development of Chapters 1 (Re-formulating), 2 (Re-working), and 9 (Re-creating).

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Setting the context
My previous research on Chiron - the wounded healer (the myth of complementary medicine) compared to the hero myth of orthodox medicine was discussed, and my disillusionment with the all male his-story and male mythology in medicine.

My current research was briefly explained. To date I have been looking at the different ways women have been constructed in various discourses his-torically - the goddess (Isis), the matriarch/crone (pre-patriarchal), the academic (Trotula of Salerno), the mystic (Hildegard of Bingen), the healer (herb wyves), the benefactor (lady of the manor, the nuns), the witch (Inquisition), and the hand maiden/help mate (nursing today). The Inquisition was a difficult time for women when many women of knowledge were persecuted. It was partially generated because women (as healers) controlled all the major events of the human condition - birth, sickness and death, which the Church perceived as their role (or the role of their god - with man made in his image). Aligned to this was the rise of the male (only) medical schools, and much of the healing knowledge of women was lost. (...)

The history of women in medicine is therefore not well documented except for their recent roles as nurses (helfmates) to male physicians, yet women have been the primary health care providers from ancient Greece through the beginning of the nineteenth century. (....) Throughout the ages women have repeatedly been intensively persecuted for practising medicine (....) up until the twentieth century. We need a new way to construct ourselves in medicine as prime contact practitioners.

Issues from the Meeting - all contributed to this list.
There are too Few Women in Medical Specialities (including gynaecology)
There were still a very limited number of women in medicine until recently. This lack of women is still a major issue in certain specialties;
- gynaecology (6 women in Sydney)
- surgery
- orthopaedics
- administrative and policy making positions

Women go more into general practice as their hours are more flexible, allowing them to maintain family structures as well as working full time. There is also less of a hierarchy in family medicine as there is in the specialities, so this is not as competitive. (....)

Power issues
* medical practitioners are often caught in the hero myth, whether male or female. Women are also conditioned to the current heroic, hierarchical system and can take on the characteristics of the masculine principle.

* there is a need to change medicine from its scientific 'linear/reductionist' way of thinking and operating, to more holistic (circular) ways.

* power structures - there is a need to develop a different world view (not a hierarchy under another name). There is a need to develop a different framework, maybe multiple frameworks, communal frameworks - based more on relationships, giving the power back to people.

* during the consultation - hierarchical power relationships versus contract arrangements. Consultations should be facilitative (rather than power over) between patients and practitioners/doctors.

Technology - Technology needs to be used with heart. There must be appropriate use of technology. It must not be discounted or ignored or we will be perceived as offering less. Technology can be very useful and life saving, but it
needs to be looked at how it is used. Technology does not need to be used for the sake of it, or as a new toy - eg spending millions of dollars on new technology and then having to use it enough to pay for it. Rather the use of appropriate technology needs to considered for the encouragement of better health. This would also entail a possible re-evaluation of priorities for research monies.

**Choices** - It is perceived to be essential that the person be allowed to make informed choices. This requires information, education, chains that keep information alive. Information/knowledge is for everyone and should not be used solely to gain a competitive or economic advantage.

**Change**

BG - The only way to make change is from a subordinate place because there is no interest in the dominant class changing. Outside pressure will create change. [We need] circular rather than linear frameworks to run business. The shift has to happen from a more fundamental place. Don’t think that it’s because you are women that you are going to handle it differently if you have been conditioned to the same system. We must start at the basic level - start to perceive ourselves [differently].

We need to change ourselves - not focus on others, learn the lessons from the stories. Change will not occur, people will not shift unless the whole philosophy and world view can be shifted. We need to make up a new story for women that lets go of the male hierarchical stuff.

**Ideas to create change in medicine**

* vote with our feet, look for female doctors and go to them.
* a lot of gynaecology can come back to GP practices, midwives, birthing centres.
* we need multiple frameworks.
* encourage more women to move into medicine, and get onto the selection panels for the specialities. Even though the ‘white males’ of the hierarchy are still on all the selection panels for the specialities in medicine, more women qualifying will eventually have an immense impact. Levels of change will happen when women start getting on selection panels.
* women need to perceive themselves as gynaecologists and healers.

**Mythology (...)**

All the myths of return, of the descending into the underworld and the sudden explosion of life when the women return - show this as a sudden, not a slow, linear process - eg Persephone, Inanna.

**LB** - There is the return of women and the mother goddess this century. The myths of return - Persephone, Inanna - a myth of our time and the most ancient myth we have. [There is] the sense of the whole earth and the whole myth being seen, and the mother earth being named as the goddess. [Gaia theories state this].

There are actual mythic times of return - especially in Astrology. There is the notion in Astrology (and in Astronomy) of the Great Year that takes 360,000 years to create. We have the ages as well, which progress backwards in 2000 year steps - the Age of Aries, the Age of Pisces, etc. We are coming into

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3 In the text I have developed these further in Chapter 8 Re-cognising - from the transcripts.
4 See Lovelock (1979).
Aquarius. We have been toying around the edges of it for several years now - the world wide web and the explosion of technology are good examples of Aquarian ideals. When people look back, they will probably say it started emerging about 7 years ago. When Neptune comes into Aquarius full time - then we will have the age of Aquarius.

Emerging

Something has to emerge from a good place (not from the anger of the patriarchy), it has to emerge from a special (female) place of power where we acknowledge the diversity of ways of perceiving and let go of the power struggle.

We need to be congruent with our female principle to achieve a different world. We need to work from a place of connection - not from the scientific (masculine principle) detachment and separation. The female quality is not in being like men, but in the mystery of womanliness - the beautiful, very special quality of bringing forth and nurturing life.

Conclusion

It is radical that women are getting together and talking to each other and supporting each other - not being separate. We have loved the men who rule the world - now let us learn with them/learn a different, more life enhancing (not destructive) way of living on this planet.

Thanks to all the women who attended and contributed so much - we made the day wonderful.

From this meeting I was inspired by the LB’s ideas of the myths of re-turn and promised to re-search these further. My interest in myths and myth-making generated the initial impetus for this thesis, but it took some time (reflecting personally, and in interviews and meetings with the women in Group 1) to decide which were the most appropriate myths for this story. The myths chosen, after much discussion, were:

* Inanna - a prepatriarchal myth of re-turn of the strong transformed women; a woman who has been through the fires of hell and come back into her power.

* Isis - who re-membered the body of her lover Osiris - she put back (re-membered /re-constructed) the masculine in a new re-lation-ship to the feminine. Isis was the champion of women healers and strong capable women - yet she was also capable of loving the male. Isis was interesting as she also re-membered the male into a new re-lation-ship - something I think we have to do today. Much of the material on Isis was re-commended to me by LB.

* I also studied the Celtic myth of King Arthur who was taught by the women of the North and re-turned to the women (on the Isle of Avalon) after his death. In myth he lies in waiting until the world is prepared to accept peace; when he will re-turn as the peaceful warrior - the transformed male - in a new re-lation-ship with women. Although I spent some time re-searching this myth I decided this was not the space for it. Although the Arthurian myth is being re-written with more of a female presence, it is still largely a male story, and I felt this re-search needed to be focussed

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5 From LB's re-search and personal interview. Re-searching the myth of Arthur I felt it was a male myth and not really appropriate to the women, except in the context of the re-balancing of the different masculine - in re-lation-ship.
more on the female. LB was a major force in guiding my use (and my understanding) of all the myths.

The mythology captured my imagination and generated my passion for this re-search - but over a few meetings, this was nearly lost in the practical/medical. At this time I also became interested in oral histories, as I felt these are the way women have traditionally handed down their wisdom (the kitchen table wisdom). Although I felt there was little difference between the stories told in both groups and oral histories of women, I decided to go with the narrative explanation, rather than the oral history explanation. Oral histories tend to tell a story over time, and these discussions were confined to a twelve month period, and re-stricted (to some degree) to a specific topic. The underlying theme of the women’s stories was the difficulty women (especially) experience in a white male hierarchy - women in medicine as both patients, doctors and practitioners.

The stories told in this next meeting of the first (Sydney) group, were about different experiences of the women with the patriarchy, and it was also the first taste of conflict in the group. This conflict was never to be truly re-solved. It tended to be suppressed while the group was together, and was voiced instead in private conversations. The tensions re-rolled around personal experiences in female: male re-lationships (and their constructions of re-lationships from these experiences), and the differences were acknowledged but never re-conciled. Is this one of the meanings of ‘honouring differences’? Knowing these women, the tensions seemed to fit with their experiences in personal re-lationships.

7/6/98
Dear
(…) Our second meeting was very interesting. It had an entirely different dynamic than the first and a fruitful discussion ensued. Luckily - this time the tape worked! This letter contains my selections from our discussion, and reflects my current reading. If you would like any changes, or have any feedback please let me know.

‘We have many different kinds of stories. Some we share without a moment’s hesitation, like plums from a tree laden with more fruit than we can possibly use. Others are like prize roses that we save for special friends. And then there are the stories we never tell, the ones we pack away in boxes and shove into the very back corner of our psychic basement’
(Bonheim 1997:9).

The Debate
Although there was a basic agreement of the issues (of the difficulties of women in medicine and the workplace), there were several different opinions offered - and this probably reflects, in a small way, the diversity of opinion among women in general. A point raised here was that ‘we create our own reality’ - how we perceive the world - and how it tends to behave as we perceive it. Therefore if we want to create change - we must change the way we perceive the world.

BG - We talk about breaking down the myth and not wearing patriarchy as it has happened, so that we are in a reactive place - not a creative place. When we go from a creative place, the reactive place dissipates, and then the power
threat that would have been, dissipates... I feel that whatever you focus on -
you do see. [We saw] the magic of our baby that died - the magic not the raw
deal - and this made our feeling very different, and allowed us to honour our
baby's story. There were indicators all the way through that there was
something extraordinary happening. This allowed for a place to hold back from
that, that was very respectful, honouring and resourceful.

BG - There has been a theme not to honour women historically - this does not
mean they were not there. If we are reinventing how we want the story to be,
then maybe there is a time to shift how we say it - to be more generous, be
broader in our outlook - because that will allow us to see more.

However it was also felt we needed to be very aware of what we were up against.

ER - Will they [the men in power] just sit there and allow this to happen - I
don't think so. There will come a time of fear, raised anger and raised
backlash, and we will have to be very brave. Can we do this? We are asking for
positive action - asking for a different framework here - where we have to set
up something in a positive way - this will up the ante - and the men will get
scared. If we continue to do this (and I am not saying we shouldn't continue to
do this by any means) we should be aware that when we do something - the
ante goes up and the men retaliate. We have developed certain skills that will
either deflect or assuage them, but the average woman out there doesn't
necessarily have those skills. The men push up the ante to such an extent that
it all becomes intolerable, and it all [gets pushed] back down again. That way it
works better for them - we can see this all the time in relationships.

KB - An interesting book is available - called 'War with Words' - women don't
win arguments because they don't argue [the way men do] and the men don't
listen to the women. [The men] start yelling and screaming and the women just
don't think it is worth continuing. This was about the women in corporate life -
when they get in front of meetings with men, the men are thinking about their
golf game or what they are going to say next. There is this whole cultural thing
that women are not listened to by men. Men yell if they think their ideas are
being challenged, and the women often step back when that happens.

ER - They don't only yell - they have a plethora of actions and we have all gone
through them - a plethora of destructive sayings and mannerisms - 'you are
being too simplistic', 'you are too simple', 'you are being too complicated', 'you
are too emotional - or menopausal', 'you don't know what you are talking about',
'you are being too illogical', and 'you are mad'. Every woman I know has been
called mad or stupid by their men - and we get constantly battered
emotionally). That's a hard thing to deal with.

KB - I think that in some ways that also strengthens women - they get so used
to it [and learn how not to go under with the pressure].

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6 Author unknown.
The Change process
One area I found exciting - was the knowledge that things have already started to change
enormously for women - and the way we approach solving issues is becoming
constructive and creative in many areas, including how we resolve conflict to the benefit of
all parties involved. I do feel it is necessary to name where we have come from, and once
named it is also in our interests to let go of the past, the difficulties, and go on from here,
into a different space and a new way of resolving differences.

This is not totally a gender/sex issue
BG - Someone has to choose to change, and women have a more social
perspective they can choose. But it's not that their ways of responding in
conflict are really any different from men's ways - patterns that emerge are
not exclusive to one sex or gender.

HJ - We don't need to make gender issues out of things that are not really
gender issues - it's a people issue.

ER - But it's women [who] are the ones mostly who are choosing to change things,
therefore the person in control of the change often does the best - and those
who are affected (usually the male) up the ante. [All this is] working towards the
ideal but when you change the status quo, then it causes problems. (....)

BG - The ways [that are being introduced] now are not about who is going to
lose power and who is going to lose face, it's more about learning and developing
powerful relationships rather than competition.

KB - You are not going to change anyone until you change yourself and any
change will produce different reactions in people. I think we are in a process of
[huge social] change - a very exciting place to be .... We are trying to step out
of a hierarchical model - not everywhere and every day, but that is what we
are heading towards.

Regarding language (....)

The experience of women in medicine
The experiences of the women regarding their experiences of childbirth were told, and
there was a huge variety of experiences and expectations - from a wonderful experience,
to the worst experience of their lives - but all have been experiences that have altered
their lives dramatically. We also discussed the choices for fertility and decisions made
about whether or not to have children - and the abortion issue with everyone in
agreement.

HJ provided the figures of women in medicine from the AMA - the interesting point was
made that in gynaecology and obstetrics - in 1996 to 1997 the number of women in
training has risen from 11% to 60% of the total.

HJ - And once they are in [training] they will finish - the difficulty is getting
in. It is very hard work ... they need to have surgical skills. Someone needs to
shake the system ... This is a speciality where the technical side is really
lacking and I think women in medicine and gynaecology is great but I think they
need to be really careful that they don't go for the feeling too much [and
neglect the technical]. (....)
There was a discussion regarding the value of technology in medicine;

HJ - I think [women] need to be careful that they don’t go too much to the feeling side when the technical side needs so much work.

KB - We talked about the inappropriate use of technology - so it’s not, not learning how to use it correctly, but it’s the inappropriate use of, and the overuse of technology that is the problem. Being competent is an incredibly important part of being whatever you are - the competency issue is maybe more important than the technology.

CD - I also think we use the word technology as the now, whereas technology has always been with us, since we got up and started manipulating things - technology is nothing new but it is often looked as being something of our time.

HJ - [However] there have been times of exponential jumps in development. A lot of the technology [in medicine] is aimed at avoiding difficult situations, and if you use technology to avert disaster before it happens there is a role for that.

Methodology/methods - the how of doing this research.
Following a query regarding the methods used for this research, I am using a qualitative methodology, coming from a multifaceted approach, with research methods including feminist research, narrative, oral histories and collaborative (participative) action research. Here I have looked at oral histories and have quoted some references related to the topic, as I think part of what we are doing is re-telling/re-creating an oral history;

When we turn to women of the past for help, we help them as well by restoring them to a place in history. Adding another level to these connections, Australian historian Jill Matthews suggests that by writing about women of the past "the feminist historian [also] recognises herself as part of the history she writes" ... once the project begins, a circular process: the woman doing the study learns about herself, as well as about the women she is studying" (Reinharz 1992:127). (...)

In taking an oral history, the purpose of the researcher is to create a written record of the interviewee’s life from her/his perspective in her/his own words. The oral historian and the interviewee collaborate in a single (or a series of) retrospective conversations, in which either may take the lead in defining the most important topics. ‘Oral histories differ from biographies in the method of transmission. Some histories MUST be transmitted orally because the individual is incapable of writing’ (Reinharz 1992:131). (...)

There is an affinity between the study of women’s lives and oral histories - first person accounts are necessary to understand the subjectivity of a whole section of the community - the women have been largely excised from history, and made invisible - in the official records of their/our (western) culture, but they have a rich and varied oral history - often told around the kitchen table. These stories of our daily lives can be one of the main ways our children are educated into our culture.

Results from the last meeting
At the first meeting I was inspired by the myths of the Great Return and since then I have started researching the myths of Inanna, and of Isis and Osiris. I didn’t realise the wealth in these stories for women - they are fabulous, ancient archetypes of how women could be today.
Inanna is about the female journey into the underworld where she strips away all the barriers, (culture) and deliberately and consciously chooses to undergo the process of initiation (the death /shamanic experience). She comes through the other side a much changed person in her perception of life, and regains her power as a transformed woman. This is the oldest (pre-patriarchal) myth we have a written record of - an ancient Sumerian myth from earlier than 3000 BC - and coming from an oral history - much older than the records. I have had an interest in Inanna before - and had read the books, and she has come up (resurrected/recycled herself) again.

The story of Isis and Osiris is probably from about the same time frame. Isis was one of the most powerful healing goddesses of the ancient world - possibly the leader in the pantheon of goddesses and gods of ancient Egypt - and the most powerful healer, which interested me. When Isis went through her process of initiation - Osiris - her partner was chopped up and dismembered and scattered. She went looking for him (the male aspect) and part of coming back to her power again - was her re-membering him - putting him back together. The only part she couldn't find was his penis - so she fashioned one from clay - had intercourse with him and became pregnant. She conceived her son Horus who was the subsequent god-king who united Upper and Lower Egypt. Isis however retained her power and was worshipped for thousands of years (as the major goddess and healer) - until about 1400 AD when the last remnants of her worshippers seem to have disappeared (through the Inquisition) and her last church was burnt down.

I have also looked at aboriginal myths but as I am coming from a western perspective, at this stage I find it difficult to integrate into these stories. I am concerned about appropriating the myths and about the perception aboriginal people have regarding the land and their place in it (and healing) - something I think is very difficult for western minds to truly grasp.

I am interested in the Celtic myths as well. The Celts /Druids only had an oral history - they did not write it down, as they feared it would be appropriated, and so most of their lore has been lost. However, from the records, they maintained an enormously rich oral history and spirituality, like aboriginal people, and it was only the arrival of Christian monks who wrote sections of the Celtic / Druidic history down - obviously from their Christian perspective - that we have any record at all.

Some corrections from the write up of the first meeting
The figures of women in medicine were American, and came from the article 'Women in the History of Medicine' by Booker (1989). BG suggested we needed Australian figures - and may be able to obtain these. HJ gave me the AMA figures for 1996 - 1997 and a copy of these will be included in this letter - with the overhead of my mind map of the research.

There was some concern mentioned with the language used - scientific/reductionism - but in discussion we felt that we need to come from the language that is used regularly - not necessarily among scientific circles. BG and HJ - coming from a scientific perspective (for different reasons) both felt 'science' was perceived in a derogatory manner by those outside of science - and in this group. There were however, several of us who also come from a science background and did not feel this way. We are coming from different spaces and different experiences and this reflects in the different language used.

In the section about cutting the cord, BG felt this needed some clarification - separation is not about attachment, but about space to live your soul purpose. The cutting of the cord is a freeing - it is about going out and living the soul journey - creating that space - that freedom.

(...)

7 See Appendix 4.
8 See Appendix 6.
Next meeting

'Women have always found sacredness in the midst of the ordinary, harvesting spiritual wisdom from the fields and forests of their everyday embodied experience' (Bonheim 1997:9).

For next meeting I would like each woman to tell her story of her experiences in medicine and complementary medicine. I realise this process has already started, with the very female experience of childbirth, and the stories told have reflected the diversity, not only of the personal experiences, but also of the choices women make during this powerful time in their lives. Now I would like to further develop these and other stories as well, both from the place of illness and the place of the healer. I suspect this may take more than one meeting. For future meetings you may also be interested in the showing of some (3) powerful videos I have, regarding women in history (that include stories of the Inquisition).

These meetings are proving very fruitful for my research and I thank you all for that. Looking forward to our next one.
Hugs to you all (a collective hug?).

The videos didn't happen. Although there was initial interest in them - finding the time became a problem. Despite the fact that I suggested various topics for each meeting, these also generally did not eventuate. In the facilitation process I was trying to allow the groups to find their own level, and to fulfil their own needs. To keep more focussed (thereby preventing the difficulty transcribing a recording where everyone was talking at once), I decided that I would have to 'lead' the groups more, and attempted to do so - but it became an initial opening strategy only and the group 'took over' through the remainder of the meetings. At this stage I found it difficult to keep the discussion on a productive note - it tended to fall into negative personal experiences of medicine, and was becoming re-petitive - the demonising of medicine.

After this meeting I received positive feedback from two of the women that liked my way of facilitating the meetings - by not directing the process, rather allowing the discussion to flow where the group wanted. They felt this allowed each of them to have their own voice, without an agenda being forced upon them. This feedback validated my understanding of the process.

In this next meeting there was a long discussion regarding the meaning of science. In the letters I had various quotes from the thesis itself - but have deleted them here for ease of reading.

19/7/98
Dear
What a wonderful day we had at HJ's place. The view was great, the weather was almost perfect and the bird's (the feathered variety) came for lunch - even if LB was in the 'flight path'. Apologies from BG (the baby is almost here), CD (in NZ) and ER (‘partying’ with old friends). We missed you.

This day was a day for horror stories and funny stories - we had a great time. There were two new women attending - JS and MS - Welcome.
I have omitted the specific stories told that form the basis of the process, but have included the discussion in this letter. The tape worked well until the last 20 minutes or so when the discussion became so enthusiastic that we all talked at once (difficult to understand) - so I have omitted that part. It was a great day. (...) 

**Languaging**

The discussion developed from our previous meeting as we looked briefly at how language is used - looking at Mary Daly’s book ‘Gyn-ecology’ where she changes language to one more ‘female’. We discussed that we can only see things if we have a language for these - a real problem when our language is so male oriented. We need to look at changing our language to one that includes a more female perspective. Look at the words ‘hag’, ‘crone’ and ‘witch’ - they used to mean wisdom, wise woman, healer - yet we commonly use these words with a negative connotation. We also need to recognise that women use this language against each other as well. They also have been brought up in the same system and have learnt the male language of our culture. This, however, is starting to change (slowly) as more people become aware of the inherent bias.

**LB - Why do they call us sows and bitches - tracing it back to the great sow mother and the great cow mother which were the ‘white goddess’ according to Robert Graves. To call something a name and to make this a derogatory term is to take away its power.**

From the methodology chapter of my thesis. Language shapes our very lives. If we wish to change the way we perceive the world, we also need to change our language. When we want to be heard, we need to be able to speak in our own voice, in the telling of our stories. If this language has a bias to one section of the community (masculine), the whole community will tend to be perceived in the terms of this group. (...) 

**The Telling of Stories**

The telling of stories was discussed from the book ‘Kitchen Table Wisdom’ by Remen. The book tells of women sitting around kitchen tables, telling their stories. That is how they (and their children) learn. They share their stories of the family, of their family history, of ways to behave that are appropriate (and inappropriate) in their culture. It is the way we transmit (or used to transmit) our culture. What is of some concern is that things have changed. Few people sit around the table (even for meals) and talk these days - the children are not being taught the stories of the family any more. What is teaching them are television and computers. Are our children being culturally trained by television - and therefore being taught by advertising - all with an economic basis? 

**JB - (Television) is also [mainly] American - which is not our culture.**

**LB - Talking of sitting around the table, mythically Vesta (Hestia) is the goddess of the hearth, of the flame and of the table, and she is also a great healing goddess. In these days of fast food and without the gathering, you lose the stories, you lose the remedies, the sharing, you lose the history and you lose the goddess energy of the healing power. Hestia was the hearth stone - it was laid first and then they built the house around it, because the Greeks believed the hearth held the fire (at the centre). The house was also another description of**

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10 Chapter 3 Re-searching pp 114-115. 
the body - they believed that when a baby was conceived, somehow fire entered, and the baby was conceived around that fire, and that we all have this fire in the heart - at the heart centre [surrounded by the body].

JB - The buddhists still do this - they build the sacred hearth first, and then build around it. They dig walls at each of the four corners (from the sacred hearth) and make the offerings.

LB - The whole earth is built around that - around the molten core of fire. Symbolically this is how the earth is - and we are manifestations of that. So the loss of this [sitting around the hearth or table] is a huge loss - it is the loss of the centre, and the women as healer is central to that.

Authority Rules OK!
This led to how we understand authority and science;
JS - Women have lost their own authority - to be able to speak with their own voice. When I was younger, in order to speak (with authority) I had to say I had read it somewhere, or heard it, or someone else had said it ... [but] where did they get it - out of their own deep inner authority - and it's the same authority we draw on anyway - it's in the psyche. What the ring of truth for me, is the resonance in my own body. [Not being able to speak my own voice] really shut me up for a long time.

KB - In academia you have to ground everything in theory - in someone else's ideas, or it doesn't mean anything.

MS - The reference to authority seems to have to be there to validate something - it seems to be the authority of science that seems to dominate everything. If things aren't scientifically valid or scientifically proven, they are not real, they don't exist ... it is bandied around with advertising 'scientific studies show ...' It applies to medical science as well - there are huge flaws in it and it doesn't necessarily work but that authority counts.

JB - We have also replaced publicity with science, in that PR is used in such a way that it fakes scientific things so you buy something - it has a tick for heart and people assume that some scientific body has said it's good for your heart. It's more publicity - more than anything to do with science.

Science and the explanation of our world
Over the day our discussion wove itself through concepts of language - the explanation of our world, and the role of science in this explanation. My thoughts on this from my thesis: (...)

Here I quoted a section from my M.Sc.(Hons) thesis re-garding Associate Professor David Russell's thoughts on the image of braiding in explanation re-corded elsewhere in this thesis. I have also discussed languaging and explanation in the text. (...)

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13 See Chapter 1 Re-formulating pp 39.
We discussed the role of science and its ways of explanation, which fitted with the concepts we were discussing in language. We looked at languaging and explanation and the ways these shape our reality. (...)

Intuition as commonsense
We also looked at what was valid.
LB - It’s very hard when you are brought up on the scientific model. Today you have the shaman priests who are the scientists - and a lot of women can’t connect to that.

There is no longer any validity for intuition.
AJ - I meet lots [of women] who use their intuition but don’t trust it. They are taught not to trust it - it is because science equals materialism which equals rationalism - which doesn’t want any of that airy fairy stuff.

A fruitful discussion on ‘intuition’ in medicine followed - with comments from most of the group:

KB - Using intuition makes the best diagnosticians - people without it make the worst. They call it commonsense yet it is really intuition - it goes back to that body sense - some [doctors] are so focussed on being right, that if the treatment doesn’t work, they assume it is still right and just give [the patient] more of the same.

Culture and Medicine
There is a huge cultural difference in our expectations of medicine and its role. We often perceive other systems as cruel - but it needs to be remembered that there are local expectations and explanations for medical events - stories of Mediterraneanean women screaming in labour, HJBs experience in Sri Lanka using acupuncture for anaesthesia, JB’s experience with AIDS treatment in Mexico.

MS - It’s culturally determined how we react to pain and suffering. It is genetic but also cultural.

Research and Funding
One recent Canadian study showed that 2/3rds of the primary health care was done in the home. What a difference this would make to funding if this was acknowledged? Research and funding are also an issue for the complementary medicines - many of the professors known by the group who are conducting research into nutrition have to fund their own research, as the normal funding bodies will not do so. It needs to be considered that 60 - 80% of cancer has been shown to be diet and lifestyle related - yet there is little funding for this as there is no marketable product (a drug) available as the end product. No-one will fund it because it is ‘not economic’. Cancer Council figures for funding for research on diet/lifestyle and health promotion - is less than 0.5% of its research budget.

HJ - There was a survey on morphine being used for epidurals [which went against current opinion]. The paper was presented to the anaesthetic journal and was rejected, so the authors changed the figures showing the opposite view, resubmitted it, and it was printed ... the people editing the magazine had their own point of view and decided the second article looked like a good article because it agreed with what they thought.
AJ - I was talking to a scientist - and he absolutely had his outcome (before the research was designed) - he said 'this is the outcome I want' and what he started from was this premise - how do we get this outcome? Yet he couldn’t see the inconsistency and when it was pointed out to him he said if he did it any other way he wouldn’t get funding. What does that say about science?
It all makes for some thought. (...) 

For the next meeting I have enclosed a sheet of 'Strategic Questions' from a Monograph of the same name by Fran Peavey (1992). I do not expect these questions to be answered necessarily, but I have enclosed a copy to trigger our thinking. I thought we may consider a selection of the questions each meeting - as they become relevant. Looking forward to seeing you all again. Hugs to you all,

From this meeting I found it increasingly difficult to continue to write the extensive letters - for several reasons - the second group formed, adding to the workload; our discussions were becoming re-petitive demonisation and I was losing energy for the process. Something had to shift. At this stage I did not know how to do this or where to go with it. It was to be a few weeks before I clarified my thoughts, showing where I had lost direction - and how to re-cover that energy and purpose again.

The next letter was to some extent a compomise as I wrote a joint letter to both groups. It fitted well as I was asking similar questions to both groups - but the different answers surprised me. I was now asking specific questions. All the women in the Sydney group felt this was a better idea as it gave them direction - and they were trying to 'help' as much as possible. So much for 'cooperative inquiry' - they were being very co-operative, but trying to fit into what I wanted, rather than what they, as individuals or as the (Sydney) group, wanted. In practice it did not turn out as they said, but it was a salutary experience for me. The WOTL group were also pleased with the direction making, but were not trying to please me specifically - maybe this was because we had been together for some years, maybe it was because they understood the re-search process more clearly - being academics. The WOTL group were more a co-operative inquiry group, based as the meetings were, on my re-search.

11/11/98
Dear
(...) This letter is partially an amalgamation of the two groups, around a specific question. As I asked the two groups the same question I thought a comparison would be interesting. The question posed was - Has your gender affected you in your professional life - and if so how has this manifested?

There were some surprisingly different answers - different for the different groups, and on further discussion with ER and with the WOTLs, some possible explanations evolved. The concept of community also evolved as part of these discussions.

The WOTLs - a group of academic women working for large Universities did find their gender affected their work (and yet there were compensations for this), yet gender was not so much of an issue for the Sydney group. (...)

14 See Appendix 2.
There were common stories of women working in the large (male-dominated) institutions;
(...)

**JP** - Those University meetings are terrible. I remember a meeting when S - there are many stories about him - but at this meeting I had put forward a suggestion, and then S put forward the [identical] suggestion again. So when he just finished I said 'what did you have to say that was different from what I just said' - and he said 'nothing'. 'Thanks that's all I wanted to know' - I didn't want to fight him - it was like I was having to check out my own reality - did I really say it first or not.

The hierarchy in the large institutions is set up with the majority of senior management (and therefore the decision makers) being male. Women in large institutions feel themselves marginalised and left out of the decision making processes, even though they may have senior positions. (...)

Eva Cox confirms this attitude in her book on 'Leading Women' (1996). (...) Women also have a different approach to life, different responsibilities (usually accepting the responsibility for as the primary carer for the children and the home), and therefore make decisions differently, and for different reasons. (...)

Interestingly, there were also comments made at a subsequent meeting, about the facilities in the university specifically set up to allow women a space to respond to the gender issues; these are not found so readily outside these institutions. There was a sense of community among the academic women that is more difficult to find outside these institutions, particularly for many women who work alone in small businesses. This was a major difference between the two groups and reflected their professions - the Sydney group as predominantly small businesswomen, and the WOTL group as academics. (...)

**JP** - In one way it is interesting being in an institution. We are in a position where we can go and set up a base where we can talk about this, critique it, have a look at the whole thing in quite acceptable terms - we don't have to talk over the photocopier. We are actually setting up a space and we get permission to do so. So it becomes part of the conversation in the whole institution - one way or the other - people either resisting it or taking it up. In some ways, although the issues may be more difficult in an institution, you can actually make a bigger space to respond to it - and it can be legitimised.

**KB** - At some level women who are working by themselves tend to be quite separate (alienated), the gender issues aren't so prominent, but there is also not that community of women, so there is not the space to allow for that sort of debate.

Having discussed these issues with one group of women, the other group was asked the same question and there was a very different response. The women in this group (the Sydney group) had no strong sense that their gender affected them adversely in their professions. The major difference noted here was that these women are largely self employed in small businesses, dealing with the health industry - healing, medicine (although self employed) or in teaching/training. The lack of community (the isolation) was more of an issue here.
BG - It's the way you are working. Women of different cultures and classes have always worked, and they have had the grandmothers - the extended families around, and the babies have been handled in a much more communal fashion. It was not the separation there is now - with your friends far away - your family in another part of the country or the world. Is child care as suitable, as appropriate to your needs? It's true you can't analyse things out of context - you need to look at the system.

The discussion was more towards the effect of community and support systems - a more pressing issue for these women - who, because of their self employment, felt more isolated from a like minded community or group. There were workplace issues brought out by this group but the women felt that they were not particularly gender issues.

BG - People haven't defined what happiness is, what life work is, what satisfaction is. The simple basic stuff we should be doing. Everything is so very different for everyone. Some may be perfectly happy just being at home because that is a context that suits them - they are well integrated in everything else they are doing. Other women would go out of their brains. So the context is shifting - we are not in any socially homogenous ways of working any more. So how do you know what is the support system, and what is the back up like? Are women doing their life work or are they just doing a job, and if they are just doing a job, is that important to them as part of their ethos - and is earning the money important - or is it their life's work and their passion.

In a discussion with ER (later) regarding the differences, there are also certain professions that have traditionally been perceived as 'female' professions - often lower paid - nursing, teaching, secretarial work, etc. These days some of those areas - especially teaching /training have become huge fields, crossing all gender boundaries, generating higher incomes, increasing women in decision making positions, self-employed women often working on contract bases.

Women are also more likely to own small businesses and to run these from home, and the rise of 'out servicing' has provided a huge and profitable market for many women in small business. Yet there is still the stereotype, and the isolation, for many of these women.

KB - A study was done in England (and reported in the media here) where they asked women if they would rather be at work or at home. So much for women in careers, they concluded that 'women don't like working' because so many said they would rather be at home. They used this to say that women shouldn't be working - and yet I saw no public challenge to this assumption. It has really only been in our society that people have 'gone out' to work. Women have always worked - it's only the shifting of the work place to an artificial environment - yet they didn't make that distinction. They just said women are really only meant to be home and be mothers - and they used these results to support their argument - a very gendered assumption.

There is also a generational difference. Today we are seeing huge changes occurring in the workplace as women's perception of their roles, their increased education and increased capability shows. There has been a noticeable shift in only one generation.
JW - It is also a generational thing - at my point in life - 57 years old, I am probably the last generation of women who were taught that mothering and being a mother and wife was the career for women. (...) 

DH - I am the next generation down. My parents brought me up that I must get an education before I got married. The difficulty I had was with my father, who had great difficulty reconciling that with being a woman - he never treated me as an educated woman, or a woman with a career. You can have an education and a career but there is this woman thing as well - getting those together was difficult for him.

CJ - In some ways I defied my parents and got an education. I was expected to become a secretary - that's what they thought women did - and no one in our family had ever gone to university. Both my parents had left school at age 11, at the end of primary school. They went around to all the business colleges to get all the guff when I did the intermediate certificate. I was outraged, tore them all up and said "I am not going to do that. I am going to go back to school" - so I had to fight them all along the way so I could go to university.

Then the next part was - we were of the generation where we were questioning all of the values of our parents, and really not knowing where we were going, but questioning, throwing everything up in the air. My husband was a full time student when we got married and really up until after [our first daughter] was born - I always earned more than he did although I only worked part time. He was working as a research assistant when the kids were little, but I sort of went on and did graduate work while I had babies. I was working part time and we moved to Canberra for his job. At the time it seemed OK to me - it was one of the choices at the time - but it was kind of complex.

(...) The WOTL group also questioned whether the issues of gender were just more invisible for self-employed women - as they do not have as much opportunity to discuss these issues with other women - and as mentioned earlier - isolation is a major issue for them.

JP - I think not being with other women you may not see things - this stuff is hard to see sometimes. You may not see something but someone else will, and in talking about it you will see it too. Maybe when people are really isolated, things are happening but can't be picked up necessarily - you don't have the support. It is like speaking up about these invisible things again. It is important to see things that are invisible and name them - that's one of the things that is quite difficult. Sometimes you can try and talk about it in mixed company, but often people don't know what you are talking about because it is so invisible.

A Restructuring?
There is a need to restructure and widen the meaning of femininity and the roles of women, in medicine, in academia and in the workplace, and from that understanding, we need to be more autonomous creators of our own female selves [and to increase our choices for living]. We also need female, as well as the male, images of success.
Any gender definition, in any cultural order, affects both women and men as individuals and groups, as well as the relationships between them. The issue of the meaning of woman is paralleled by the issues of the meaning of man, but we are framed by our language and our language is deeply structured by masculine symbolism. Men are also bound by the stereotypes of power and hierarchies - whether they benefit from these or otherwise.

The liberation of women has been a genuine social revolution and as with any significant reshaping of society, several generations must pass before we can fully identify the enduring changes. What will emerge as the most significant effect of the women's movement in Australia will possibly come to fruition in 25 to 50 years from now. We are now in what is called the second wave of feminism, where we are developing the ideas into policy, for example, antidiscrimination workplace practices.

To (nearly) finish off this letter, I have summarised an article by Hugh MacKay in the SMH as I felt his ideas were interesting regarding women and the workplace, and maybe can show us a path for improving work relations - particularly in the larger institutions and corporations. (...)

Here I quoted the section from the thesis from Hugh MacKay from the Sydney Morning Herald - 13/6/98 - Hey listen mister, I'm your sister now. I have therefore deleted this here. (...)

A final issue - how women in powerful positions treat other women,

BG - My partner's mother is 80 and she gets quite angry about this - she will go on for a long while about women taking jobs from men. She really believes that the woman's role is to mind the home and the children, while the man goes out to work.

JS - That's what I mean about women going against each other. That's really been our biggest weakness this last century - women going against each other. It takes an American Indian woman to say that women in your society fight each other, and until they learn how to support each other nothing will change.

KB - Maybe it's partly to do with the isolation we have these days away from (extended) family. We are all individuating and no longer learning to support each other. We are all brought up in the same culture, and if we didn't agree with the culture and support it - men and women and the way it operates - it wouldn't exist any longer. The only reason it exists is because we are all brought up in it; we are all conditioned to it - to believe that that is the right way to behave.

We are culturally indoctrinated into believing male qualities are more desirable than female ones. We are lulled into believing that male qualities are the universal and that there are no alternatives, and so women often believe men and not other women, and many women may be more 'male' than the men themselves and negate their femaleness to some degree. We see this 'maleness' being considered the 'norm' in many disciplines - politics, philosophy, medicine, sociology and psychology as well as in everyday life in the media, and in almost every aspect of our society. But it is the energy derived from the sense of these gender injustices, that often fuels feminism.

15 In Chapter 2 Re-working pp 62-64.
If we are going to change our organisations, we need to be aware that we cannot necessarily work within what is, without clarifying exactly where we want to be. We need to look further than what is currently available and increase the options available to us. We must do more than criticise, we must get together and make explicit plans and goals for progress.

'We need to value skills, abilities and other qualities in ways which match their outputs and functions, not the gender or class, race or culture of their owners' (Cox 1996:254) - shared responsibility and cooperative management, joint leadership. We need ways of redefining the workplace (and leadership), making it attractive and accessible at many levels, legitimately sharing responsibility, crediting skills and recognising diversity without hierarchy.

KB - This is where I get into issues around leadership - communities are often set up by one person. Ideally they are set up with everyone contributing - but it is often one or two persons who provide the driving force to set it up - there is usually someone that triggers it. Findhorn is an example.

JS - I think as adults we lose the ability to let leaders naturally fall and rise again. The adventure playgrounds in Sweden - there were real lessons in that. They had periods where there was no apparent leader and they would fall into apparent chaos, and then of its own accord a new group/leader would arise. We don’t have the patience - when something lies down for a while we just ignore it all together until it goes away. I think we have lost the ability to play.

BG - And appreciate the evolution of things. Everything goes through cycles, like seasons go through cycles, like the mythological cycles of return talked about here.

We need to raise the possibility of a new structure - not based on masculine assumptions of individuality, but blending the linked societies we are all part of - while still acknowledging the needs of individuals - providing a more balanced social and ethical base. While we are individuals, act independently and make our own decisions, we are also interdependent and require one another to maintain our psychological balance. There will always be a tension between maintaining our links in our community and our sense of self - with the line sometimes hard to walk.

Developing myths that give us a framework for creating change is essential, re-membering women’s her-story and women’s areas of interest which have been excluded from [men’s] his-story, and re-searching for the cycles of re-turn, for what it could mean to be a powerful woman.

In the next meeting I am interested in what you could perceive to be skills (?), characteristics (?) of women in alliances with men, or in decision making positions (leadership) in the work place and/or in medicine. In future meetings I would like to see how we can change medicine (still a strongly male oriented industry), and I am very interested in the cycles of women and the cycles of return as the mythological component - discussed briefly with LB previously.

Heaps of hugs,
The energy of the group was diminishing - my energy was going down, and less women were attending the meetings. The last meeting at BG's - only four attended (although the others had 'good' excuses). It was interesting to speculate (and ask the group) for their reasons for coming together. With LB and BG it was the mythological component that attracted them initially. LB felt that the group had started off well, but the topic had lost interest for her - it had become very medical and that was not her field/area of interest - despite good intentions. She felt I had lost my original idea - the mythology that she was very interested in.

BG felt overall, the coming together of the women in this particular way showed the shaping of new pathways, and she felt it was seeding the framework of the planet - the dialogue had been very important as it was re-framing the new story (our stories). However at this point she felt the group had become caught in the demonising of science and medicine and had lost its way.

I asked several of the women why they had wanted to form the group - with LB and BG it was the mythological component that attracted them - with HJ it was the medical aspect, however HJ felt the mythological discussion was outside her (medical) experience, and lost interest. However, all said they wanted a support group, and they all were interested in being involved in PhD re-search. Interestingly HJ felt the group was too mythological at the same time (and the same meetings) that LB and BG found too medical.

KB - The group - it is almost like we are staying on safe ground - it needs to go to another depth.

LB - The conversation doesn't engage me - despite me being there with good intention. Your original thinking about the hero's myth - you really need to return to your original thinking/story - go back to your original feeling - you and I got involved with the goddess together.

I was losing interest; the meetings were becoming re-petitive (with their demonisation of medicine) - but I needed another session to ask the women what qualities, skills or characteristics they felt would be needed in the new structures - by women (and men, as these were not gender specific). I had been in the wasteland for a couple of months - I had lost the original focus - the mythological component that was (for me) to make meaning of all this. I had the stories of the women and much of the practical component - but little of the mythological - the part that had generated the original passion to do this re-search.

This 'stalemate' in my thinking - encouraged me to re-flect, and define more clearly where I wanted to go. I had been captivated by the concept of the great cycles of re-turn that LB had mentioned, and realised I needed to speak to her further. A lunch date where I could interview her and tape the meeting was arranged. LB has been
re-searching this privately for about 3 years - and it is her own re-search she has shared and agreed to allow me to use. This was re-markable - I was re-inspired. I had been given a glimpse of what this re-search could be; it was developing through my original thinking, and the sharing of the re-search and work of others.

Do we all have to go through this wasteland - the waiting - before inspiration re-captures the magic? Or is it a process of chaos where we lie uninspired but waiting - until a sudden shift projects us into a whole new level of existence (understanding) - the ‘aha’ experience, the ‘windows of certainty’ the ‘blinding flash of the obvious’ - that generates a whole new level of energy and passion for the topic?

This discussion opened up a whole new series of connections with people, and led back to old friends - a cycle of re-turn in itself. It also led me to re-member the Chinese Healing Philosophy I used to teach - of the polarities and the continuum - rather than the dualities of the positive and negative values - separated as they are in Western philosophies. This has been a series of synchronistic events, bringing up both people and skills from my past - to be used once again.

**The polarisation of feminist re-search and mythology**

Traditional Western philosophy (since Aristotle) states that the feminine principle is the basic principle of nature (passive and re-ceptive), versus the principle of mind (activity and reason) which is masculine, encouraging a duality of human existence. These contrasts are re-inforced by a complex and universal set of symbols and myths, for example in our re-ligions, where the predominant ‘God’ (and ‘his son’) are perceived as white males, and the feminine principle (Mary) is always secondary (when acknowledged). In the Greek myths - the major myths of the West - society is/was ruled by Zeus (the strong, powerful and arrogant male), with the women being secondary, and more singularly dimensional in character.

With the rise of the women’s movement, women particularly are beginning to re-examine the symbols and myths. The women in this re-search were challenging this traditional meaning of the feminine principle, challenging the symbolism, and re-forming the myths in a way that was appropriate (and life-affirming) for the new millennium. The Myth of Inanna - the re-turn of the transformed goddess which as a prepatriarchal myth of women, has a positive mythological model of women gaining their rightful power. This potentially could usher in a more honouring re-lationship between the masculine and feminine principles. Culturally this could herald in an enormous change in our attitudes and our behaviours to each other. Hopefully it would also flatten the hierarchy and re-duce the separation of the ‘other’.

**Back to the groups**

Reflecting on this process (and it was my process) I wondered why the groups hadn’t gone in this (mythological) direction (although the stories are also valuable and have been used). Maybe with my non-facilitation, and the members of the group having a strong medical/science background, the mythological component was not an area
with which they were familiar, although my focus on it was discussed from the very beginning - prior to the invitation. Their unfamiliarity was borne out by the final feedback from the Sydney group.\(^{16}\)

I had attempted to bring women together in a cooperative way for all our benefit. They wanted a support group and my re-search provided the 'excuse', the framework for this - yet it was still perceived as MY group. Later, discussing the potential for the 'tyranny of groups' with DH, we decided that it is very difficult, if not nearly impossible for groups to share ownership. One or more people always have more invested in the process - there is a non-sharing of ownership despite all the good intentions - often accompanied by passive re-sistance. In this case the passive re-sistance was evident by the non-attendance and the non reading of the letters, except in certain cases. The group was essential for my re-search - but I would have liked it to be more co-operative.

**Demonising medicine**

One aspect I re-flected on later - which helped me to understand the process and gave me some significant insights - was the discussion from the WOTL group on demonising. My energy in the first (Sydney) group had deteriorated, in part because the women kept falling into a pattern of - what I felt at the time was - constantly demonising medicine, and I felt this continual discussion was becoming destructive rather than constructive.

My approach to this challenge suddenly changed when the idea of demonising became important in discussing difference. This evolved from conversations around differences - and which differences were acceptable, and which were not. The demonising was discussed extensively in the second group (the WOTLs) who felt it generated a lot of energy for change. This was a very exciting discussion for me as it allowed for an acceptability of a process of change, and heralded an understanding of group dynamics on my part.

**KB** - I wonder if at some level 'demonising' is coming to grips with our shadow part - maybe it is part of the process of recognising 'difference'.

**JP** - I think it is all part of the process. Demonising, in my experience, is also finding agreement with someone else who wants to demonise. So I find my similarity with that person by demonising - and that gives me my strength to go out and talk about my differences. Particularly in situations where I'm checking out - "am I the only one thinking this?". It's a reality check - and an energy release, so that when you go and speak to the person [to affect change], you can often go and speak to them more coherently.

\(^{16}\) See pp 156-160 at the end of this chapter.

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DH - I think part of demonising, is what drives me to action, it's the anger. I write best when I am furious. Anger mobilises me - and it's linked in with that feminist thing - maintain the rage.

The process of demonising maybe gave us a strength (of similarity) to allow us to work through (or accept) difference. The demonising was more obvious and less critically re-flected upon in the Sydney group than in the WOTL group. The groups were very different however, the WOTL group had been meeting for a couple of years and knew each other well, but the women in the Sydney group had not met before and coming from very diverse philosophies, took a greater length of time to find similarities.

The myth of cooperative inquiry

There was a driving force acknowledged as central to the group - in this case my re-search. Other members of the group found it difficult to be co-learners as they were not experiencing the re-search in the same way. Each person in the group had different knowledges, different skills - so it was not useful to try and make everyone the same - with similar intent and interest. What needed to be done was 'singing out the difference'.

The letters I sent as a re-cord of the meetings with some of the re-search - was my way of thanking the women for their valuable time and interest. However, they were still my constructions, and while useful as data and interesting to read, the feedback from the women was also essential to their accuracy - within the context of the re-search. I have re-corded the feedback from the women overall (at the end of this chapter) and was delighted to find that these letters were valued by the women as a re-cord of their conversations, so this exercise benefited us all.

This next meeting (the fifth) was interesting - once more a problem with the tape so much of it was lost. However, it had an entirely different flavour - and ended up with the women telling more of their stories. Four women attended, the energy was shifting and a new focus (or a re-focus) was struggling to evolve.

15/11/98
Dear
Had a lovely - very hot - day beside BG's pool on the 18th. Unfortunately I had some problems with the tape - the wind was whispering (loudly). This will therefore be a short letter - mainly to tell you when we shall next meet - and some developments that have occurred since.

We spent the time telling our stories. How do we find people we can work with in a true and open relationship?

CD - So this whole notion of working together - where do you go and find the partners you can do this with - because I can't find them.
JS - It is an extension of intimate relationships. We have set up an adversarial system (our legal systems for example); we get stuck in debate, discussion, conversation and we no longer know what dialogue is.

On this day CD told us of her fascinating experiences in PNG - and the cultural differences when it comes to changing things to reduce health and environmental crises.

CD - My way of doing something is not the way change happens there. It doesn't change it just gets worse. They have already had huge changes - they have had to shift from a bartering economy to a (money) economy - and they are shifting from the outlying villages but there isn't any employment. There is your culture - here is my culture - it was a learning in humility. How do you make changes like that - it's huge stuff. It was that thing about going there and saying this is what needs to change - but they don't challenge [their superiors] because of the reprisal system. It's so spiritually different too. The cargo cult is something they have integrated with their own religion - a combination of Christianity and their own religiosity.

They often destroy themselves. With the Pacific islanders, the first migrations took place - [the great migrations] are written into their mythology. [As their populations expanded] they ate everything they could and had to migrate to find more food - so this pollution has been going on for a very long time. I think we should be very wary of expecting change.

We had an interesting discussion on change.

KB - It is all a revolutionary process - nothing is static. 'The only constant is change' - that is really all it is - all just the next step on the pathway.

JS - It can be just as creative to do nothing.

BG - Provided that the intention is clear - in the sense of an outward action.(...)

After the meeting many things have happened. I felt that I still needed to ask you what are the qualities, skills or characteristics you feel women could develop (or are already developing) as they make alliances (equal relationships) with men in decision making positions (leadership) in the workplace and/or in medicine. In future meetings I would also like to see how we can change medicine (still a strongly male oriented industry) to one that is more caring and less hierarchical - or at least be clear about the relationships.

As well as this I realised I had lost my energy to some degree, as I have strayed from my original focus. The stories have been wonderful and are part of the process of seedling the future of women, and will form a crucial part of the research, but I am also very interested in the cycles of women and the cycles of return as the mythological component. I discussed this with LB - she has been researching this aspect of mythology for some years. She shared her knowledge and understanding with me which was fascinating, so I thought I would develop this further at our next meeting. I have spoken to BG and we will devise a different approach to add another level to the issues we have been discussing.

This is a very powerful day astrologically, so it will be interesting to see what eventuates - the dawning of the Age of Aquarius. Looking forward to seeing you all again. This process is exciting. Heaps of hugs
There were major differences in the two groups, reflected largely in their professional lives. In a discussion with Group 2 (the WOTLs) in April 1999, I was intrigued with the concepts of ‘similarities with a field of difference’ - very much the case with the Sydney group (Group 1). Their similarities were such that they were all healers, their differences coming from their varying healing philosophies. They were all friends and colleagues of mine, but this friendship often produced conflict as different women tried to compete for my attention. I do love strong, articulate women - but found that getting a group of them together to discuss issues around their profession can be fraught with difficulty. They were constantly trying to ‘be nice to each other’ despite coming from polarised philosophies. Honouring the differences and working with that, was/is crucial for the production of knowledge but it took time and awareness of the process. At this stage there was still much work to be done.

For the next meeting (the sixth meeting) of Group 1, three of us (KB, LB and BG) organised a ritual to try and shift the energy to one that was more fulfilling, and activate the spiritual/mythological aspect of the process - rather than just the stories or the intellectualisation of our profession. I suggested a discussion of the philosophy of polarities (rather than dualities) and the re-turn to honouring an ancient way of thinking. The ritual evolved around this.

16/1/99
Dear
The last meeting (meeting 6) was at BG’s place - a very powerful day - the weekend that Neptune moved into Aquarius from Capricorn - the change of a 16 year cycle - and maybe the dawning of the Age of Aquarius. For this meeting we had a wonderful ritual to shift the energy and honour the astrological change and to cleanse ourselves. LB chose a smoking and she brought the smoking mixes for the Moon, Venus, Neptune and Aquarius which she brought from Glastonbury (the mythological Avalon) in England. Very powerful and exotic they were. We all took turns to burn specific mixes that were appropriate for each person. It was a very powerful and moving ritual which successfully shifted the energy - I came away re-energised.

ER was the bird controller, and a good job she did. We had an untouched lunch that the minors had been eyeing hungrily for some time - the old schoolteacher ways came in handy - the voice of bird authority.

I have enclosed copies of the information LB read to us from ‘Horoscopes for the New Millennium’. LB also told us much about the meaning of the astrological changes that are occurring - so it was a fascinating time. I have just enclosed a summary as I felt that any interpretation on my part could not enhance the experience. (…)

This section of the letter has been deleted from this chapter - it was a fascinating talk on the astrological influences that are affecting us at this point of time, and was accompanied by a ritual to acknowledge the momentous changes that are taking place. I sent the transcription of the meeting in total to all the members as they were very interested in the astrological discussion. However it is too extensive to add here and is not as directly re-levant to the thesis.
We performed a wonderful ritual, but after there was some conflict - a personal vying for position. One of the medical doctors missed the day and said later "it was just as well, I don't like that sort of stuff - not my thing at all". At this point the philosophical differences in the group became very apparent - some felt it wasn't spiritual enough, others felt it was way out of their depth spiritually. It would have been interesting to bring the group together to talk about these differences, but the ones who were finding it difficult - despite my discussions with them - used avoidance techniques and stopped attending. Avoiding the conflict was their choice of behaviour - is this a common female re-action - keeping the peace? However I had enough material for the thesis and suggested a closing ceremony (several months later) which was re-ceived with pleasure.

For the Ritual - we brought all the elements together here - the sea dragon (water) we found on the beach, the shells, the rocks and crystals from the earth, the candles for fire and feathers for air.

KB - I am going to call the thesis - Rhythms of Awakening, from Jean Houston's poem.

What a powerful day.
Our next meeting will be back on track. I have taken the end bit from the last letter as this will form the basis of our next meeting. I need to ask you what are the qualities, skills or characteristics you feel women could develop (or are already developing) as they make alliances (relationships) with men in decision making positions (leadership) in the workplace and/or in medicine. In future meetings I would also like to see how we can change medicine (still a strongly male oriented industry) to one that is more caring and less hierarchical - or at least be clear about the relationships and have them working better for all women.

Hope you had a good new year and looking forward to seeing you. Hugs,

I found the conflicts with the Sydney group difficult to deal with. The women were coming from a much more experiential space at one level, and had a greater variety of opinions - including vastly differing philosophical approaches. This difference needed to be explored. Maybe this group had difficulties because they are new to each other. This re-search had brought them together, and issues had arisen that were unresolved. Maybe this would just take more time. The discussion regarding the skills and characteristics women need never eventuated with the Sydney group, so for the Chapter 9 - Re-creating, I have used the discussion from the WOTLs, who had a lively discussion on these issues.

This next letter was to the second group - the WOTLs. This group inspired me in a different way. The second group came from a more intellectual position yet re-sonated with the deeper understanding I have of the way women are/become in this world. This second group was a group of three women with similarities in their background and their approach to the world, with differing opinions on many subjects, yet somehow they had a closeness and a re-sonance that was different to the first group. The WOTLs had been together for some time under different conditions - both as friends and in the work place. The closeness of the second group came through in this next meeting and is therefore re-flected in this letter.
The discussion contained in this letter was invaluable in developing the role models of women - and sections of it have been used later in the thesis. However as most of the letter was from the transcript and has been used elsewhere in the text, I have deleted it from this section.

18/1/99
The New Moon in Aquarius
Dear
A rich and complex meeting of minds is difficult to do justice to in a letter. I loved the lunch we had together and came away inspired. Asking what skills, qualities and abilities do women need to have - with the shift of structures to ones that are less hierarchical - and which we are trying to encourage, brought out some enlightening thoughts. It also allowed us to articulate some of the dangers or limitations we face - such as the use of language. Overall I have not edited our conversation much as I felt there was a huge amount in it that was very valuable - and it was allowing our voices to be heard.

KB - Skills they have now [may be useful], but the ones they have now may have to be used in a different framework. Maybe something that will allow that framework to shift. That may be an added skill in itself (using it in a different way) that would alter the way the hierarchy operates, while still retaining the female aspect and not just falling into that same system.

The issues that evolved were around 'language' and how that is utilised and interpreted. (...)

KB - I liked your language then - assertive not aggressive. I think there is a big difference in the way they operate, but who constructs what is assertive and what is aggressive.

JP - It's very difficult to say in language whether assertive rather than aggressive is a better term. To make a distinction in our language is difficult. What meanings do people give to these terms anyway?

DH - Aggressive to me is something that is more forceful - using your position, to your advantage. If you are physically stronger and you use that advantage to get your way - that is aggression, or if you are in higher position in Institutional power and you use that position to get your way ... aggression as power over, yet assertive is not. It would be more stating a case clearly, setting a boundary ... yet a lot of women are called aggressive when they state their case clearly. As soon as they get any passion in their voice they are labelled aggressive. (...)

Some possible solutions. All these suggestions are so closely connected that it was difficult to differentiate them - they (and the conversations) were more web like than linear as written here;

(...) KB - This is what Mary Daly was so good at - evolving a new language.

JP - that is what the post structuralists are saying, that we are constructed in language, so unless we can change the language we won't change. Which is why working with myths is such a powerful way to go forward with this, because you can do all sorts of interpretations.
* the skills and abilities that most appealed to me were those of the 'shape-shifting' - the old wise woman skills in modern dress - such as maintaining critical ability and being flexible by being able to encompass a number of critical perspectives at any one time, and using the most appropriate for the situation.

DH - Maybe one of the major skills we need is to be shape-shifters.

KB - That's the old witch (wise woman) skill. Witches were known as shape-shifters.

DH - So it's being able to behave completely differently and even look different - depending on the context. The ideas we play with in the community classes now are the ability to be able to take a stand and let it go.

* flexibility (shape-shifting) was a recurring theme. (...) 

JP - Having come into critical ability through feminism - it is being able to maintain that critical ability, but without coming from an essentialist position ... How to be able to move between them, or include a feminist perspective as part of the larger perspective, as opposed to always coming down the same track. [When] people start to label you, you become less effective. (...) 

* 'moving identities' - re-inventing ourselves - another commonality between the three of us. (...) 
* forming alliances. (...) 
* solidarity - or otherwise. Relationships, alliances, what is solidarity built on? Today, maybe we are redefining its meaning as we are also redefining the meaning of relationships. (...) 
* transdisciplinarity - holding the connections rather than the information. (...) 
* changing relationships - another recurring theme. 
- teaching people to be in relationship but also teaching them to be able to let go of relationships 
- breaking down the construction of relationships in particular (?non-codified) ways. (...) 
* relationships again - the new relationship with the masculine principle. (...) 
* duality vs polarity. The separation of the masculine and feminine principles was challenged. (...) 

(...) This meeting was all about change. We live in times of huge change - individual change, local change, global change, even astrological change. Some of the issues that arose were around change; the difficulties, the advantages and the different approaches people have to change; and the resistance to change; even when conscious and thoughtful choice is involved. (...) 

This is all extensive reading. I'll look forward to some feedback. Heaps of love

After this group there was a break for 5 months, mostly because I stood for the Legislative Council in the NSW elections and my life became exceedingly busy. The next meeting I had with the WOTLs was a lunch in April 1999, when we discussed the issues that had been brought up during the previous meeting, which further defined the roles of women. We discussed feedback from the last meeting and the letter. One of the most interesting aspects was the discussion around what motivates us to act. For both DH and JP, anger was the great motivater, whereas with me, I think excitement or
challenge would be more appropriate, even idealism and noticing when others are being disadvantaged - although this sometimes needs to be pointed out to me.

Yet another time when I came away feeling inspired. I was particularly inspired by the idea of letting go of gender and looking for particular qualities in people such as courage and flexibility (a point that has been made in both groups). This is a different way of perceiving the world (and others in it) as long as we are prepared to accept difference when re-recognising the qualities we like. It could also re-move the concept of 'the other' - the basis of hierarchies, racism and gender disparities.

I was also inspired by the ‘Re-storying resistances’\(^\text{18}\) paper by DH and JP on differences - particularly the section on listening purposefully and speaking to the group (directing the group to speak on a particular issue - connections, issues of social justice and what we mean by it etc). This was an area I needed to learn to make the re-search groups more productive. How much of what we feel and say is directed by old patterns and ideologies, how do these affect power re-lationships (the context) within the group, and what is shaping our practice?

This day was particularly valuable where we expanded on the last discussion and evolved new understandings. This meeting evolved from a re-quest for feedback from me, so we used the letter as the basis of the discussion, as it further developed the ideas of ‘difference’ and ‘similarity’. It was an inspiring discussion and flowed coherently of its own accord.

19/6/99
Dear JP and DH - the Shape-Shifter-Shit-Sitting-Sisters,

Finally got around to writing this letter. It has taken me a while. It was valuable getting feedback from you from the last meeting as this tended to clarify more of our discussion. Once again the conversation flowed so smoothly that it needed little added, or little further clarification. When we three get together - something 'magic happens'.

The process of demonising was interesting - talk about being congruent with our discussion - but the energy that this produces, I wonder where that comes from and what use it could be. The idea of demonising coming from 'difference' is a possibility, maybe that difference needs raising to consciousness, and demonising is one way to do this. Another focus was the energy (passion) that comes from anger and how this is a great motivater. Anger - well directed - can be a huge force for positive change.

\textbf{JP - We just went through this and talked about what came up for us. Look at the question we asked ourselves - what do you do if you don't demonise people? What happens to that energy? What a great question. It is about our differences and our similarities. It's symbolic. Maybe the process of demonising is recognising 'difference'.}

\textbf{JP - What we were talking about this morning is about the two different forms of resistance - one is in response to something that has happened - and that's}

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\(^{18}\) Horsfall, Debbie & Pinn, Judy Re-storying resistances: Working the margins for social change. Unpublished April 1999
where I mainly come from. I certainly am much more interested into moving into that creativity that still has a resistance. (…)

KB - A certain level of anger mobilises me, but too much becomes debilitating. Challenge will also mobilise me and that doesn’t have to come out of anger. Is there a difference? (…)

DH - There is anger - and there is also a reaction to it. Our work this morning didn’t come from anger - although if I thought about it long enough I would probably get angry. But it was more a reaction to what is expected, so it was still reactive, but not angry reactive.

JP - It’s also a build up of the years, of all the times you were angry - a build up of a history of anger, and of reactions, so you already know the field you are going to do it in, because it is knitted into your neurones.

KB - Maybe there is that thing about anger - that what we most need to learn. If it’s pushing your buttons that strongly. (…)

DH - It’s divisive. [In research] there is this whole stuff about why people shouldn’t be interrogating blackness - they should be interrogating whiteness. Middle class people should be doing research on middle class - rather than on the other. I am playing with this - if I was researching middle class women I wouldn’t be coming from opposition or anger at all - and I am still interested. (…)

Marginalised groups do not have the options (or the choices for shape-shifting), disallowing them from achieving their full potential, therefore generating a greater feeling of disempowerment.

(…) KB - Getting back to the anger - what we need to look at is languaging. Maybe we need another word.

DH - Maybe it’s passion, but [anger] is setting you up against something, someone, some injustice that you are angry with, and that keeps you separate from it in some way. But if you are not attached to something - how can you act on it?

KB - We are coming back to duality, rather than polarity. We are in a society where the whole basic philosophical structure of this society is dualistic, so we find it very difficult to think in terms of polarities - a swing between. We constantly think in terms of either/or, and therefore, with the dualistic system, there are always judgements made about right and wrong, centred or marginalised, separate from, etc.

KB - Standing for Parliament was a great learning experience. I acted on the ideal, on the challenge of it - not the day to day shit that was going on, because I saw I was getting something useful out of it. I don’t know whether I am going to challenge it again or not, but I can see a space for massive change - and to get massive change you have to get someone to do it. What has been interesting to me is people’s reaction to me when they found out I have stood.
for Parliament. All of a sudden I had been categorised as 'a politician' - and some people I know really quite well found it difficult to talk to me because I was one of 'them'. Politics is a dirty word in our society. There is the perception that politicians are all crooked - therefore ipso facto - if I am going to be a politician I must by association, also be crooked. Trying to convince people that as a politician - I was ethical - has been really difficult. The reaction to the naming, I found very challenging. But it was the challenge - not the anger that inspired me. I can see something that could be changed - and challenged. I am not angry about the way it exists - it just does.

A story worth reading is Ursula Le Guin- She Unnames them. The story is the opposite side of the naming and giving them (the male) their power - the unnaming - is taking away the power. Could this generate political change? (…) 

JP - It's this whole area - whether you call it anger or passion. I think that the term 'passion' is misused. I think there are also other emotions in there - shame, sometimes love, can be the motivator as well. It's keeping the passion alive.

KB - It's probably more the intellectual approach more than the emotional approach.

JP - That's what you are saying. But my body betrays me. I get really angry

DH - When you said it's love - it threw me back to my first job in Australia with severely intellectually disabled people. It was love that pushed me to start with. I don't really know what love is, but it was certainly a really positive experience that motivated me a lot - affirming - a different level of caring relationship with these people. I made a few big things happen in that particular service but that changed into "isn't it awful how these people are being treated" - I can't separate them.

JP - I think sometimes part of the demonising is the easiest way to appease feelings that come up around oppression, and then you don't necessarily have to act on it. You can act on it if you want to - but you don't have to. You can actually eradicate the feeling that would have motivated you to do something by demonising.

KB - Maybe it is also the thing that helps you clarify what you could do. The process maybe relieves the feelings - talking about it clarifies what it isn't - and points to the course of action. With Pauline Hanson - the constant demonisation was out of hand. It can be a constructive process - not just the destructive process we saw there.

DH - I don't know how constructive it is actually because all we are doing is mirroring what happens with all the huge atrocities in the world. The dreadful things that are happening in Kosovo are caused by the process of demonisation - dehumanisation happening on a mass scale, and at some level we are playing that out in terms of 'the other' - which is scary. (…)
The hierarchy

KB - what do you do when you feel that 'other' - do you not say it? (…)

The hierarchy is so entrenched in our culture that most people think it's the way things should be, the way they have always been - and it has become entrenched in body memory as 'normal'. People are seen as better as, or worse than - and unapproachable for either reason. However if a person doesn't subscribe to the hierarchical way of looking at the world - and sees all beings as equal - then the person will relate in that way. This approach could significantly demystify power, powerful people and power structures, and is the biggest force for change. It goes back to - if you want change someone or something, you have to change yourself first.

JP - In our group was an aboriginal guy who was hogging the floor the whole time - and an aboriginal woman eventually said 'shut up - these whites are too polite to tell you to shut up so I am the only one who can tell you'. But what happened is that it silenced him for the rest of the group - and he never spoke up again. The third person didn't know what to do - because here were the two people who theoretically were not in power - one taking it, and the other taking it away from him. And she, who theoretically had no power, was in power. It's not simple.

KB - It's contextualised. It's like being invited to comment [on a person's behaviour] - it's not necessarily disempowering when invited to do so, but if it's not invited, it can be. In another situation if I was in a whole roomful of people and I thought someone was getting totally out of control - the chances are I'd sit there and watch it, and feel really uncomfortable. We don't take on that responsibility and if we do, very rarely do other people back you up. You see this in obvious stuff - like violence on the streets - when no-one goes to help the person being attacked - because the chances are they will end up being the victim because nobody else helps. So nobody does anything because they are frightened they will end up in the same position. (…)

KB - It's just having that consciousness that a marginal voice needs to be heard. If only more people could only be aware of that point and truly listen, rather than trying to override others because of difference. People generally don't like to be made to feel uncomfortable.

JP - A lot of this stuff is about feeling uncomfortable sometimes, and so I shut up while my level of discomfort is increasing. Demonising is maybe expressing my discomfort in the relationship.

[The aboriginal woman] actually took control and used the position of power we were in - and as women - we are much more loathe to do that. Yet men take that power without any negotiation. Whereas women will negotiate power, but have great difficulties taking it and - it feels strange to say - keep it.

Somehow if we do tell others to shut up - we also have to have a space in there to allow them to do whatever it is that they want to do. Sometimes there are situations where it is important for a person to speak longer - it is really
important that they do speak it, and it is where the group needs to be going. It’s having that sensitivity to know and not just shut up something because that’s how you do a group.

DH - It links back to the rules and regulations - and there are rules and regulations about who can take can take over the space, and for how long. As a facilitator, the rule that I have is that there has to be some sort of equality about stuff here, so I am bound by those rules and regulations. (…)

JP - I am usually the one who brings up (I don’t call it the negative) the political dimension. When people are speaking in rosy terms - it’s totally apolitical, totally acontextual, totally lacking in many things. I fought here for years in Ag - and said one day if any of you [others] would bring it up [the political/negative] I wouldn’t have to. I certainly feel that I want to have a happy energy, a loving energy, an angry energy. It’s the same energy source but it changes depending on what the circumstance is - but I tend often to be caught in my anger and maybe that’s the situations I’m in.

DH - Maybe it’s an old pattern - an old ideology. Maybe it’s the intensity - I enjoy the intensity of being really angry. (…)

JP - I get excited but when that intensity isn’t there, there is a void, and that is terrible - that’s another space. Nothingness can also be extremely difficult to deal with. (…)

I like having a space for nothingness - to meditate - but maybe that’s because I rarely get it. I have been hearing patients (retirees) and friends saying they have NOTHING to do, and how debilitating and life/soul destroying it is, and how they would give anything to have a purpose.

KB - We are creatures of change. Our whole world changes around us all the time - seasonally, daily, even hour by hour - so maybe we need the constant stimulation of change. Our brain learns by difference.

DH - To have a different take - maybe it’s something to do with stimulation, but I see myself along a straight line mostly, emotionally I am very stable - occasionally I will blip up or down. I actually avoid stimulation (of some sorts) but I like the intensity of anger - but not for very long.

JP - An aboriginal woman I know said ‘Anger is like an orgasm - you can only hold onto it for so long’.

KB - People can form alliances in the most unlikely spots. A cancer patient of mine who is a professor of nursing went along to a cancer support group, and to the oncology department when getting chemotherapy. She noticed how everyone formed little groups determined by how bad their cancer was - she was in a group and made a very good friend whose cancer was also Stage 3. Stage 3s all formed friendships, Stage 2 had different friends, and the only thing these people had in common was their disease - that was the point of similarity.
Chapter 4 - Reflecting

DH - There is something important about being able to have those [terrifying] things spoken. How things are socially constructed. In a workshop of 3 groups - one group said it's all genetic, another said environment and third was a communist group - giving a name and voice for the different positions. (…)

KB - With cancer patients - research shows that if they don't join a cancer support group their chances of survival are less. Maybe it's something about finding that voice - their family and friends either don't want to know about it because it's too threatening, or are over solicitous - because they can't deal with it themselves. The cancer support group gives them some energy, and it demystifies their disease in some way - disempowers it. Gives them energy to fight it. They all try all these remedies/treatments together and it brings their disease back into the ordinary in some way and takes away its power. And it's a very diverse group - all you need to have is cancer or have an interest in it. You do need to pick the group however - some are better than others. It's not only the knowledge, it's how you hold it. (…)

The Stories of Courage - Are these stories of shape-shifting as well?
A discussion of the qualities of people in relationship - was valuable. We need the stories of the courage of women - not just the 'heroes'. (…)

JP - My categories of male and female are becoming more and more elusive to me. It's going back to qualities of the person rather than the male or female - and by gender specifying, it can be excluding. There is no reason they can't be learnt or practiced by both. (…)

This discussion was so good, it needed very little editing. I'll send it to you like this - for your feedback.
Heaps of love,

The next Sydney group meeting was going to be our last meeting. Despite the problems and the drop-off of women attending, when I wrote briefly to them and said I had put my first draft [of my PhD] in and wanted to have one last meeting - for closure and to gather further feedback - the women were upset that this group might end. They all wished to continue the meetings and the lunches. I was quite happy for this to happen, but formally ended the re-search component of the group with this meeting, and am now no longer re-sponsible for organising any further gatherings. A further lunch has been organised by another woman (which didn't eventuate) - but other members also want the discussion to continue to be taped and transcribed. They have enjoyed the letters enormously. This will also not be my re sponsibility any further. When these meetings have worked - they have been very special. This last meeting was particularly so - 'magic happened'.

19/6/99
Dear
What a wonderful day we had at ER's place on 6/5/99. The weather was perfect, the Parramatta River was sparkling, and the conversation was inspirational. Our discussion clarified many issues for me, which will be invaluable for the research, and your feedback on the group's meetings over the year, was heart warming.
Our initial discussion was looking at the creative spaces in the gaps in our lives - the cracks in the cosmic patterns, as this is a pivotal place in the thesis.

CD - A wonderful blues singer that said it's the holes in the music, that make the music funkier. It's the holes in life that make life funkier, and a bureaucratic friend of mine said that when they made finally made decisions - they had fallen through the thin blue pin stripes of bureaucracy.

LB - In astrology (particularly in the old charts when we didn't use the goddesses) there were often empty spaces in the charts, and people would say "what's in there?" and it was always very populated because it's an unseen area. It's often very strong - those empty spaces - and when we put the 4 asteroid goddesses in, people would say I like my chart, it's filling the holes, and it's getting into the holes [that's important]. (...) 

As usual we looked to LB to understand our lives better - through the astrological patterns occurring at the moment. Many of us have been feeling quite down lately and were looking for a pattern. (...)

LB - I recently rewatched Steven Hawkings - when he said he feels that it's the holes in space [that are vital to the future]. When we learn to go through the black holes, [we] will be transported [through the universe] instantaneously. We will be able to get to places by going through the black holes - movies have done this - but we often have to come back to it, to really know it. We have to find these ways to get through.

Discussing aspects of the thesis, we looked at how I have split words - mainly the 're' - and used it as the living prefix. I got some of this from Mary Daly where she was trying to formulate a new language that was less gender specific. I mentioned how she split the word therapist - to show 'the-rapist', and we discussed how this fitted with some of the women's experience and James Hillman's ideas from his book - '100 years of psychotherapy and the world's getting worse'. It certainly gave us something to think about. Hyphenating a word (working the hyphens) can introduce a very different concept - and sometimes bring up the shadow side - as this does. It can be a creative act of re-understanding.

This led to the discussion on what we perceive as 'manly' or 'womanly' - social idealised constructions that we rarely find in single people for long periods of time, although it is momentarily glimpsed.

BG - But if you say manly, as in the manly and womanly sense, yet these are all aspects of ourselves, and if you find [this in someone else, it is] someone who carries that totally without relation to you.

ER - It has nothing to do with sex - you can find 'manly' in women and you don't have to find it in men.

LB - This reflected something of a quality that I found really powerful for me. In my early 30s I met a bloke at a party and I felt really drawn to him, even though he had his wife there. We got talking and he was a sea-man. I said 'what are you?' He said "I have just done my master mariner's certificate. You have to be able to take a ship safely through all the waters of the earth."
Chapter 4 - Re-flecting

I got this really powerful feeling - and he said "it's just you really - up there on the bridge (this was before computers) it's just you and sea, and sometimes those straits are narrow, and sometimes they are easy and knowable, and sometimes they are really treacherous." I can still remember it perfectly clearly. He said "it's just me and the sea and the stars" - it was something inner that was so powerful.

All I knew was that at that point if he had said "follow me" I would have - because there was that trust, that soul connection. I realised many years later - that that was my inner man - the one who finds the map, who finds the way for people through the narrow places, through the dark and treacherous times - that's my partner. But I didn't know that at that time. (…)

Writing the new myth (…)
After speaking to my supervisor she suggested that I might think about writing a new myth, as this was the original aim. Hearing this, I felt very vulnerable, but also challenged anew by this idea. Having reflected on this, I felt that we were all part of the evolving myth, but to write it would be beyond any one person. The myths we have today are re-cordings of the re-tellings of the old stories that have been told and re-told, often over thousands of years. It is this re-telling (usually initially in an oral fashion that allows for individual interpretation) that forms the organic process known as myth-making. However being women in the professions - both old and new professions of our day, and asking the questions, challenging the old paradigms - we are a large part of the new myth that is evolving. (…)

LB - Today new words are coming, the words are unique. I tell my computer to 'learn' 'add'. At the Writer's festival at Byron Bay, I am on a panel with Phillip Adams to talk about the new mythology, and I am talking about the new myth - the language of the new myth. I am doing Inanna as the new myth, and the powers between the myth, the whole discovering of the myth and the emerging myth. (…)

The writing of the story - the re-membering (…)
KB - I have started to write a story - of a woman healer of today - who is re-membering. She has this cellular memory and the memories come up of the horror of the inquisition, but the memories also come of the time before that when women were revered and honoured, and the time when she was a healer.

BG - I was just thinking of your father - because there is the re-membering time - and the forgetting. In Christian terms there was the fall/the trauma - her re-membering in the context of the period of where there had been the forgetting - the not re-membering, and maybe also because of the goddess being in the underworld, the period almost comatose. Then [there are] the things that trigger the memory - the father dying/ the father not dying. This could be a thrilling metaphor for what triggers the re-membering. There is a framework for what comes back - the re-membering - the place of having not re-membered - this is building the context. (…)

LB - Working with the sense of memory, I think of Sue Wolfe. She wrote 'Leaning towards Infinity' but she said she wrote it as disconnected fragments.
Each piece seemed very important to her, but she didn’t know how it connected to the others. Then somehow, at one point - like a child with a jigsaw - one day it just fitted. Keep the fragments together - then one day there will be a connecting thread.

KB - The connecting thread [for this thesis] - for how women were, and how women need to be - is that of shape shifting. Using the Isis myth for example [she changes into bird forms], by being able to shape shift, we gather the knowledge from different forms. Shape shifting is also the ability to be different things at different times, with different people, to be able to constantly re-invent yourself, it’s being flexible, able to cope with any situation. It is the major skill that women [now and of the future] need to have - the shape shifting under which everything else lies.

BG - The myth we are weaving now is not exclusive to any gender. The myth is more about the qualities [of humans].

KB - It’s the weaving together of the male and the female. It’s the overcoming of the dualistic nature of our thinking that has to take place. I was thinking of polarisation and constellations of characteristics of people trying to shift the dualistic nature of our thinking.

BG - The soul journeys, that are wedded in the masculine and the feminine because of the duality we live under. Looking at the prepatriarchal - the patri-archal, must be Christian - father, son and holy ghost (the triple father).

KB - The myths were taken from a much older philosophy - virgin, mother, crone was much earlier. There was the triple father - before this was the triple mother - ma-tri-archal.

BG - So it went from matriarchal to patriarchal, so maybe now there is a new name - a uniarchal or something.

Cycles of re-turn and Shape shifting
The myths I am writing about - Inanna and Isis are important to provide a new/old way for women to perceive their world. Looking at these is in itself a cycle of re-turn. (...)

LB - I did a workshop on Isis - taking the body apart. The women all broke the body into parts and pieced back of the body together under veils - the veil of Isis. We used the Isis text from the pyramids - Isis brings to me my heart. We visualised those women’s bodies where they have been raped - and they marked the places of abuse - and when we lifted the veil the cracked bodies had been placed back together, using water, and tears, to slick the clay. It was enormously powerful. Isis is the great healer - the bringer together with love, and she has the endurance and patience of love. All that stuff with Osiris - having to re-member the old member.

Shape shifting is an important part of this thesis. I love the association with witches (healers), goddesses and with women today. Shape shifting is the umbrella for all the other skills women will need in this new world. (...)

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Feedback

LB - The wonder of our meetings have been the developing conversations. The shifts and changes of the conversations and the relationships - it's like they shape shift.

I felt very honoured by the enormously positive feedback I was given. This group and this process have been very powerful - for me and (from the feedback) for you as well. I have left the conversations about the feedback almost intact - as it flowed quite well and I wanted it as accurate as possible.

BG - Around diversity, I remember when I was early in the pregnancy - I had been the professional before, then I was the mother of one and pregnant again, and my energy focus was very different. Everyone's attention was in other places - I was in that absorbed [pregnant] place, but somehow coming here I could be in that place and also in another place. I cannot go into the full time professional place any more, but coming here allowed me to be in both places - allowed for that diversity in myself.

ER - We all came to the group from very different places and with very different perspectives. For me it has been a learning and a listening. I have done more listening here than I have ever done before. I have met someone like BG who has a totally different perspective on problems than I do - and I have come to respect that. Yet before I wouldn't have done so because I am usually very black and white - my way of doing it is right and everyone else's is rubbish - that sort of thing. This has been an opportunity for me to see other journeys and other ways of going through things - that was very much the case with BG.

Listening to your stories LB - have been absolute magic for me I have been sitting here and as soon as you open your mouth, I have been sitting here gobsmacked and I have done so the whole time. Every time you have been part of the group I have sat and listened to you and been in awe of you - they have been fabulous, lovely stories - and that is something I will really miss. (...)

The perception of other members of this group around my facilitating surprised me. I had had some feedback several months ago from two members (when I was going through the conflict), but I had not known others had noticed.

KB - We can still meet occasionally but this is the closure for what I started - my research. It's just not going to be for my research any more.

ER - And you can contribute now. I noticed you have been quiet all the way through this. You have tried very hard not to manipulate, or to lead, or to take over. You have allowed us all to have our say without you interfering, or forcing too many of your own ideas on us.

ER - I loved the mythology and the telling of the stories - for me it has been a very personal thing. I'm not very interested in the outer politics - I am journeying through myself at the moment, and with the rest of the world. We are
always out there for everyone else - but in these meetings I have just sat there and thoroughly enjoyed myself. I think it has been very important for me. (…) 

KB - Yet out of that I have got a thesis - out of the telling of the stories. (…) 

The feedback was wonderful because it was congruent with the ideas played with throughout the thesis - how women work best - in support groups, networking, in communities. This feedback supported my ideas on this issue.

ER - It has just been wonderful - this is where we need to stay. This is where we do our most powerful work and when we try to emulate the male way of doing it - the male paradigms you talk about - we don't do ourselves any good.

CD - I find when I come here I go away with a sense of sanity again because I deal in a world riddled with power play - the environmental movement and lots of personal and professional jealousies - but by the very nature of the work I do, I get bound up in them. I came here and I have gone away with a greater sense of sanity and support.

ER - I feel the same way as you do - I have got something important from these meetings - it's that re-affirmation stuff we do so well. It's been totally non-judgemental, and we shouldn't have feelings that we are doing the wrong thing, or that we are not in the right place at the wrong time.

LB - We are here because we are here. I got very interested in what everyone was doing but really for me - KB and my history together goes back to the goddess and to the weaving of the stories. We always have these conversations, since we ran a workshop together on the goddess. It started when you made decent coffee, and used to set up your room. I felt - this is where it's at. We have always gathered around a table - where women have always gathered, whether they are watching over the children or weaving a rug or something. It's reminding us too that women in healing/medicine have to still re-member who we are and our old ways. We can go out and play the male game, but re-membering who we are [as women] brings a greater sense of self.

CD - I have never felt 'old' in this group, yet out there I usually feel 'old'. I am often older than the people I am working with and feel I should step aside - but when I come here I don't feel that [she is older]. I feel that there is still such a lot [that I can do].

ER - It has been very empowering for us all in many ways.

KB - I have loved it. I found it a bit difficult at times, but that happens anyway.

ER - But that's great - and great that you can say it. What sort of difficulties?

KB - Because I have been in the position where I started this for my PhD - I have tried not to direct it. Yet there have been times when there has been
considerable conflict - in a few meetings. It has been interesting for me not to take on that responsibility - for me to step out and not organise it. (...)  

ER - Bringing it all together you have felt a certain responsibility, yet we are all adults, and it is interesting that you have to learn not to take the responsibility.  

BG - I have articulated a lot of things that I haven't spoken about anywhere else, because I feel I have been more serious and focussed in some way. It feels like I haven't had a choice about what I want to say - it just seems to 'come out' of me. I have not been in that position for a very long time. I do facilitating professionally - as a mother, in workshops - but here it feels like I have been articulating in very different ways. It's like a vibration I can't stop as soon as I sit in this group. A feeling that comes up - from a place where it feels very clear where I am coming from. It's been beautiful going to that special place.  

KB - I have felt this group has had an amazing energy - it's pulled up a lot of things for a lot of people, including for me. If you would like to continue to meet - it's now the role of someone else to organise it. (...)  

I could never have done this without you. Your ideas have been the inspiration for much of the writing, and the evolution of the research. Thank you all for sharing your knowledge and wisdom and stories, they have been invaluable, and thank you for a fabulous experience. Heaps of love and thanks to you all. (...)  

Feedback from the WOTL's  

As this was the last of the group meetings, this feedback was not part of a letter, although the women have read it and given me further feedback - with no changes. I found it very interesting as it brought up issues around the ownership of the knowledge - something I have been feeling uncomfortable about - and why I paid extra attention to sending the letters to the women, to re-pay them for their time, effort and their support. Discussing this openly helped re-solve this in some way for me.  

DH - I found it really interesting. Seeing our talk written down and reflected back has been good for me because I don't always feel very articulate when I talk about things. JP and I are doing other research and I found a lot of connections. A lot of the things we have talked about here first, then we talked about later with the other people we are working with, and in the classroom - so it fits in with our other work. I found a quote yesterday about imagination 'I do my shadow and I speak the other'. The imagination is the ability to see previously unseen things.  

JP - A number of things have been interesting. This has been another realisation - one of the ways I really learn and understand and construct meaning is in talking with people. So to have this, where you have been feeding the transcripts back to us, and we have been feeding it back to other people has been fantastic. I had to write a paper yesterday afternoon and this has made a lot of difference - by getting familiar with what we are thinking and discovering and understanding. It's been really important. I now want to think of some things to do - to act on that - to remember to do things to support it.
Who owns the knowledge?
JP - That brings up another issue - who owns this knowledge? It raises that question more clearly - whereas people can pretend to go off on their own and write up something and say this is my knowledge - when you are doing it like this - it's less clear. This has raised for me - the fact that this silly ownership of intellectual property and knowledge is really another one of those games I am not interested in. I am much more interested in the ideas and the sharing and the joint understanding. That has been really important.

Difference and similarity
JP - The other thing that has been interesting - in all the conversations we have been having about difference - what I have loved about this group is that there is a coming together of people who are very similar. It hasn't focussed on the differences - it is actually the similarities that have been part of what I have gravitating towards, and what I have been really enjoying. If you are totally in a situation of difference - it is uneasy and uncomfortable. This doesn't mean there are not differences between us, and it doesn't mean that they won't come out, but the overriding thing in here - what's in the field and what's in the foreground - is the similarity. This has been like another level of recognition - that while I speak strongly about the differences the other part is also important.

DH - When I was trying to do some writing around this other group. I was trying to write about the spaces and I was wondering that because we have focussed on difference we have called out the differences. We have accepted there is difference - and we don't have to talk about it, argue about it [any longer]. There is an acknowledgment that it's there but we don't need to contest it in any way, so something else happens. Whereas if you don't acknowledge it [the difference] - then you have to struggle around it.

JP - It is like when we were talking about the resistance. We write and write and then say "Oh fuck the resistance - lets move away from that now". It's like you come in with something really strong - sing it right up - and think let's hear another song. It's fantastic because I think it's part of that process of becoming tacit knowledge.

KB - If you live with difference for long enough it loses its difference, it almost becomes part of you as you get used to it. I understand things by talking about them - and often thought I should have taped that - but it has not been until this, that I have done so, and it has been really fascinating for me. I am also a great reader and so even though I get my ideas a lot from books, I evolve them as I'm speaking - but at some level I actually need to read as well. So for me - it's the reading of the ideas, then the talking about it - it's a play between them. The writing embeds it.

DH - I don't hear myself speak - so it is very interesting. I never thought I processed things verbally or made meaning. I always thought that to do so I have to hole up on my own. I always thought that in speaking - what comes out is thought through well before I say it. This has been very interesting because it has challenged that in lots of ways, and I still (when I read this) don't realise
I had said that. It’s like “Oh did I say that” - so getting that back again has been incredibly important. Then I go - “I said that”. Now if I was saying it again - this is what I’d say.

KB - This process, particularly when you are talking to people you can talk to, each time someone says something - it triggers something else in you, so it really is a process that mushrooms. If you are sitting by yourself - you do get the little ‘aha’ experiences - but I think they are a lot slower. With a group like this - you can build up ideas a lot more quickly because you have people touching on different things all the time - it’s the dynamic that’s important. Even though you might go away and say it differently next time you are saying it.

Another really good thing for me has been the typing up. I have felt that I have given you something back for what I have received. I don’t feel it’s my knowledge - it’s really ours - it’s like something we have all put together.

JP - I like the gift. I was thinking it’s the women’s groups - the thing that adds to it - is that part of the conversation is around ideas and knowledge. I like it when knowledge, ideas people have read, come in as part of it. Kind of a new study group. This is important to me as opposed to the - ‘Women out to lunch’ - just for the sake of it.

KB - I don’t believe knowledge is owned - I like the ‘we are standing on the shoulders of giants’, everything has been built on things other people have done before. Steeping outside of what is mine and what is yours is how I see my way through.

DH - Ownership is different to authorship. This is not a criticism, but you are still the author and you must acknowledge that.

JP - I just thought about oral traditions - how they have a pattern to them. When stories were told orally there was a lot of repetition, a whole lot of patterns, because that was how it was remembered. Because we don’t have that any longer, and we still do a lot of talking. We don’t have those patterns of talking - those ways of remembering things orally have been lost because we are a written culture. Yet we are still an oral culture in many ways, but we have forgotten about the remembering. So this [the transcript] is the next best thing.

Ways of knowing
KB - ‘Clan of Cave Bear’\(^{19}\) talked about that - a Cro-magnon girl who lost her family and ended up with the Neanderthals and was brought up by them. The book looked at the different ways the two groups lived in the world, and a lot of that was based on how they memorised things. The Neanderthals eventually died out because they had a perfect memory for oral stuff - they would be taught something and they never forgot it. They had a brain that was designed to remember everything orally - but they couldn’t change - they couldn’t develop new thinking. All their stuff was about remembering - it was not about

\(^{19}\) Auel, Jean (1979) *The Clan of Cave Bear* - London, Coronet.
re-creating. They died out because they couldn't change. The CroMagnan survived because they remembered differently and could create new ways of being - their brains were organised in different ways. We are living in a time when there is more change that the world has ever seen, so if we had to remember everything we probably wouldn't be able to survive - remembering is no longer a survival skill.

JP - Which raises that whole area that I am interested in, which is finding all these different forms of representation, and what's important in each - the poetry and the drama, the image, the oral and the written. It seems to me that part of our task now is to be receptive to these multiple forms of representation.

KB - Even knowledge is changing. JF was just saying the other night "isn't it interesting. Look at what we can do - drive a car, fly a plane, put people on the moon - all these things that people have never been able to do or even conceived of before". Our whole perception of the planet has changed - not for the better of the worse necessarily - but it is changing so much and so quickly. One of the things I have talked about in the thesis is that people no longer sit around kitchen tables and talk - so kids are getting all their learning from computers - which is driven by advertising. A lot of them can't amuse themselves any longer unless they have a computer in their hands. They can no longer go out and play in the dirt. There is huge shift occurring in the way we perceive the world and how they interact with that.

JP - With what that ultimately means - with the kind of knowledge we are producing that is interesting to me. What kinds of knowledge would we be producing if we were playing in the dirt, what kinds of knowledge are we producing now given these other things.

KB - Similarly - if something happened say the Y2K bug - if we suddenly ran out of food, how many people in the city could look after themselves, how many would know where to go for food if it wasn't in the supermarket? That wouldn't worry many people in different societies because they could live off their environment, we can't do that any more. Having the TV off for a couple of days throws some people into a tizz. Today our knowledge now is all around our technology and not around the earth stuff.

DH - Yet I really don't know what difference it really makes - to humans. I don't know if you are a different person because of that. I don't know what difference that makes to being human. Even if you went back 100's of years - look at the philosophers - we have always been asking the same questions. Maybe we are trying to answer them in different ways, and maybe different people are asking the questions, but they are asking them in the same sorts of ways. Really the basics are still the same - people kill each other, they fall in love with each other, they produce kids and they die.

JP - If that's the case - it raises questions - what are we talking about then?
KB - I go through these existential crises on the ferry.

JP - I don't think it has to be a crisis. If we still lived in the time of the dinosaurs - we would have still had this practice - the form would have been different.

KB - Lewis Thomas\textsuperscript{20} wrote an interesting article where he said that human beings function as the nervous system of the planet (Gaia) and what we are doing in fact is gathering knowledge, and adding to her way of thinking. That's why we have evolved the way we have - adding to the knowledge of the planet. It's also about naming, once you name something and clarify it - you can then move on from it - it is when you are struggling for that languaging that it is difficult.

JP - You don't necessarily want to move on from it - for me it then allows me to know it more deeply or actually give some sense to it. Yet in 5 years those namings will be boring - you want to move on from that. That's another thing - I knew that - give me another name that will give me a sense of another dimension.

Conclusion

Despite the women in the groups coming from differing medical philosophies, medicine (as it is practised today) became very much the 'other' in both groups - particularly in the Sydney group who were largely the medical professionals. Very few of the women had anything positive to say about it (? the demonising of medicine), despite their careers. At some level all were looking for varying degrees of an alternative, and being women, we discussed all having felt marginalised by it [medicine] at times. We were all pushing for change re-gardless of our philosophical differences. The process of demonising was also interesting as it was discussed in the second group as being maybe a way for us to articulate our differences clearly, in the process of finding similarity - as long as we can let go of the demonising as well.

KB - It's in the gaps where the life is, it's between the boundaries, it's the pauses between things, that's where the creativity lies (6.6.99).

The Sydney group discussed 'working the hyphens',\textsuperscript{21} and we all felt we were attempting to work in the creative spaces of our lives. We were re-flecting on how we operate (as women) within the context of a patriarchal system of medicine - realising we all have multiple truths and multiple re-lationships with the world. Despite the intermittent conflict in the first group, I felt we were all struggling with the transformative, creative space found in the cracks of our knowing, and a way of articulating this was through the stories. There was a genuine attempt to hear and honour all stories told, despite there being distinct philosophical-medical polarities.

Many of these stories were stories of great pain, the women did not sanitise their lives or their experiences. However I have kept much of the personal pain out of the letters (and

\textsuperscript{21} From Fine in Denzin & Lincoln (1994:70-82).
therefore this chapter) as the thesis is not about personal pain - that was supported within the groups - and decisions had to be made re-guarding the content. Despite this editing, the transcript is not ‘sanitised’, neatened or really tidied up, as I felt it re-tained its freshness in this form, but as such, part of the transcript does not conform to the usual academic construction - re-ferencing for example. I have re-tained much of the personal stories by utilising the different voices directly from the transcripts. However the common pain of being marginalised is included in the discourse, as it is something we had all experienced (particularly as women), at different times in our lives.

'We are a disparate group - women are! We don't all have the same opinions on all matters, we may have different priorities, but we have one thing in common; we want to see that the opinions and priorities of women are given the same recognition as those of men. We don't want to be men, or to be the same as men. We don't want to be heard only on what are seen by men as women's issues. All issues concern women. Some affect women in a manner quite differently from the way they affect men - often to our detriment. That is why we want to be in on the decision-making' (Mary Owen... speaking at the annual dinner named in her honour on 3rd April 1997, in Kirner 1999:108).

The mythology of the everyday

As the groups continued to meet, my ideas concerning the re-search changed. Initially I was very interested in the mythological stories of women, but as the stories were told, I became more involved in the stories of the daily lives of these women and became more interested in their ability to endure injustice (in this case at the hands of the ‘male’ medical profession). From this evolved my interest in understanding what these women perceived to be the skills and strengths they would need to initiate change in the system at large.

Issues such as the dualities/polarities arose, including the languaging around words like assertive/aggressive, that encouraged us all to re-flect, and then articulate our stance more clearly. There were many instances (for all the women) of the ‘aha’ experiences, as we found that in discussion and re-flection, we could take our personal experiences into the group, and evolve them to a different level of understanding.

The women encouraged me to read more about the mythology, to gather more accurate data on women in medicine; they led me to think clearly about which of the many myths available were appropriate for this re-search, and helped me eventually settle on the ones chosen - Inanna and Isis. These were myths I had little knowledge or understanding of, prior to this (having previously studied Greek mythology). The re-cycling of these myths seemed to me to weave a pattern of the transformed woman, coming from great difficulty (sacrifice/initiation) into her own power (Inanna), and the re-vered female healer who was also capable of transforming the male into a new re-lationship (Isis). This is the path I think we need to lay down for the future.

By swapping books, in discussion and in re-flection, the groups not only informed my thinking, but also inspired the overall theme - that of the cycles of re-turn - the thread that wove the myths together. The women inspired me with their insights on a
practical level, but this practical level also showed glimpses of an underlying powerful new mythology that was developing - the mythology of the everyday. The re-search therefore came full circle - the re-cycling of our experience, and our living role in the development of the new mythology.

LB - We women here today are part of the new myth - we are asking the real questions, we are definitely part of the new myth. We are professional women of wisdom and intelligence, and are definitely part of the new mythology (6.6.99).

These groups, the discussions, the different ideas and wisdom generated by the women, were invaluable in the re-search. The women provided the data, and were essential to the development of the ideas. The process, with the meetings and the interviews with the women, has been enlightening and empowering for us all, as well as forming this re-search.

Over the twelve months or so of the meetings and interviews, the discussions themselves wove in and out of different/similar themes - re-cycling their way as our thoughts clarified and our knowledges developed. Working with professional women, all of whom have been marginalised to some degree by our patriarchal culture, and being in that position myself - revealed much about myself, the other, and the structures under which we are all living and working.

One lesson I learnt was the difficulty in being truly collaborative, even when consciously using collaborative inquiry as re-search. Despite the best intentions, the re-search was still perceived as mine and the women continually tried to ‘help’ me in this re-search. This encouraged me to re-flect on power issues - who owns the knowledge and who benefits by it. In this case the most obvious person to benefit was myself as the re-searcher and author, although the other women gave positive feedback on the process. However although the process was not truly collaborative (for the reasons mentioned) the struggle was worth it.

An added bonus from this re-search was my increasing personal skills in writing, re-searching and technical ability with computers - all of which contributed to this - the final product.

This re-search and the process have expanded my sense of connection to the women of the past. It has unfolded the understanding of myself, and gave me a her-story that re-cognised and honoured my strengths and allowed me to confidently gain my rightful voice - both politically and practically. It has strengthened me and boosted my confidence in the fight for re-structuring medicine. Re-covering the ancient (her)-stories has given me an inner confidence and a sense of ‘rightness’ in tackling difficult issues.

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22 See pp. 156-160 of this chapter for the feedback from the women in the re-search groups.
Re-generating

Mythology

The Alchemist

I'm standing on a platform, got a suitcase full of dreams,
And memories of a thousand branch-line spurs and fruitless schemes
I'm heading on a journey, though I'm not sure what it means
Where am I heading for this time?

My life has been a rainbow search for pots of fairy gold
I've wandered through enchanted woods, through labyrinth paths untold
Now magic circles bind the empty spaces of my soul
Where am I heading for this time?

I've met the girl with golden hair, transmuted it to lead
I've searched for love in temples, never sought it with my head
I've sought the Goddess, found the Hag, and now I'm filled with dread (Goddess)
Where am I heading for this time?

Standing stones and dragons guard the way through Saturn's gate
Where the boatman waits to carry me the next mile to my fate
This Spiral Dance consumes me like a spider eats her mate
Where am I heading for this time?

The train is here, the whistle blows, must take up my berth
For the hero's quest, the hero's death must come before rebirth.
And as the cosmic wheel revolves again, and the sun warms the earth
I can see where I am heading for this time.

And though my life has been a rainbow search for pots of fairy gold
I've wandered through enchanted woods, down labyrinth paths untold
Now magic circles bind the empty spaces of my soul
I can see where I am heading for this time'
(Murphy C. 1994 Workshop - Who are the Witches).
Re-generating

Creating the Space for A New Mythology

'Here we have our present age.... bent on the extermination of myth. Man (sic) today, stripped of myth, stands famished among all his pasts and must dig frantically for roots, be it among the most remote antiquities' (Nietzsche).

'We hear the cry for myth, sometimes a silent cry, on the campuses of our day. Science and Humanism must join together to respond to this cry' (Matthew Bronson, biologist, University of California).

The need for myth is a vital part of our humanity, part of our language and our way of understanding each other and our world. It is the story of human evolution.

'What we are to our inward vision, and what man (sic) appears to be 'sub specie aeternitatis', can only be expressed by way of myth. Myth is more individual and expresses life more precisely than does science ... science works with the concepts of averages which are far too general to do justice to the subjective variety of an individual life' (Jung 1983:17).

Myths are the organising principles of our lives, paths to find meaning in the problems of our existence, and providing the values for human life, by telling the story of human experience. 'Myths are our self interpretation of our inner selves to the outside world. They are narrations by which our society is unified. Myths are essential to the process of keeping our souls alive and bringing us new meaning in a difficult and often meaningless world. Such aspects of eternity as beauty, love, great ideas, appear suddenly or gradually in the language of myth' (May 1991:20). They are the stories of human beings in interaction with their world.

Myths may begin as his-storical events, but over time they carry the values of the whole society with them. Myths can be the path for an individual to find her/his sense of identity in society; they can unite the conscious and unconscious, the his-storical and present, the individual and social; and re-fer to the '... quintessence of human experience, the meaning and significance of human life' (May 1991:26).

Working with myth and story (both ancient and current stories) was my way of 'working the hyphens' in this thesis, as both the ancient and modern stories of women in medicine, by not (or rarely) being voiced publicly, have often fallen through the gaps in our knowledge. To re-member and re-claim this knowledge and wisdom, I have re-stor(y)ed and re-languaged women in medicine today - to give once again a public voice to our experiences.

As the original passion for this re-search was to re-write a myth for women in medicine today, and as I used the individual stories of the women as the method to develop the larger story, this chapter discusses the vital role of myths in our lives. However, the importance of myth, particularly from a Jungian perspective, would be incomplete without also defining the archetypes, as these form the patterns in a person's psyche that give meaning to our stories and our lives. Different voices

1 Throughout this thesis I have used the terms mythology and myths, as myths being the stories themselves and mythology being the study of the stories. From the Greek mythos meaning story.
2 These two quotes are in May (1991:Forward).
(perspectives) have been woven through the discussion to expand our visions and add further dimensions to the spaces in our knowing.

**Myths are the great poems of our times**

There is a dimension of enduring human values that is inherent in the very act of living, and in the simultaneous experience and expression of which [humans] through all time have lived and died. Myths may be defined in this light as poetic expressions of just such transcendental seeing. 'Throughout the inhabited world, in all times and under every circumstance, the myths of man [sic] have flourished: and they have been the living inspiration of whatever else may have appeared out of the activities of the human body and mind. It would not be too much to say that myth is the secret opening through which the inexhaustible energies of the cosmos pour into human cultural manifestation. Religions, philosophies, arts, the social forms of primitive and historic man [sic], prime discoveries in science and technology, the very dreams that blister sleep, boil up from the basic, magic ring of myth' (Campbell 1988:13).

Much of the mythological understanding we have in our society today has come from the extensive work of Joseph Campbell, Carl Kerenyi and Mircea Eliade, but Carl Jung, through his writings, has given us the psychological appreciation of mythology, and as such no discussion would be complete without his thoughts forming the background. To include the female voice, I have added Marie Louise Von Franz (a contemporary of Jung who has written extensively on mythology from a similar perspective), and Diane Wolkstein (1983), Sylvia Perera (1981) and Riane Eisler (1987) for examples of the female voice of women in mythology today.

In his book 'Man and His Symbols', Jung (1978) discusses how religious symbols and myths give meaning to life. They give a perspective, a goal, a space for the un folding of personality that allows the person to find, and live, a full and meaningful life, lifting her/him out of the mundane. Jung has said that myths frame a view of the world that explain the meaning of human existence in the cosmos, and which spring from our psychic wholeness. They are a co-operation of the unconscious and conscious. 'From the point of view of the function of mythos it makes little difference WHERE something happened, WHERE something happened, or indeed IF it ever happened at all. The single important factor is the existence of the myth in the culture and the way that myth functions by itself, and in concert with all other present myths to create the field of meaning which images the spirit and guides its activity' (Owen 1984:36).

Campbell (1993) the great mythologist, stated that mythology developed along with humankind. As far back as we can follow the scattered earliest evidences of the emergence of our species, signs have been found which indicate that myths were shaping the world of humans. Myths provide the threads that unite and tell the story of the unity of our species; the fundamental themes of which have remained constant and universal, not only throughout history, but also over the whole extent.
of humankind’s occupation of the earth. They have re-mainned constant through
time and across all cultures.

‘The myths/dreams are telling us in picture language of the powers of the psyche to be
recognised and integrated into our lives, powers that have been common to the human spirit
forever, and which represent that wisdom of the species by which man (sic) has weathered
the millenniums. Thus they have not been, and can never be, displaced by the findings of
science, which relate rather to the outside world than to the depths that we enter in sleep.
Through a dialogue conducted with these inward forces, through our dreams and through a
study of the myths, we can learn to know and come to terms with the greater horizon of our
own deeper and wiser, inward self ... analogously, the society that cherishes and keeps its
myths alive will be nourished from the soundest, richest strata of the human spirit’
(Campbell 1993:14).

Campbell (1993) states that it is not possible to arrive scientifically at an
understanding of the life-supporting nature of myths; and we need to be careful,
that in criticising their archaic features we do not misinterpret and disqualify their
necessity. ‘Universally cherished figures of the mythic imagination must represent the facts
of the mind ... the task of the psychologist and the comparative mythologist [is] not only to
identify, analyse and interpret the symbolised ‘facts of the mind’ but also to evolve
techniques for retaining these in health and, as the old traditions of the fading past dissolve,
assist mankind (sic) to a knowledge and appreciation of our own inward, as well as the
world’s outward, orders of fact’ (Campbell 1993:12).

A weakness of both Campbell and Jung’s work that became increasingly apparent
as this thesis developed, was that these men did not link their mythological
understanding in with the political. They used myth to understand and adapt human
thought, and accepted the myths as explanation, but did not seek to give guidelines
for change - the political use for myth. This re-search therefore goes one step
further as I have used myth as a political tool - to generate change - particularly in
medicine and its structures.

For this thesis I have searched for the strong female myths and found these
eventually more in the myths that predate the patriarchy, such as Isis and Inanna.5
My re-search and insights into these myths were significantly enhanced by Clarisa
(1987) and Marie Louis Von Franz (1986 & 1990). With the Greco-Roman myths
more commonly understood in Western culture, I found that the feminine principle
had been fractured (into the separate goddesses) and had lost most of its original
power - the power for which I was searching to enhance the lives of women today.

The Shaping of Mythology

All humankind has faced the same dilemmas - that of birth, illness, death and the
necessity to adapt her/himself to whatever order of life is in the community. Our
understanding of life is shaped by our myths. Campbell (1993) discusses three
major impulses of humankind that have triggered and shaped mythology;

5 For the detail and the understanding of these myths see Chapter 6 - Re-cycling.
* The re-cognition of mortality and the need to transcend it. This arises from the knowledge that the social group a person is born into, which nourishes and protects the individual, and that, in turn, s/he needs to help nourish and protect, was flourishing long before her/his birth, and will continue long after her/his death.

* The adaptation of the person to an already existing social order. There is unity, yet also differentiation of the species. These things are faced in different ways by different cultures and peoples, in defining the balance between individuality and community.

* There is a specific and universal human experience where the developing person becomes aware of the universe, the natural world. S/he also becomes aware how the relationship to her/his own existence changes over the years. As we mature, our reasons for being, our relationships with each other and the world, and the myths that guide our lives, change.

These three aspects of the shaping of mythology are useful when humans are attempting to adapt to what is, understanding what is, and accepting what is. But there is another aspect that has shaped mythology (not discussed by either Campbell or Jung), an aspect of myth that has been used in this thesis - that is, as a political tool. Myths (and stories) being used politically, are about challenging or changing what is - about re-imagining a different society - not just accepting and understanding. The myths and stories used here are challenging medicine as it is today, de-constructing the masculine structures of science; and offering a different scenario for the future, that includes women as a powerful and re-spected force, in a mutually empowering relationship with the masculine.

There are constant themes and principles in myths, legends and their associated rites/rituals, as well as variables depending on the social and cultural systems involved. Myths are therefore telling us of matters fundamental to ourselves, the enduring essential principles that are necessary for us to know if our conscious minds are to be kept in touch with our most secret, motivating depths. *The holy tales and images are messages to the conscious mind from quarters of the spirit unknown to normal daylight consciousness* (Campbell 1993:26). However, myths are not always easy stories - the process of transformation is often fraught with difficulty and challenge, but they do explain human experience. Mythology does not in itself create change, but it can give us the explanations of how change has occurred for humans, and how to act to re-create change (transform our ways of being) today.

The Functions of Myth

Jung originally developed his models of archetypes, the collective unconscious, the subconscious and depth psychology, from many years of re-search into the myths of many cultures - including the indigenous cultures of American Indian, Australian Aboriginal, African; and many world views - Christianity, Islam, Jewish, Shamanism, Alchemy, Astrology. He articulated an underlying model that fitted these varied ways of thought, and which today has been utilised extensively throughout many disciplines and indeed, some of Jung’s concepts have been accepted into our languaging almost as
Chapter 5. Re-generating

a given (for example, archetype). Coming from this background (his-story) today, with our multicultural society and evolving awareness, we have the opportunity to develop a new mythology (new models) that will encompass our changing world and include all peoples. 'Myths are not historical, outward events - they are themes of the imagination and have universal features - they somehow represent features of our racial imagination/permanent features of the human spirit (the psyche)' (Campbell 1993:26).

There are various aspects to consider when developing a new living mythology. Firstly Campbell (1993:214-215) determined four aspects of the functions of a living mythology:

* the mystical function which allows humans to awaken (and maintain) a sense of awe and gratitude to the mystery dimension of the universe, and the re-cognition of her/his participation in it;

* a living mythology gives us an image of the universe that is in tune with the knowledge of the time, the sciences, the culture and the activity of the people from whom the mythology is generated;

* a living mythology validates, supports and imprints the norms of a given, specific, moral order in the society in which the individual lives;

* and living mythologies guide the individual, stage by stage, in health and illness, strength and harmony of spirit, through the whole foreseeable course of a life.

Secondly, Beare (1996) and Campbell (1986:18-20) discussed four uses for myth, (I have added two):

* myths help us comprehend the natural world in a meaningful way;

* myths, especially creation myths, are our explanation of how the world came to be;

* myths help us find our pathway through the world, through time, and through the phases of living and our rites of passage;

* myths generate and explain our relationships with other humans, other beings and the order of the earth;

* myths allow us to ponder on, and understand the vast wonder and mystery of the universe, and (as mentioned previously);

* myths can also be pathways to illuminate change - the political uses.

Polkinghorne (1988:82) quoted Levi-Strauss when he said that: '... beneath the immense heterogeneity of myths lay certain constant universal structures that were the same for all people and to which any particular myth could be reduced. Myths were a kind of language; they could be broken down into individual units (mythemes), which like the basic sound units of language (phonemes), acquired meaning only when combined together in particular ways. The rules that
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governed such combinations could then be seen as a kind of grammar, a set of relations beneath the surface of the narrative which constituted a myth's true meaning. The study of narrative myths was concerned not with the surface of social life as consciously expressed by members of a community but with the elementary rules that generate myths below the level of awareness.

And: "... whether myth is recreated by the individual or borrowed from tradition, it derives its sources - individual or collective ... only from the stock of representations with which it operates. But the structure remains the same, and through it the symbolic function is fulfilled ... there are many languages, but very few structural laws which are valid for all languages. A compilation of known tales and myths would fill an imposing number of volumes, but they can be reduced to a small number of simple types if we abstract from among the diversity of characters a few elementary functions' (Levi-Strauss in Polkinghorne 1988:82). Levi-Strauss considered these elementary functions to be inherent in the human mind itself, so that in studying a body of myth, one is looking less at its narrative content than at the universal mental operations that structure it.

Myths are not merely re-tellings of any particular story, instead they are devices to think with, ways of perceiving incomprehensible things, ways of classifying and organising reality. They are not descriptions, but models for description (or thinking), logical techniques for re-solving basic polarities/anomalies in thought and social existence. The mind that does all this thinking is not the mind of the individual subject, but of the collective. 'Myths think themselves through people rather than vice versa' (Polkinghorne 1988:82).

The Archetypes

There is an intimate re-relationship with Jung’s archetypes and the stories and myths. Stories/myths are the expression of human experience, yet they are grounded in a deep set of unchanging local concepts (archetypes) located below the human experience of time. There is a subtle difference between myths and stories; myths are the larger (timeless) story of the culture or the race; stories are the individual (temporal) expression of a life or an experience.

During this re-search I found the archetypes relevant, and often re-lected on which were being portrayed in the groups - for example the most obvious ones at times were 'the mother', 'the idealist', 'the mystic'. These however changed with changing discussions and each woman portrayed different archetypes at different times - re-infusing the universality of these models.

Polkinghorne (1988) looked at archetypal story forms as myths, being comprehensive narratives that put together an underlying meaning to a whole set of stories. He claimed that these archetypes of the unconscious are the inherited 'mythic biology' common to the species, whereas the personal unconscious is the re-pressed personal memories of the shocks, frustrations, fears, and are biographical, socially determined and specific to each separate life. If we want to bring back the strong feminine principle using the ancient stories, myths of women like Inanna suggest: "... an archetypal pattern which can give meaning to women’s quest, one which may supplant the Christian myth for those unable to relate to a masculine God" (Perera 1981:21).
Polkinghorne (1988:84) attempted to define the archetypes when he said (in the context of narrative knowing) that: '... the meaning of a narrative was dependent on the deeper level of functional units and their arrangement, and each story was a repetition of these functional units - the archetypal tale'. Humans are informed by these [archetypal stories] at a preconscious level and are able intuitively to re-cognise which are acceptable and meaningful and which are not.

Campbell (1993) agreed by noting that the archetypes of the collective unconscious are those structures of the psyche that are not the products of merely individual experience but are common to all mankind (sic). Archetypes are the mythical embodiment of a part of the human psyche, for example Jung's - the mother, the spirit and the trickster.

Jung considered the archetypes paradoxical, and he believed that paradox re-presents the height of re-ligious expression. He also stated that: '... an archetypal content expresses itself, first and foremost in metaphors, yet there is some part of its meaning that always remains unknown and defies formulation' (Jung 1983:411). This has connotations of a re-ligious experience and generated much of the criticism of Jung by theologians. However the last word on defining the archetypes came from Jung (1978:68) when he said that the archetypes: '... create myths, religions and philosophies that influence and characterise whole nations and epochs of history'.

The Psychoid

While discussing the Jungian concepts of myth and archetypes (and coming from a holistic perspective), it was worth noting Jung’s concept of the psychoid. This idea came later in Jung’s career and evolved from a 1925 lecture, where he theorised that the collective unconscious could be located outside the brain. The psychoid was a theoretical distinction about the ‘... transcendent, quasi-physical, quasi-psychological, “psychoid” nature of the archetypes’ (Noll 1994:103) - found in the spaces in between our knowledge.

Jung borrowed this term from the Vitalist/ Naturophilosophic theories expounded by Bleuler. He was quoted as saying: 'I do not mean to imply that only the psyche exists. Science is tacitly convinced that a non-psychic, transcendent object exists. But science also knows how difficult it is to grasp the real nature of the object ... I have never been inclined to think that our senses were capable of perceiving all forms of being. I have therefore, even hazarded the phenomenon of archetypal configurations - which are psychic events par excellence - may be founded on a PSYCHOID base, that is, upon an only partially psychic and possibly altogether different forms of being' (Jung 1983:384).

According to Jung, the psychoid was commonly spiritual and was ‘... the uncomprehended absolute object which affects and influences us', but about which ‘... no verifiable comments can be made' (1983:385). Coming from the Vitalist philosophy as it does, this has ramifications for holistic thought and healing mythologies.

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6 A major criticism levelled at Jung was that his psychology was so similar to a religion that many treated it as such. See Honouring different voices further in this chapter pp 178-182.
The psychoid had particular relevance in this re-search as it was about ‘working the hyphens’ - using the gaps in our knowledge to seek out and develop creative transformation in these spaces.

‘The Hero’s Journey’ - A Female ‘Hero-ine’.

There are basic story lines in all cultures - based on universal experience - birth, illness, healing, death, and these core stories inform all mythology, ancient or modern. Joseph Campbell (1988) argued that myths, folktales and dreams in various cultures display the same essential patterns. *The forces at work in the development of the [story] are the fundamental psychological conflicts that appear at various stages of psychic development.* (Campbell 1988:79). However, he also stated that: ‘... cultures move through stages of psychic development just as the individual person does. As a consequence, the kind of stories produced by a particular culture depends not primarily on the social factors of the outer world, but on its stage of psychological development and the archetypal patterns are similar’ (regardless of the culture) (Campbell 1988:77).

Both Jung and Campbell talked of a cross-cultural myth of youth that is the hero’s journey. In our youth the development of the hero myth is the development of the individual ego-consciousness. It gives a younger man [or woman] the strengths and weaknesses to equip him/her for the difficult tasks of life. This journey is useful for particular situations for both men and women, but today the focus is on the male (often youthful) hero, and needs to be balanced with stories and myths of the feminine - both the ‘heroic’ feminine and the feminine in her other faces - a very different approach.

A traditional aspect of ‘the hero’ (played down by the stories of today) is that mythologically (and cross culturally) the heroes were taught (to be heroes) by the women. Mythologically - the women taught the young men to ‘use the sword’, to be the heroes, then let them go to do their hero thing. The ‘... initiate, who most usually appears as a young hero or warrior, is brought under the tutelage of an aged wise woman who not only trains him in arms, but also initiates him into sexual knowledge’ (Matthews & Matthews 1992:171).

BG - women [even today] are bringing up the men and cutting the cord to allow them to go out and do the hero thing. The cutting of the cord is about separation, about allowing the space to live your purpose - the cutting of the cord is a freeing. It is about going out and living your soul journey [or the hero journey], and cutting the cord creates that space, that freedom. This is about coming down into the body to increase the learning, the evolution of consciousness on this planet - [this is] a place of initiation on this planet and maybe women see it first (22.3.98).

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7 From Fine in Denzin and Lincoln (1994:71). This re-search is working in the creative spaces of our knowledge.
8 Jung (1978 & 1983), Campbell (many texts - See Bibliography). This is a frequent theme in both Jung and Campbell’s work and is discussed in various forms in many of their books.
However valuing only the masculine aspect of the hero myth (and youth) can engender several issues - that of maintaining and developing consciousness in a meaningful way. As we mature and our values change, the male concept of the youthful ‘hero’ may not be as useful as a guiding principle; and the problem of gaining the balance with the feminine principle in all her faces (phases) is exacerbated.

As part of the basic mythic journey of our lives, we all need to undertake the ‘heroes’ journey (particularly in times of change), but as women, a powerful female ‘hero’ needs mythological re-membering as well, if ‘... life does not intend women to remain virgins locked in ivory towers, but to engage in its struggles. The exercise of coping with the struggle of life is a female initiation, just as the battle to come to terms with what lies within is the ultimate initiation of men. These initiatory struggles are not supposed to be easy; the difficulties we encounter are supposed to challenge and stretch us’ (Matthews & Matthews 1992:xvi). However as stated here, the struggles can be different for women and men.

There was little in our common cultural Western myths with the strong feminine principle - to guide us through the female stages of life, so to re-discover these myths or develop new ones, I re-searched women authors working with myth and story, for their understandings. Women until re-cently lived mainly in the domestic realm, on the edges of the male honouring Western culture - often being subordinated to males, social position, children and the home: ‘... veiling their needs for power and passion, living safely, secondary to overburdened males on whom potency was projected and for whom it is culturally legitimate. What became collectively acceptable behaviour for women lost its connection to the sacred as the full scale of the goddess [the feminine principle] was diminished ... the joy of the feminine has been denigrated as mere frivolity; her joyful lust demeaned as whorishness, or sentimentalised and maternalized; her vitality bound into duty and obedience. This devaluation produced ungrounded daughters of the patriarchy, their feminine strength and passion split off, their dreams and ideals in the unobtainable heavens, maintained grandly with a spirit false to the instinctual patterns symbolized by the queen of heaven and earth’ (Perera 1981:20).

In this thesis, I therefore re-turned to the prepatriarchal female myths, the ‘goddess’ myths, to re-search the ‘courageous’ female mythologies. In the myths of Western Society today, deriving mainly from Greek and Roman sources, the feminine principle has lost much of its power and the female figures are potentially shadows of their former selves. From the all encompassing triple goddess, the Greek myths separated the different aspects into different ‘women’, for example Artemis - the hunter, Athena - the goddess of justice, Hera - the wife, Aphrodite - the lover. The strong ‘total’ female presence needs to be re-claimed if there is to be a re-balancing of the feminine:masculine in our consciousness as well as in our daily lives. We need the ancient women - queens and goddesses, to breathe life and energy into the female journey today.

'The fact that the ancient goddess figures were seen as multifaceted is vital to note, as contemporary women struggle to balance lives in which work, children and mates are very real aspects of everyday life. I am not suggesting that we should each be superwomen ... yet this understanding of multiplicity as being natural to women .. informs us of our choices. We are free to take all, some or none of the [choices]' (Stone 1979:15). The huge diversity of female skills attributed to the ‘goddesses’ of myth and story, give some idea of the complex
choices we have available to us as women today. It is the work of all of us together that will allow the possibility of the multifaceted and (at the same time) unified embodiment of the feminine principle to re-awaken.

Lately I have been wandering around bookshops and reading Fantasy and Science Fiction writers - said to be the predictors of our future. Since the mid 1990’s there has been an explosion of female authors, writing epic sagas with women as the ‘heroes’ - often with a remarkable balance of male and powerful female qualities. These stories also cover long ‘time spans’ in the lives of the women, and articulate specific rites of passage in very positive female ways. These stories tell of very difficult times and often life-threatening challenges - as do all the ancient stories of rites of passage, but with a female slant. They also re-present women as more multidimensional than do the Greek myths.

Some examples are Maggie Furey ‘The Artefacts of Power’ series (1994-1997) with her heroine Aurian surviving huge odds (partially while pregnant) to bring justice and peace to the world; Traci Harding ‘The Ancient Future’ trilogy (1996-1999) - with Tory travelling back through time to train the ancient kings in martial arts and justice (and music), and herself being Merlin’s chosen successor; and Kate Forsyth ‘The Witches of Eileanan’ trilogy (1997-1999) with her generations of women healers and rulers.9 These stories mirror the ancient stories/myths of powerful, courageous women as rulers, teachers and healers. If this genre of writing does predict the future, and the stories of wonderful, magical women are re-turning, these female story tellers make our future as women, and the future for change in our society, look very positive.

The Making of Meaning - The journeys of healing

Humans are creatures of meaning and we spend much of our lives making meaning for ourselves. If our lives are meaningless, eventually we fall prey to illness. Betty Friedan10 proposed an interesting theory, that as men and women pass through middle age, each takes on more of the characteristics of the other ‘principle’, the women becoming stronger and the men more ‘feminine’ (dependent) psychologically. The development of illness (particularly mental illness and societal illness) could re-sult if this journey is mismanaged or unfulfilled.

As all Western myths (and many indigenous myths) describe human pathways of learning and understanding (the making of meaning), are all myths therefore stories of healing journeys (or stories of our psychic/cultural development)? Is our whole life a journey towards healing ourselves? Personal myths explain who we are and why, as cultural myths do for a group. They ‘... explain the world, guide our personal development, interpret our social contexts and address our spiritual longings’ (Beare 1996:25). When re-creating experience as a story, the end is not important - every moment in the process is essential - ‘... the story has importance at any point’ (Beare 1996:26). The process of healing (the journey) is the important issue, and there is no end while we are living.

9 These books are re-ferenced in the Bibliography, but I have used them only for examples - not for material for the thesis, although their visions of courageous women who changed the world definitely informed by thinking and visioning.
10 Frieden discusses this extensively in her book ‘The Fountain of Age’ (1993).
The mythic side of man (sic) is given short shrift these days. He can no longer create fables. As a result, a great deal escapes him, for it is important and salutary to speak also of incomprehensible things. To the emotions [mythologising] is a healing and valid activity as it gives existence a glamour which we would not like to do without' (Jung 1983:331).

Today our myths no longer seem to serve their function, particularly for women. Our strong myths are based on male possibilities for organising the world, with women as the ‘helpmates’, and therefore not in ‘control’ (at some level) of our destinies. We are left with little direction, purpose or meaning in our lives and are often at a loss to control our anxiety. 'For when the prevailing myths fail to fit the varieties of man’s (sic) plight, frustration expresses itself first in mythoclasm and then in the lonely search for individual identity' (May 1991:16). There is a kind of homelessness in the human spirit today. The scientific enlightenment in Europe, according to Larsen (1990:17): ‘... damaged our perceptions of the world by forcing us to consider every thing in terms of rationality’, reducing our choices of ways of perceiving and acting in the world.

KB - With all the rise of technology there has been a loss of power for myth - and it is now equated with falsehood (22.3.98).

According to Beare (1996) and Larsen (1990), the approach of scientific fundamentalism today, encourages people to literalise the myths without understanding the metaphor (which embodies and carries the meaning) on which they are built. This conveys a wrong interpretation of the world we live in and causes dysfunction in humans. It is the utopian cosmology, derived from Newtonian thought, that encourages us to scale down the world to what is practical and utilitarian but which perpetrates ‘... actions which are lethal for us and the planet’ (Beare 1996:27).

As for Jungian thought, much of our daily lives is lived far beyond the bounds of consciousness, as often without our knowledge, the life of the unconscious is also going on within us. The more our critical reasoning dominates and our unconscious is suppressed, the more impoverished our lives become. Conversely, the more of the unconscious we re-cognise and acknowledge in ourselves, and the more of our myths we are capable of making conscious, the more of life we integrate. Jung (1983:335) has said that: ‘... myths are the earliest form of science’, and: ‘... only on earth - where opposites clash - can the general level of consciousness be raised. This is man’s (sic) metaphysical task and is accomplished by mythologising only. Myth is the natural and indispensable intermediate stage between unconscious and conscious conjugation ... the unconscious has knowledge of a special sort, knowledge of eternity and this is not couched in the language of the intellect’ (Jung 1983:343).

Medical knowledge focuses on disease, chemical and technological ‘cures’ (such as drugs, and radiation) - very much the masculine principle of fixing the ‘machine’, and largely ignores the ‘meaning’ and the learning that the process of illness has for us. For true healing to take place we must balance this aggressive approach with more understanding of the processes of health, bringing the feminine principle into the process, using ‘soft’ technologies (herbs, dietary changes), using technologies more with ‘heart’ (counselling), and choosing (where appropriate) to use and value
relationships based medicine as well as the more usual ‘heroic’ objective medicine. To re-store the balance to the aggressive model of medicine in common use today, it is of crucial importance to re-cognise and re-create an understanding of the mythology of the feminine principle in healing.

As women, we have no myths that serve us well by providing models for the strengths and potential for the full range of the feminine principle. We must be able to tell our personal stories and have them re-cognised as a valid expression of our experience, or our lives become meaningless and illness becomes a possibility. And from the WOTL re-search group - a discussion where we looked at women’s personal stories of courage and how they are needed today.

**JP** - Camilla Cowley [is a story of courage] - the women whose land was subject to Native title. She took it on herself to find out about the aboriginal people, and then gave them access to 'her' land and has since become a real champion of native title. The whole stuff in connection - she has now become a real heroine - just because of a little action she took, and that has catapulted her into places she probably didn't expect. When you do step out and stand up - you don't know where it will take you.

**KB** - That's that 'feel the fear and do it anyway' - that's the courage side of it. Even the fairy stories about the women - are all the women being done 'to'. The woman has to go away and sort herself out - in the woods (the handless maiden). These are stories of courage, but they are not the stories of public course of women - a different sort of courage. There are oral stories of women's courage everywhere but they are often not written down. Susanna de Vries wrote 'Strength of Purpose' and 'Strength of Spirit' - the stories of Australian women who made their mark. She has written about many women who no-one knows about - she has written the histories from their diaries.

**KB** - The Celtic history was an oral history and some of the oral stories of strong women (Boedicia for example) have survived, but very few. Even the aboriginal women - after colonisation, the men wrote the stories and said there were no women's stories. It is only now they are coming out and being re-corded - the ones that are left after 200 years.

**Honouring Different Voices - The feminists and the liberation theologians**

Over the years of my re-search and professional and personal journey, I have studied many systems of thought and philosophy. In the process, psychological/mythological thinking has played a significant role in the development of all aspects of my life, so I have been drawn to Jungian thought as this has resonated closely, and given me great insights into my journey. Jung’s archetypes, the collective unconscious, his use of mythology, have provided a strong background for my own search for meaning, and are continually being integrated into my own ways of perceiving and being in the world. This is evidenced in this thesis by the choices of topic, the language and the direction taken for my re-search.¹¹ Many other great thinkers have agreed with, or had

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¹¹ My original passion was to develop a new myth for women in medicine (apart from the current one of helpmate), that articulated a model for the powerful, wise and courageous feminine principle. See Chapter 11 - Re-stor(y)ing.
a similar approach to Jung, including Joseph Campbell the mythologist, Robert
Johnston the psychologist, Krishnamurti the philosopher. Freud also had concepts of the
unconscious but his was peopled with suppressions, difficulties, chaos, and disagreed
with Jung’s more positive ideas of the subconscious being the seat of the soul. I did
not resonate so closely with Freudian thought so did not develop this further.

However there are some aspects of Jungian thought that I felt were contradictory, so I
have mentioned these by selecting different voices and articulating their positions re-
garding the understanding of Jung’s mythology, and the archetypes.

Jung is a man we would prefer to admire, as ‘... we would rather keep [him] as a hero, as
the attractive, humane, sceptical, ultimately wise figure that emerges in so many later anecdotes.
Having opened a new perspective on the human mind, and most especially on human limitation,
Jung and Freud were perforce the first thinkers to live with the peculiarly intense burden of self
reflection that distinguishes the psychology of modern man (sic)’ (Kerr 1994:3).

The strongest critiques of Jung were found in the discourses of the feminists\textsuperscript{12} and the
liberation theologians. There was also an interesting critique from the literature on
organisational development,\textsuperscript{13} and a brief discussion on the difficulties from within the
discussion of these discourses is beyond the scope of this thesis, but thinkers and
writers from these disciplines, generally have polarised themselves as far as Jung and
his concepts are concerned; some critiquing him strongly; and others even from the
same discourses, being empowered by his concepts and becoming strong followers.

The two major areas of concern came from the feminist thinkers, who perceive that
Jung stereotypes women and therefore contributes to the subjugation of women in our
society; and from the liberation theologians who state that Jungian psychology is
actually a re-ligion and not just a system of thought, and is therefore competing with
Christianity (Wehr 1988).

Together a common critique is based on the Jungian archetypes, which he describes as
‘universals’, by stating that they are the foundation of the psyche and of life, and
thereby excluding the particular as well as the social context. The Liberation
theologians often dismiss these archetypes as Platonic idealised forms - (universal)
unchanging, static and eternal. Feminist thinkers also disagree with universal, idealised
forms, focussing as they do, on the context of a particular group or individual.

Liberation thinking focuses on ‘the particular’, and feminism takes ‘the particular’ still
further, focussing on the particular experience of women. It could also be claimed that
universal ‘archetypes’ or categories re-plicate the world view of the persons or person
to whom they are ‘revealed’ (in this case, Carl Jung - male) and therefore, by
excluding many others, are potentially separatist in their nature. His-story is a good
example of the ‘universalisation’ of (largely men’s) experience into that of all people.

\textsuperscript{12} See pp 95-96.
\textsuperscript{13} See ‘The Democratic Position’ in this chapter pp 180-181.
The liberation theologians also criticise Jung’s work, by saying that depth psychology, with its plethora of myths and symbols is in some way a theology as well as an ontology, and crosses the boundaries of re-ligion and psychology. They ‘... indict Jung for overstepping the epistemological boundaries between theology and psychology’ (Wehr 1988:77). Jung himself however, constantly re-jected any association with the metaphysical - stating re-peatedly that his standpoint was psychological and empirical (until he came to the psychoid).

Probably the most thoughtful of Jung’s critics is Martin Buber who criticises Jung for collapsing the distinctions between the psychic and the re-ligious, and thereby claiming he has confused psychology with re-ligion. For Buber, Jung’s ‘god’ is only another archetype in the collective unconscious and if so, he believes that Jung has obliterated a fundamental aspect of God - his (sic) otherness - and in doing so he loses what Buber perceives as a ‘... transcendent and immanent God’ (Wehr 1988:79). Buber was the main critic to claim that Jung’s psychology is a re-ligion: ‘... in short, although the new psychology protests that it is ‘no world-view but a science’, it no longer contends itself with the role of an interpreter of religion. It proclaims the new religion, the only one which can still be true, the religion of pure psychic immanence’ (Buber 1952:83 in Wehr 1988:79). Jung, as I have said, did re-peatedly re-fute this.

Wehr (1988:18) stated that maybe ‘Jung’s God Talk’ is internally contradictory because it re-presents the ‘... core of the complex’ for Jung himself. These religious areas are those in which Jung’s own search and need were the most intense, the most determined by experience and hence the least clear.’ Jung himself noted in his patients that traditional God images were being re-placed by the images of self, and he eventually re-placed the term God with self in his archetypal images, re-presenting the highest values and meaning in life, and he believed himself on strong phenomenological grounds.

However many theologians are also Jung supporters. Hans Schär, a Swiss theologian and lecturer at the Jungian Institute, was said to have felt that Jung’s psychology rescued Christianity ‘... from stagnancy and illuminated the whole religious process. For Schär, Jung’s concept of individuation explained the tenor of religious life’ (Wehr 1988:79).

From my understanding of this process, Jungian psychology, with its use of symbols, dreams and links to the sacred, provides meaning for many human beings, this being a role that re-ligion has traditionally played in this world - as the major provider of meaning for human experience. In depth psychology, events, images and feelings take their place in the cosmic order of things as they partake of the numinous and transformative quality of the sacred. According to Wehr (1988:80): ‘... Jung’s psychology comes closer than many psychologies ... to being a ‘way’ or a ‘path’ to ‘truth’. It does not proclaim the truth, although following it does allow a person to find their own truth. ‘For all these reasons, Jung’s psychology is resistant to change and to criticism, like religious dogma itself’ (Wehr 1988:80).

The ‘Democratic’ Position

Saul (1997) offered another perspective in which he declared that Jung (and Freud) gave the Gods and Destiny new life - thus inhibiting a true democracy because this
allowed humans to re-treat into passivity: ‘... at a time when people feel betrayed or abandoned by their civilization, they have been presented with an explanation of their sense of impotence: the archetypes, the eternal myths, the unchangeable. Instead of giving them a new sense of power, the explanation gives comfort to passivity - particularly public passivity - faced with the reigning ideologies. This is one area in which there is some concrete blame to be assigned. In that era that saw the rise of dangerous individuals - modern versions of the Hero - Jung was not careful enough in how he described his archetypes’ (Saul 1997:54-55).

He goes on to say that: ‘... Carlyle, like Jung, threw the military dictators together with the sages. They were not, he argued, qualitatively different. They were simply different facets of the heroic personage’ (Saul 1997:55), and: ‘... you can see this trend in the work of a disciple like Joseph Campbell. Freud and Jung set out to conquer the unconscious. However by sending us back into the arms of the Gods and Destiny, they may instead have pushed us to cling hysterically onto the unconscious ... the apparent corollary of the psychoanalytic movement's drive for personal consciousness is an unconscious civilization. What Jung probably imagined would produce a marriage of the inner and outer life of the individual alone, and as citizen, has instead produced an either/or situation’ (Saul 1997:56). This is where the further development of the myth as a political tool can be useful, as I have shown in this thesis.

A Critique from within Jungian Circles

For a brief critique from a psychologist within the Jungian domain, Trevi (in Papadopoulos 1992) is possibly the most outspoken. Even from within the discourse, he believed there to be unresolved contradictions inherent in depth psychology (Papadopoulos 1992:356-366). Trevi’s discomfort came from his perception of Jung’s constant turning of the original metaphysical language of psychology, into ontology.

A contradiction also existed because there was never any fruitful exchange between Jung and the other philosophical, anthropological and methodological thought that developed during the same years. Trevi’s concern was that Jung’s psychology and ideas involved a field of thought that never consistently faced a radical, critical re-thinking of its foundations. He found difficulties with the careless, superficial and uncritical use of the metaphors of fantasy or dreams, without concern for his-storical or cultural differentiation, and a carelessness in scientific production that goes under the name of depth psychology.

Trevi stated that depth psychology appeared to be an unsystematic cluster of more or less profound observations that were almost always original: ‘... and must always be related to heuristic options that can be very difficult to weld with each other’ (Trevi in Papadopoulos 1992:359). He suggests that Jung’s work was disorganised but creative, and the product of an ‘inexhaustible empiricism’.

Despite its critiques, Jungian psychology has added enormously to our understanding of ourselves and our place in the world. It has been a powerful force in the development of psychology in the last century. ‘The most we can do is to dream the dream onwards and give it a modern dress’ (Jung 1990;9(271):160).
My overall sense about this is, that while I have learnt an enormous amount from Jung, about myself and about psychological and mythological understandings, I agree with Bonheim when she says: ‘... by emphasising the need to integrate the masculine and feminine polarities within our psyche, the Jungian school has helped us appreciate our inner landscapes and the ways we recreate them in the outer world. Yet much of Jungian literature blithely accepts traditional definitions of masculinity and femininity, and so reproduces the limiting gender stereotypes of a diseased culture. Describing a nurturing man as having integrated his ‘feminine side’ denies the full scope of the masculine. Similarly I doubt whether it really serves women to hear their outgoing, active side described as a ‘phallic thrust’. Such language subtly drives a wedge between a woman and her dynamism - or a man and his nurturing energy - by implying a gender based polarity where, in my opinion, no such polarity exists. I would prefer to say that when women own their analytic intelligence and their assertiveness, or men their erotic sensitivity, they are simply manifesting their wholeness as human beings’ (Bonheim 1997:120).

It was time to move on to the next stage and re-member the almost forgotten female stories and myths, to re-create a more egalitarian understanding of society - the political aspects.
Re-cycling
The Cycles of Re-turn

Isis in her healing bird form with the Egyptian symbol of the throne on her head, dated about 600 BC, in Stone (1976).
It is said that the close study of stone will reveal traces of fires
suffered thousands of years ago.
I am beginning to believe that we know everything, that all history,
including the history of each family, is part of us, such that,
when we hear any secret revealed,
our lives are made suddenly clearer to us.
... perhaps we are like stones;
our own history and the history of the world [is] embedded in us;
we hold a sorrow deep within and cannot weep until that history is sung.
(Griffin 1992: Front cover).
Re-cycling
The Rise and Fall of Women in the Cycles of Her-story

'We can read the geometry of the circle as a symbol of the repeating cycle or length of time, a line that curves around on itself, so that its beginning and its end coincide. At the outset of a new cycle, whether it be a day, a week, a month, a year or a life span, there is always a sense of going forward, waxing, growing, learning. But at mid cycle, a shift of direction occurs - even if unnoticed to the traveller on the journey, for the path is unchanged. The second half brings a sense of returning, retreating, waning, wasting, forgetting, that leads to the end of the cycle; the end of a day, a season, a life. This natural division of a cycle or circle applies to ourselves, as to all existence' (Meehan 1993:46).

Throughout this chapter I have woven his/her story and mythology together, and found at many times and places, the boundaries blur and are difficult to define, yet the whole weaves a tapestry of past and present, that is cyclical and timeless. Today there is increasing education for women, more opportunities for work and better conditions overall. Although there are still many barriers, the situation is much better for women than when I was young (in the 1960s), when I was taught that an extensive education and a career path were largely unnecessary as I would be supported by my ‘husband’. In larger terms, we are coming through the end of a cycle, we have come out of the wasteland. A new cycle is beginning, one of going forward, of growing and learning - a new re-membering - a cycle of re-turn to something more like the powerful ancient women.

A Brief Pre-His-story

Today, in the West, we live in a patriarchal society where the prevailing belief system is one in which the Supreme Being is a male (usually white) and his son, yet this was not always the way. In pre-his-storic times (and early re-corded his-story) the re-ligions of many powerful and advanced civilisations re-vered their Supreme Creator as female. The Great Goddess (in many of her forms) had been worshipped at least from the beginnings of the Neolithic period (7000 BC) until the destruction of the last of the goddess temples in about 500 AD. There are even archaeological re-mains to suggest that worship of the goddess extended as far in the past as the Upper Palaeolithic Age of about 25,000 BC.

The Judeo(-Christian-Muslim) re-ligion predominant today is believed to have originated (comparatively re-cently) about 1800 - 1550 BC with the prophet Abraham. However for thousands of years both the ‘male’ and ‘female’ re-ligions existed simultaneously. ‘Archaeological, mythological and historical evidence all reveal that the female religion, far from naturally fading away, was the victim of centuries of continual persecution and suppression by the advocates of newer religions which held male deities as supreme’ (Stone

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2 Pa-tri-archal - triple father (from Greek/Latin - pater) - the Father, the Son and the Holy Ghost. This can be compared to the ancient ma-tri-archal societies - triple mother - Virgin, Mother and Crone (Greek/ Latin - mater).
3 For example the ‘Venus of Willendorf’ - figurines from about 25,000 BC, excavated from the Gravettian-Aurignacian sites that range across Europe and Asia (Gimbutas 1982).
And as stated frequently throughout this thesis, this history of powerful women has been re-moved (and the evidence often destroyed) from our re-cords, and almost totally ignored (until re-cently) in literature and education. This destruction is clearly articulated in the Bible (Deuteronomy 12:2-3, King James version) when it states: ‘... ye shall utterly destroy all the places wherein the nations ye shall possess served their gods, upon high mountains, and upon the hills, under every green tree: And ye shall overthrow their altars, and break their pillars, and burn their groves with fire; and ye shall hew down the graven images of their gods, and destroy the names of them out of that place’. For thousands there has been huge destruction of any goddess (pagan) images/symbols (and their beliefs), and along with these, the destruction of the powerful female models. Today we have only the remnants of these powerful females.

Even closer to our own time - much of the available information in archaeology, mythology, his-story and anthropology has been translated and written by male authors - coming from a male culture and belief structure that has heavily influenced what was included or excluded. Reading many of these texts, the veneration of the powerful female as the ‘... creator and law-maker of the universe, prophetess, provider of human destinies, inventor, healer, hunter and valiant leader in battle’ (Stone 1976:xix), has been grossly over-simplified to that of a ‘fertility cult’ - by presumably ‘objective’ archaeologists and his-storians.

**The Great Cycles of Re-turn**

The re-turn to the great women (the goddess energies) for re-newal of the feminine principle and spirit, is a vitally important aspect of modern women’s quest for wholeness. Many women who have succeeded in the world today, have often done so because they have adapted to the masculine principle that is predominant in our society - and have lost their full feminine energy patterns - just as our culture has maimed most of them. We need to re-turn to the wisdom of the ancient feminine and re-deem what the patriarchy has often seen (and feared) as a dangerous threat, and called dragon, crone or witch. They have tried to dis-member the strong feminine. Now we must re-member her, and by honouring and re-specting courageous and powerful women (from ancient times and today), we will re-balance our patriarchal society, re-placing it with one more egalitarian, where all will have an opportunity to achieve their true potential.

Many of our great myths are the myths of re-turn - the great cycles of the divine order (this also applies to the Christian myth of the death and re-surrection). Re-reading the great myths, the women (mythologically) are now re-turning from their space in the underworld - their time of trial/initiation - and re-claiming their her-story (the life-story), their lives and their female power.

**LB** - There are many mythic sagas/stories of return. [Today, mythologically] the women are returning from their space of initiation - from the initiated mother and coming back in this century. If the myth of Inanna could be used as a guide, women have taken the choice to withdraw for their initiation, and now are coming back from a place of power [re-claiming their power] (22.3.99).
LB - There are very strong judgements in all myths - the symbolic 3 days and 3 nights in the dark of the moon (the underworld), being the initiation time or rites of passage into knowledge, wisdom and/or power. The myths of return are of radical decisive shifts - burgeoning. All speak of the great cycles as well as just the yearly cycle, as part of the divine order (9.11.98).

There are many myths of the descent and re-turn of the goddess, across many cultures - the Japanese Izanami, the Greek Persephone, the Roman Psyche, the Baba Yaga stories, and the oldest known myth - that of the Sumerian Goddess-Queen Inanna. These myths of re-turn, all tell the story of the female descent into the underworld and the sudden explosion of life when the women re-turn, their journey correlating strongly with the cycle of the seasons - the underworld with the absence of life in winter, then the re-turn, coming with spring and the burgeoning of new life. They are all myths of transformation and re-generation.

LB - There is the return of women and the mother goddess this century - the myths of return such as Persephone and Inanna. Inanna is the myth of our time and the most ancient myth of return of the powerful woman we have. [There is] the sense of the whole earth and the whole myth being seen, and the mother earth being named as the goddess (Gaia).4

In every myth of return there is a greening which is not slow and methodical but it bursts into a new shape, [there is] a sudden shift - in the scientific stories as well. In the myths of return however there is the possibility of a sudden flip where things change very suddenly, whereas today we are caught in the patriarchal idea where things go slowly - point A to point B, in a linear, orderly fashion. This is rarely the case in the myths of female return, instead there can be a very quick shift (22.3.99).

The Shamanic Experience - Re-generation / Transformation / Transitions

'... our brains are divided. One side leads us to think life is a trail and to dread its approaching end; the other side engages wholly in the present moment ... if a wheel could feel, it would gather up impressions as we do, focussed just where it touches the ground. It would feel time passing and the world rolling continually past it, sense everything as ever changing except itself. But the ground is not changing, it is the wheel that turns. The feeling wheel, then, might well fear to stop, to come to rest; yet at the centre of its axis, the hub is always still, as is the fixed compass point of the turning circle' (Meehan 1993:48).

In this thesis I have re-searched a path (using the myths of re-turn) for a positive transformation to more honouring re-lationships between the feminine and masculine principles - by re-membering those of the lost/destroyed feminine. The transformation will not necessarily be easy (there are many powerful forces aligned against it), but with the change emerging from a special female place (rather than from the anger and power of the patriarchy), where the diversity of ways of perceiving and doing, regardless of gender are acknowledged, it will inspire others (especially women) to

4 This can be correlated with Jim Lovelock's thought provoking work on the Gaia Hypothesis (1979 & 1988).
re-awaken and to continue the search (the stor(y)ing). To be congruent with the feminine principle, to achieve a different world, we need to work from different places, places of creativity, places of connection - not solely from the scientific (male) objectivity and separation.

To generate transformation, and to find the creativity to do so, once again stories, rituals and myths from ancient (and recent) societies illuminated the path. These stories/myths were those that honoured and utilised the creative energies of the transition states, (the borders, the spaces, the hyphens), the cracks in the veil of the worlds. These transition states were typified by the mythological shape-shifting powers of the wise (feminine/ shamanic) healer. There is a long mythic and ritualistic tradition of utilising these spaces, for example Samhain in the Celtic cultures (now called Halloween) was honoured because this was the time when the veil or crack between the worlds was closest, and the participants of the ritual could access the transformative powers of the otherworld\(^5\) (the unconscious).

In this space for transformation, they could call up ancestral spirits (from the dead) and gain oracles for the future. The gift of prophecy was gained by entering the space between the worlds, by travelling to the underworld - consistent with many mythologies and in shamanic practices.\(^6\) According to Crowley (1996:168), Samhain was also the time when the masculine and feminine principles united in the Underworld as equals; and the point where the ‘male’ - with the help of the Goddess (the anima) was successful in winning the battles of his own unconscious, so he could move to a greater understanding and participation of the whole - the realm of the spirit.

'If we accept the penalty of consciousness and face our own physical mortality, we discover not death, but life. The willingness to do this is the most difficult' (Crowley 1996:165). This journey is likened to the stories told in this thesis.

The Myths of Re-turn

LB - In mythological terms the Age of Aquarius is also the beginning of the opposition to the Age of Leo - the age of the heroes and the heroines - and a new kind of mythology will emerge. Aquarius is the sign of the brotherhood and the sisterhood - doing things with like minded people and gathering together in groups - interesting considering the world wide web which does just this - it is about connections in many ways (22.3.99).

LB - The [current/old] structures are going to be decimated - and the new feminine - the initiated feminine will come back this century and this will generate a different world. [Yet] I don’t think the goddess is going to come back (return) alone - she is going to come back with a partner - with the peaceful warrior - a man that men will respect. The male principle will not be the out-of-control Damuzi [of the Inanna myth] - it’s more like [the peaceful] Arthur. We (male and female) have to look at the myths of return to understand this process (9.11.98).

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\(^5\) I have used the terms - the otherworld, and the underworld - interchangeably throughout the text

\(^6\) This is documented in many re-cords. Here I have used mainly Campbell (1993), May (1991) and Walker (1983), who all re-searched cross cultural myths extensively.
Today there is increasing value being placed on the feminine principle in the West, evidenced by the growing body of positive stories about and by women, by the opportunities today for women to choose a greater variety of careers, and by greater educational opportunities for women (this thesis being one example). The wise women are re-turning - and this will need new myths and a different, balanced ‘life-story’ (and symbols) for guidelines in its search for meaning. We have many stories of the male heroes, but very few of the women. As part of this re-turn a ‘grand’ story of a woman (the powerful feminine principle) is needed as an inspiration, guide and model. This re-turn may be in a different re-lationship with the masculine principle (the masculine principle may also be transformed to one that is more peaceful and connected - less warlike in language and behaviour). *The true nature and the beauty of the masculine and the feminine reveals itself only when their equality is honoured. The patriarchal concept of masculinity in inherently perverse, based as it is on the degradation and denial of the feminine ... it is only through the experience of the sacred masculine and feminine that healing of the estrangement between the genders can occur* (Bonheim 1997:117).

LB - It is not going to be the return of one or the other this time – it has to be in a new relationship/friendship with the masculine and the feminine and beyond all the old supreme type of thinking. Women’s power is different from men’s. Those women [who follow the out of control masculine principle - Damuzi] are the ones who have taken on the control of the earth which is the wrong thing - operating out of a male perspective. The most profound of all is the story about Inanna (9.11.98).

The following mythic stories weave the new/old story in a series of changing and evolving patterns. The first tells of Inanna, the re-turn of the strong, transformed feminine principle; and the second of Isis, the powerful, wise woman as healer, who as well as providing a powerful female mythology for healing, also re-membered the masculine into a new re-lationship. The weaving of these stories from different ancient cultures, braids us a tapestry for a re-gaining of the strength of the feminine, as well as for a new re-lationship between the feminine and masculine principles today.

Throughout this text I have woven the myths (the sacred stories) through the historical stories to ground them, and have called on various authors, mythologists and his-storians⁷ to do this. This process had the quality of continuously threading stories of pain and joy into the fabric of the thesis - a poetic process of transforming alienation and despair into soul. These stories are ‘...sacred narratives, spiritual explorations of the place of the gods and the human psyche in the universe ... [Inanna] is one of the world’s first recorded tales of genesis ... with enormous breadth, sophistication and variety in its representation of the universe’ (Wolkstein 1983:136). The Inanna myth is one of these sacred transformative stories. She chose to go between the worlds and enter the otherworld for her transformation - and as such it speaks to us today across the centuries, and across many cultures.

The Weaving of the His(Her)story of Sumer through the Myth

"Unto Her who renders decision, Goddess of all things, Unto the Lady of Heaven and Earth who receives supplication: Unto Her who hears petition, who entertains prayer; Unto the compassionate Goddess who loves righteousness; Ishtar [Inanna] the Queen, who suppresses all that is confused. To the Queen of Heaven, the Goddess of the Universe, the One who walked in terrible Chaos and brought life by the Law of Love; and out of the Chaos brought us harmony, and from the Chaos Thou has led us by the hand" (Babylon eighteenth century BC - in Stone 1976: forward).

Possibly the most important Sumerian contribution to civilisation was the invention and development of the cuneiform system of writing - which over the centuries became a purely phonetic system. Prior to 3000 BC with this advent of writing, women (and the earth as female) were re-veder as the source of life. At this time Sumer was increasingly becoming an urban society, based more on agriculture than industry, but with the economic and social life being characterised by all-pervading concepts of law and justice. The goddesses/gods were worshipped with both private devotion and public rites. Rituals played the dominant role in Sumerian re-figcaption, with the center of the cult being the temple. The most important ceremony was the New year celebration culminating in the ‘sacred marriage’ rite - the marriage ceremony of the reigning monach to Inanna - which was believed to ensure the fertility of both the soil and the women.

In preliterate/prepatriarchal times: ‘... Inanna played a greater role in myth, epic and hymn than any other deity, male or female’ (Wolkstein 1983:xy) for thousands of years. It is the most complete tale of the goddess (woman) in all her aspects. Today she can be imagined as an archetypal pattern giving meaning to women’s lives: ‘... her descent and return provide a model for our own psychological and spiritual journeys’ (Perera 1981:21).

The tablets of the myth of Inanna were discovered (and excavated) at Nippur between 1889 and 1990, but it took many years to decipher the text and translate it. There was an added difficulty, in that when they were discovered they were distributed to museums widely separated - to Istanbul and Philadelphia (USA) (symbolically splitting the female archetype). The first 5 pieces - parts of the text of ‘The Descent of Inanna’ - were published in 1914, but it was not until 1937 that the first half could be re-constructed - with pieces from two museums - and it was finally published (with another piece from the British museum) almost in its current form in 1974 (Wolkstein & Kramer (1983).

LB - I think the greatest key to [the return of the feminine principle] is Inanna. Historically - when they actually started to find the bits of that myth - it was the same time as the start of the rise of the women's suffrage movement, and about the same time as the discovery of the first asteroids named after the goddesses (astrologically). So you have this century heralded by that female energy. The myth was still to be pieced together, and it still remained to be interpreted. Inanna is such a myth of our century - they found

8 According to Maturana (1994), this was the first step in the externalisation of thought, leading the way eventually to the development of scientific thought with its philosophy and practice of rationalisation and objectivity. This also signalled the advent of re-corded history and the eventual demise of oral histories.
the bits of the clay tablets - and typical of this century - some were sent to Bagdad, some went to America and some were sent to London. So the goddess was divided - and it took until the 1960s for [her] to be pieced back together - and then for the crucial bit to be found - the dream of Geshtinanna (Damuzi’s sister)9 (9.11.98).

Around 3000 BC - Inanna (also called Ishtar) was the Sumerian Queen and the goddess of fertility. Damuzi10 the King of Uruk and Inanna’s mortal lover, lived sometime after the Flood (re-ported in the Bible),11 and re-portedly one generation before Gilgamesh. There is a portrait of them on a great cultic vase of this time. The story of Inanna was written (on clay tablets) in 1765 BC from much older oral his-stories. These series of stories had been preserved for thousands of years, before being found and translated. The stories encompass Inanna’s Descent to the Underworld and Damuzi’s dream, and tell of Inanna’s gaining of wisdom, and her transformation by choosing to go down into the underworld. Mythologically they are also the first re-corded stories of the Sacred Marriage ritual and the Sacrifice of the King.

LB - We saw the powerful image of the whole earth - Gaia - for the first time, and at about the same time the Inanna myth was interpreted - and the Inanna myth is the myth of return of the goddess [the female energy of the earth] (9.11.98).

There has been a surge of interest in Inanna’s story since the re-cords of her myth were re-discovered and re-interpreted. The myths of re-turn are in themselves being re-membered and are re-turning.

The Myth of Inanna

Re-searching the myths, I became fascinated by the myth of Inanna who re-presented a different feminine principle, one secure in her own power, who ruled the creativity of the areas of change, symbolised the consciousness of transitions and borders, and had an energy that could not be re-stricted to a rigid (although some would say - secure) pattern. Inanna provided a ‘... many-faceted symbolic image, a wholeness pattern, of the feminine beyond the merely maternal’ (Perera 1981:16). Her most ancient symbols were the storehouse for grains, dates and livestock and a looped cloth, later she took ‘... the double axe symbol of the ancient goddesses ... she combines earth and sky, matter and spirit, vessel and light, earthly bounty and heavenly guidance ... she is also from very early times, goddess of the radiant erratic morning and evening star, awakening life and setting it to rest, ruling the borderlands ... she represents the liminal, intermediate regions, and energies that cannot be contained or made certain and secure. She is not the feminine as night, but rather she symbolises consciousness of transition and borders, places of intersection and crossing over that imply creativity and change, and all the joys that go with a human consciousness that is flexible, playful, never certain for long’ (Perera 1981:16). This is a powerful, creative and balanced feminine consciousness, sorely needed today.

9 Geshtinanna means a ‘linking’ by the positive feminine - from LB.
10 The names of the gods and goddesses are spelt (translated) slightly differently in different texts. I have tried to keep them consistent in most cases - unless there was a dramatic shift in spelling. In this case Damuzi is also known as Dumuzi or Tammuz.
11 Mentioned in the Bible in Genesis Chapter 7 and Chapter 8 - King James Version.
In Sumerian, Inanna’s name literally means “Queen of Heaven” and in Sumerian mythology she was known as the Queen of Heaven and Earth and was re sponsible for the growth of plants and animals and fertility in humans - all essential for life on this planet.

‘She opened (set) her ear, her receptor for wisdom, to the Great Below’ (Wolkstein 1983:xvi), journeyed consciously to the underworld and survived, gaining the powers and mysteries of healing, and of death and re-birth. ‘Because of her journey to the Underworld, she took on the powers and mysteries of death and rebirth, emerging ... as the goddess who rules over the sky, the earth and the underworld. Here was the goddess in ALL her aspects (Wolkstein 1993:xvi).

LB - The Inanna myth/story (in Sumerian days the goddess was supreme) says she chose to withdraw. Inanna - ‘set her ear’ - she ‘set her ear’ from heaven to the Great Below. She ‘set her ear’ - she heard some deeper calling, that called her away all those thousands of years ago. When she returned from the underworld, in the myth, she was still supreme - but she was different - she had deepened. She had come into her own power.

The Inanna myth is the key - we have it and it is quite complete. It is the myth of the return of the goddess. If you think about the lists of what she could do - compare it with women in medicine, and look at the lists and appellations - Queen of Heaven and Earth, the Triple Goddess, First daughter of the Moon and the Morning and Evening Star (Venus). There is great power in the naming (9.11.98).

‘Inanna - Queen of Heaven and Earth - From the Great Above to the Great Below
From the Great Above, she opened her ear to the Great Below.
From the Great Above, the goddess opened her ear to the Great Below.
From the Great Above, inanna opened her ear to the great Below.
She abandoned heaven and earth to descend to the underworld.
The Holy Priestess of Heaven abandoned her seven temples and her seven cities’
(Wolkstein 1991:52).
The Myth of Inanna

The myth of the descent of Inanna tells the story of the Bronze Age Sumerian Queen and goddess. Inanna courted and married Damuzi then decided to go into the underworld - she 'set her ear' to the Great Below and abandoned heaven and earth to descend to the underworld. Before doing so she instructed her most trusted female assistant to appeal to the gods for help if she did not return within three days. As she descended to the underworld, the gatekeeper informed Ereshkigal (the Queen of the Great Below) that Inanna was asking for admission. Ereshkigal was angry and insisted that Inanna be treated according to the laws and the rites for anyone entering her kingdom. The gatekeeper followed Ereshkigal's orders, and at each of the seven gates Inanna was divested of a piece of her magnificent regalia - and 'crouched and stripped bare' she was judged and condemned by the seven judges, and put to death. Her corpse was hung on a peg where it rotted.

After three days, when Inanna did not return, her assistant roused the people and the gods with drums and lamenting. She went to Enlil (the highest god of heaven and earth) and to Nanna (the moon god and Inanna's father), who both refused to interfere in the ways of the underworld. Eventually Enki (the god of the waters and wisdom) rescued Inanna, using two little beings he created from the dirt under his fingernail, who because they were sexless, were able to enter the land of infertility. They slipped unnoticed into the underworld with the food and water of life, and convinced Ereshkigal to hand over the corpse of Inanna. Restored to life, Inanna was reminded that she must send a substitute and she returned, with the 'galla', back through the seven gates.

When Inanna returned to the living she found her assistant and her sons waiting for her, and all were in mourning. However she was aghast to discover that her consort Damuzi was enjoying himself greatly on the throne. Furious with him Inanna looked on him with the eyes of death and the demons (galla) seized him as her substitute. Damuzi attempted to hide and shape-shifted into various animales to avoid capture. Eventually he dreamt of his downfall and went to his sister Geshtinanna, who helped him interpret his dream and helped him flee. When flight eventually proved useless, she sheltered him and finally offered herself as sacrifice in his place. Inanna decreed they should divide the fate and each spend half a year in the underworld.

12 This myth is taken from Wolkstein & Kramer (1983) and Perera (1981), and I have used a different type face (Technical) to identify the story.
Chapter 6. Re-cycling

Inanna - the transformation of the old/new - the whole feminine

'The world's first love story, two thousand years older than the Bible ... is a sacred story that has the intention of bringing its audience to a new spiritual place. With Inanna, we enter the place of exploration: the place where not all energies have been tamed or ordered' (Wolkstein 1983:xi). The myth of Inanna's descent is an '... archetypal story of the primacy of the primordial, natural, instinctsual femininity over the world of culture. The myth seemed to me to be the very substructure of the meaning of femaleness' (Meador 1992:xii).

Inanna's story - the ancient prepatriarchal myth - is that of the transformed woman. Having only been found fairly re-cently, after being lost for millennia (re-turned/re-membered), it re-tains its feminine energy, unlike those myths that have over the centuries of patriarchy, been appropriated and diminished by the male cultures. This myth is vitally important because much of what Inanna symbolised for her people thousands of years ago (and still has re-levance for women today) has been desacralised by Western society. The feminine principle has been taken over by male gods: '... and/or they have been overly compressed or overidealised by the patriarchal moral and aesthetic sides ... most of the powers once held by the goddess [feminine principle] have lost their connections to a woman's life; the embodied, playful, passionately erotic femininity; the powerful, independent self-willed femininc; the ambitious, regal many sided feminine' (Perera 1981:19).

LB - [In the story of] Inanna - she consciously let go of all she had. The Queen of Heaven went into the initiatory space (the Great Below) and when she came back from the dead, she chose to look after all the people who had been faithful to her. Her husband (who she loved) had used the court of heaven as his plaything, so she said it was his turn for the underworld. He ran away, changed his form many times (shape-shifted) but was eventually taken to a place of initiation himself.

Inanna - we know a lot about the stripping of her. As women we know that feeling ourselves - when we descend to the depths we go through that. Men do not do this so strongly. There is this divesting of her clothes - it is more of a woman's myth. She gets out of hell. She has the devils (galla) clinging to her and she goes back and the galla are saying 'we'll take this one - or this one' - no'. When she goes back into the courts there is Damuzi in disorder - that tableau of Damuzi and the women of the court that have gone with him into this disarray (9.11.98).

Briefly, there are various interpretations of the role of Damuzi (all of which can be likened to the male (patriarchal) story today:

* Inanna needed to balance the rupture of the wholeness pattern generated by her re-release from the underworld and Damuzi had 'looked on the face of the goddess' - in later mysteries no mortal could look on the face of the goddess and live, as they could not endure the awesome face of reality and survive unscathed. Therefore Damuzi (as king) must be sacrificed. The story of Inanna is the first re-corded story of the 'sacrifice of the king'13 - essential for the renewal of the land - and during this process Damuzi was deified (Perera 1981).

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13 See pp 191.
* Damuzi can also re-present the face of the self obsessed patriarchy. ‘Damuzi is unconcerned for her plight. He is dressed in noble garments. He does not grovel at the sight of the goddess ... As consort and year god, he has been spared the pains of a barren land. He seems unconscious of the goddess except in her fertility and Aphrodite aspects, and he bask[s] in his role as favourite’ (Perera 1981:82). Too often a woman’s strength is turned aside or taken by the father, husband or brother, and the women trying to claim her individual identity can be turned back on herself - losing the chance to validate her life. There is also an excess of male focus on the sexual aspects of women - negating the whole feminine.

* In a third interpretation, Damuzi has celebrated while his partner suffered. ‘He does not value her descent and ignores her return’ (Perera 1981:84), having a very poor re-lation-ship to his own sensitivity (his own feminine). He negates the female, and hides from her pain and need by being arrogant - the re-action of the narcissistic man - and therefore must learn through his own initiation into the underworld (Perera 1981).

LB - The old ordering of the goddess was lost when she descended. [Yet on her return as the] transformed goddess to find Damuzi hadn't grieved; he hadn't abided by her rules and she was angry. When the goddess returns I think we are in for a very rough time - she sees what has been done in her absence and she sees it all.

Damuzi [the masculine principle] has learnt many of the tricks of the goddess - he can shape change, which Zeus himself learned by devouring Metis - which is the old myth of the god discovering the truth of the goddess by devouring her. The journey to get him [Damuzi - the masculine] is hard, and some women (the feminine) will stand with him on the return [despite him being out of control]. They will stand by the masculine saying - 'they [the men] tried hard, they were lovely souls, they were not all bad'. But it is nothing to do with individual men - it is what has been done in her absence [the patriarchy] that is the problem. She loves him still but what she sees - the abuse of her trust - and what she decides to do, is what is coming (9.11.98).

The Inanna myth today ‘... holds a cosmic pattern, one that is astronomical, seasonal, transformational and psychological ... [as women] we have all grown up under the patriarchy and struggle with similar problems’ (Perera 1981:11). Inanna’s descent shows us four perspectives; it serves as an image of the seasonal flow of nature; it is a story of the initiation process into the mysteries and ‘... may thus present a life-enhancing descent into the abyss of the dark goddess and out again. Inanna ... is the first to sacrifice herself for a deep feminine wisdom’ (Perera 1981:13); it is also a description, where the word descent ‘... in itself conjures up periods of crisis, depression, loss, tragedy or madness’ (Meador 1992:xii); and it is the story of the journey for psychological health for the feminine, and therefore a process to generate healing. We have lost the ritual enactment that used to show us a pathway through the turmoil and chaos, and therefore can become lost at the mercy of our emotions. This myth may tell the tale of our own difficult age, and map the development of the powerful feminine principle as it re-turns to Western culture.\(^{14}\)

\(^{14}\) This explanation of the Inanna myth largely comes from Perera (1981).
Historically Eisler (1987) and Larrington (1992), describe how in about 1000 BC, a split occurred between the Inanna and Damuzi mythology. In Assyria and Babylon - Inanna (now called Ishtar) re-tained her power over fertility (death and re-birth), but in Syria, Palestine and on the Mediterranean seaboard, the principle of fertility was transferred to the male (mythologically). This was possibly generated by the invaders of the North, who had male warrior gods, and the cult of Tammuz (previously Damuzi) became the cult of a dying and re-surrecting god associated with the re-growth of vegetation in spring after winter. This then developed into the Greek Adonis, with the female being re-legate to the secondary position. The Cult of Tammuz (Damuzi) re-tained its popular appeal in the Middle East as late as the 10th century AD. It is interesting to see the parallels with Christianity - going through the three day death-resurrection cycle and re-turning transformed - except today this describes the male principle with the female as secondary, and the original female transformation has been written out of his-story.

‘Our tradition is gone. The memory is shattered. We gather only broken pieces. We have forgotten which pieces belong together’ (Meador 1992:100).

The myth of Inanna is one of the journey of a woman stripping away her cultural adaptation to find her essential nature, her biological, instinctual self. It is a journey of ‘death’ - face to face with the archetypal force that carries the essential pattern and meaning of her life - and re-birth into the full energetic force of her individuality and creativity. Along with this comes the energy of individuality and creativity to carry her new vision into the world, with the potential for the integration of all her female powers - those of disaster, anguish and tragedy as well as goodness, ease, love and plenty. It is not about gaining the patriarchal aims of privilege, mastery or conquest, instead it is a conscious acknowledgment of connection, and stretching between opposites (Meador 1992).

Isis - women as healers
- re-membering the male into a new re-lation-ship

‘In the beginning there was Isis; Oldest of the Old, She was the Goddess from whom all Becoming Arose. She was the Great lady, Mistress of the two Lands of Egypt, Mistress of Shelter, Mistress of Heaven, Mistress of the House of Life, Mistress of the word of God. She was the Unique. In all Her great and wonderful works, She was a wiser magician and more excellent than any other God’ (Thebes, Egypt, Fourteenth century BC - in Stone 1976:forward).

The passion inspiring this journey was to re-member and re-turn the knowledge and wisdom of women healers to our lives. Isis was the greatest of the women healers and shape-shifters of all time - mythologically (This-storically). When re-searching the her-story of women in medicine, Isis was a vital link in the re-membering of our connections to the ancient women healers. ‘Isis proclaimed herself in ancient hymns as the

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15 Both Eisler (1987) and Larrington (1992) wrote a compilation of mythology, story and ‘facts’ based on anthropological and archaeological evidence, with creative but blurred boundaries re-garding the ‘truth’. This thesis confronts the same dilemmas when discussing these ‘stories’, as they articulate my understanding of their ‘meaning’. Walker (1983 & 1985) discusses this myth as being the for-runner to the Christian mysteries.

Goddess of women, and endowed women with power equal to that of men ... Isis was invoked in the ancient scriptures as the Lady of healing, Restorer of Life, Source of Healing herbs, the great Sorceress Who Heals. Her worship originated in ancient Egypt and spread from the Middle East to Asia Minor, Europe and Great Britain, extending in time from the dawn of recorded history to the fifth century AD. Ancient yet ageless, today Isis is reawakening in the hearts of women as we rediscover our own healing powers; ... she was especially revered as the divine physician with the power to heal the body, mind and spirit ... Isis was responsible not only for restoring healing on individuals, but represented a significant force for healing the oppression and injustices of patriarchal society as a whole ... Isis stood for the equality of women and manifested the healing powers of womankind to an exceptional degree' (Alexander-Berghorn in Nicholson 1989:91-93).

'As the divine physician, she [Isis] was the guiding inspiration of the renowned medical school at Alexandria, one of the greatest centres of learning in the ancient world' (Alexander-Berghorn in Nicholson 1989:93). Isis embodied the feminine principle of the proper order (and disorder) of things in nature and society. As the embodiment of divine wisdom, she presided over all the arts and sciences, but was re-vered particularly as the inventor and goddess of the medical arts. Isis was also the great shape-shifter and is often depicted in her bird forms.

All the prehistoric creation goddesses of Egypt were female - creators and protectors of the king as cobras, vultures or lionesses with a human female aspect. Female priestesses presided in all the temples (with males as assistants). Egyptian scriptures said: '... in the beginning there was Isis, oldest of the old. She was the Goddess from whom all becoming arose'. As the Creatress she gave birth to the sun ... her title 'Giver of Life' also applied to the Queen Mother of Egypt' (in Walker 1983:453).

A Brief His(Her)story of Egypt

C.3100 BC - The beginning of written Egyptian his-story is marked by an important dynastic marriage, between a king Horus Aha and Neith-Hotep a Delta princess - this marked the union of Upper and Lower Egypt, and marked the setting up of a central government. It was the beginning of Egyptian greatness, and the start of her long his-story as the oldest (re-corded) unified country in the world. There were several Egyptian Queens who ruled alone, and Queens were the link between one dynasty and the next. The kingdom, like private property, descended through the female line, and women had the right to inherit the throne if there was no male heir. The entail in the female line was strictly adhered to - the practical re-sult of this being, that the husband enjoyed the property as long as his wife was alive, but on her death, her daughter and her daughter’s husband came into possession. In the royal line, to avoid this loss of power on the death of the main royal heiress, the king then married the next royal heiress to ensure his own position. The kings therefore, sometimes married their own daughters (for example Rameses II married his daughter Nefertari).

The first queen who ruled alone (c.2800 BC) was Mer-Neith, through to Hatshepsut (who ruled from 1493 BC - 1472 BC - 21 years) who (despite being female) took the

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18 From Larrington (1992)
19 Rameses II (Rameses the Great) reigned in the 13th century BC.
title King of Upper and Lower Egypt (amongst others), to the last independent queen of Egypt - Cleopatra VII who ruled in 51 - 30 BC when Egypt was annexed by Rome. Property (and therefore power) was vested in the women of the family, and the descent was through the female line. It was not until about 400 BC, in the Ptolemaic period, after Alexander’s entry into Egypt, that Greek law was introduced and women began to have an inferior position.

Weaving the Myth of Isis

Isis was worshipped from prehistoric times, until the 4th century AD when her temple at Philia was destroyed by the Christians, and her priests murdered. Isis is the Greek name for Au Set, Queen of Heaven, Earth and the Underworld. Isis literally means ‘ancient, ancient’. For thousands of years she was worshipped from Egypt, right through Greece and up to the Danube and the Rhine (Barker 1998).20 Isis was said to help Osiris to civilise Egypt by teaching the women to grind corn as well as how to spin and weave. She also taught people how to cure illness and instituted the rite of marriage, and when Osiris left on his travels, she ruled the country wisely and well in his stead.

There are many versions of the myth of Isis and Osiris (her husband).21 But nowhere in Egypt was there a complete text of the story of Isis and Osiris. Over the 3000 (plus) year period when Isis was re-vered, texts only re-fer to isolated episodes, as though a knowledge of the whole myth was assumed as part of the culture, pointing to an extensive oral tradition, woven through spiritual ritual. The drama of the death and re-birth of Osiris was re-enacted every year as the Mystery plays at Abydos, so the story was handed down through the generations as a major ritual - re-ligious tradition. In the myth Isis had to rescue Osiris twice and was always (re-)searching for him, finding, re-membering, and re-awakening him from his sleep.

The Myth of Isis

The myth of Isis is the story of the peaceful creative male being dismembered by the violence of the brother (the patriarchy). Isis, the greatest mythological (female) healer - working through the veil of the worlds, pieced the original body of the peaceful masculine back together. In the drama of conflict Isis plays the role of mediator. ‘Isis reconciles the opposites without dissolving their opposition ... [she] personifies the loving power in the universe, which resurrects life from death’ (Baring & Cashford 1993:240).

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21 Here I have used a compilation from Campbell (1990), Fleming & Lothian (1997) and Baring & Cashford (1991).
The Myth of Isis\textsuperscript{22}

The myth tells the story of the goddess of heaven Nut, and her consort Hem (Geb) the earth god, riding on the great sky boat of Ra (the god of the sun). The souls in this barge travel west over the sky, enter the mouth of Nut and are (re-)born in the East. The first children of Nut and Hem were the twins Isis and Osiris. They were also husband and wife, and their younger brother Set and Nefertis\textsuperscript{23} were also husband and wife. Osiris became the first king of Egypt and the creator of civilisation, and the goddess Isis is the throne on which the Pharoah (Osiris) sits. Mistaking Nefertis for Isis one night, Osiris slept with her, and Set (already jealous of Osiris) planned re-venge. He had a beautiful sarcophagus made to fit Osiris exactly and when a party was in progress tricked Osiris to lie in it, then with his attendants, clamped the lid shut and threw it in the Nile. Osiris floated down the Nile and was washed ashore in Syria and a great tree grew around the sarcophagus.

Isis, consumed with grief and using all her skills of divination and magic, set out to find her husband and came to the place in Syria (Byblos) where the prince of the town had cut down the tree and made it into a pillar inside his palace. Isis gained entry to the palace by accepting a job to nurse the newborn prince. She tried to give the prince immortality by placing him in the fireplace at night (while she circled the sarcophagus of Osiris in her swallow form), but the little boy's mother found the child and the spell was broken. Isis explained the situation and was given the pillar. Placing it onto a barge, Isis went back to the papyrus swamp, as she was too frightened by Set (who was now ruler) to go back to the palace. There she opened the chest and in her bird form fanned Osiris back to life. In that day a baby (Horus) was conceived.

Set followed a boar into the swamp and found Isis with Osiris's corpse and in a rage tore Osiris into fifteen pieces and scattered them over the landscape. Isis had to hunt for all the pieces again but only found fourteen - the missing piece - the genital organs had been swallowed by a fish, so she fashions a new phallus. With the new life within her, Isis pieced Osiris back together, binding his pieces into the first mummy, then Isis spoke the words of life and death and delivered Osiris to the Great Beyond where he became Ruler of Eternity in the Hall of the Two Truths. Osiris, no longer being a generator becomes lord of the underworld and is the judge of the dead.

\textsuperscript{22} As with the Isanna myth I have used 'Technical' type face to differentiate it from the text.
\textsuperscript{23} Also Seth and Nephthys according to translation.
The Ebers papyrus, ... dated to around 1550 BC, contains hundreds of recipes, including those for women's diseases. It was believed to have been written for the medical students at Sais.24

The following invocation is to be found at its beginning:

As it is to be, a thousand times.
This is the book for the healing of all diseases.
May Isis heal me even as she healed Horus of all the pains
which his brother Set had inflicted on him, when he killed his brother Osiris!
O Isis, thou great enchantress,
heal me, deliver me from all evil, bad typhonic things, from demoniacal
and deadly diseases and pollutions of all sorts that rush upon me,
as thou didst deliver and release thy son Horus.
(Brooke 1993:9).25

Isis, the wife of Osiris and the mother of Horus, is probably the most important of the Egyptian Goddesses - the great mother Goddess to the Universe, known by many epiphanies including the Mistress of Magic and the Speaker of Spells, Goddess of the Serpents of the primeval waters, the Great Healer and one of the goddesses concerned with death and burial - the goddess who ruled the veil between the worlds. She re-assembled the beloved (the body of her husband Osiris) through the veil, establishing a new order from the clay of the old male. 'The bond between Isis and Osiris is one of the creative forces of life, for together they are the universal soul of growth' (Baring & Cashford 1993:236). Isis personified the healing and loving power of the universe. 'Set is not so much evil as the inevitable opposing element in the universe that has to be mastered, continually brought into the rule of the good' (Baring & Cashford 1993:239). This story has a message today and provides a model for the wise and powerful feminine healer.

Osiris (Isis' husband) was the Moon bull incarnate, whose symbols were the animals of both Upper and Lower Egypt. Being associated with the Moon, he had many links with the power of the feminine. When he was dismembered into fifteen pieces, Isis went out and found all the pieces except his phallus which was swallowed by a fish. So she fashioned a new phallus out of mud, and lay on Osiris to conceive Horus - she re-formed the new male (Horus) out of the clay of the old. Horus then re-united Upper and Lower Egypt, and ushered in the new (peaceful) order.

KB - The myth of Isis and Osiris was probably from about the same time as Inanna. Isis was one of the most powerful healing goddesses of the ancient world - in that pantheon of goddesses of ancient Egypt - and the most powerful healer. This interested me. She also went through her process of initiation - in her search for Osiris - her partner who was chopped up and dismembered and scattered. Then through magic (the veil of the worlds) she found his pieces, and part of her coming back to her power again was her re-membering him - putting

24 Egypt was a centre for healing temples and people came from far away to be healed. Many sacred places were situated in health resorts - the most popular of which were the temples of Isis. The medical school at Sais was one of the more famous of these (along with Heliopolis), and had a women's school that specialised in gynaecology and obstetrics.
25 The quote used here by Brooke is from Cyril P Bryan (translator) The Papyrus Ebers, 1929 pp 42-3. Emphasis in original.
him back together. She then lay on him and got pregnant. The only bit she
couldn’t find was his penis – so she fashioned one from clay and conceived (Horus)
from that. This does vary a little according to who you read (6.6.98).

According to Crowley (1996:168), for a woman entering into the correct re-lationship
with herself and others, ‘re-membering’ the [male] is important because she can
re-alise both male and female qualities within herself. This can involve embarking on a
‘heroic’ quest of her own - an ancient form of which is the story of the goddess Isis
when she searches for the body of her husband Osiris and re-members him. To do this
Isis has to battle against many odds, and using her skills of magic, healing and shape-
shifting, she works between the worlds, so the peaceful, uniting male principle can be
brought to life again (Crowley 1996:168). This is a task of all women and has two
aspects; one is that, like Isis, a woman needs to have the courage to undertake a
‘heroic’ journey to find her animus (masculine principle); and the other is the process
of forming a different (re-membering) re-lationship with the male, that unites
opposites into a new world order. This myth is not about women helping men sort out
their problems, or being the re-scuer, or doing the work for the patriarchy again - it is
about the strength of women developing their own potential and uniting a world
against the warlike male and the worst of the patriarchy.

Through re-cognising Isis as the archetype of woman as healer in the images that come
down to us, women can use her story as a role model and begin to ‘... overcome the
centuries old suppression of our innate healing power ... and repossess our heritage as healers’
(Alexander-Berghorn in Nicholson 1989:96). Isis provides a particularly important role
model for women in medicine as she was the inventor and patroness of the medical
arts, as she was for thousands of years. Miraculous healings were attributed to her. Her
healing of Horus (when his eye was damaged after a fight with Set) was re-garded as a
promise of salvation to all. Healing was performed in and outside her temples - in the
name of Isis, the source of life, health and wholeness. While priestesses of the temples
helped to disseminate the healing wisdom which was re-garded as the gift of the
goddess herself, Isis shared her learning through her priestesses: ‘... initiates of the
mysteries of Isis emulate the Goddess by learning to work with words of power ... techniques of

Even though the Christian church eventually tried to eradicate all traces of Isis (she
was a major rival), according to Alexander-Berghorn in Nicholson (1989:86):
‘... many art historians feel that the Christian representation of the Madonna and child are
based on familiar Egyptian images of Isis suckling Horus ... even the Christian angels recall
the compassionate and protective goddess with healing in her winds.’ The images of Isis
(including suckling Horus) passed almost directly to Mary (re-cycled) - and the
powerful healing goddess, although not lost, was hidden from women today. Today
the story (and the energy) of Isis is re-turning, re-connecting, and providing a
powerful model for women today as healers. Many of the great myths are re-turning
slowly - but we do not know exactly when this ancient female wisdom will become
part of the common knowledge once again (although maybe it will be in a different
form - the shape-shifting).

LB - I think it [the change] is going to happen very quickly. There are people
warning us of this, but they are like voices in the wind against someone with the
bit between their teeth. It has to take the cataclysm. There are only 10% to
the people who are willing to change (the thinkers) the rest are worried about
their own backyard - I know so many people like this.

Many years ago I went to a lecture by an old cosmogeologist and he showed us an
inner tube - everything rolls along and then the sides start to push in - and you
can push it and push it and all of a sudden it flips. The natural world works likes
this - you get it to such a state of tension that the whole thing suddenly swings
into a new level - [then it] self regulates [at a different level] - chaos theory.

KB - Jim Lovelock said that about Gaia - it would be a sudden shift - Gaia will
survive but whether humans will or not (9.11.98).

The shadow side also re-cycles

In one of the meetings of the second group in June 1998 (12/6/98) we discussed how
society goes in cycles of expansion and contraction, based largely on economics and
politics, and in times of contraction, marginalised groups are the first to be
disadvantaged. These marginalised groups are commonly the aged, the ill (particularly
the mentally ill) and women. Groups of people within the society with other
differences such as race and colour, are also often marginalised; and these all
participate within a hierarchical structure re-lated to degrees of difference.

DH - One way of looking at this is using Kurt Lewins force field - things tend
to stand still with forces pulling on it this way, and forces pulling on it that
way. Let’s pretend there are forces pulling this way - for justice and other
things you would like to name - if we stopped pulling, it is going to go further
the other way - so there always has to be those forces or the world is going to
get worse. It’s just part of the human condition to continue struggling for the
world as we want it (18.6.99).

Currently Western society is in a cycle of expansion so the women’s movement is
gaining strength (along with other marginalised groups), but there is also a backlash -
common to all major change as those who currently hold power, struggle to preserve
the ‘status quo’. This backlash is evidenced by:

* the definitions of normality becoming increasingly narrow and the current
philosophy supporting this;

* to succeed in the corporate sector, the types of acceptable behaviour are becoming
more particularised;

* genetic engineering is developing at a huge rate, and ultimately will dramatically
reduce diversity - both in agriculture and in human characteristics (a re-surfacing of
eugenics?) (Saul 1997, Roszak 1993 and Shiva 1993).

Modern science and development ‘... are not universal and humanly inclusive [they are]
projects of male western origin, both historically and ideologically’ (Shiva 1993:xvi). Genetic
engineering is ‘... the latest and most brutal expression of a patriarchal ideology which is
threatening to annihilate nature and the entire human species’ (Shiva 1993:xvi).
There is a state of flux (and contradiction) in many areas - in medicine for example, more people are being diagnosed as ‘psychotic’ with a huge professional increase in psychologists and psychotherapists, yet more diagnosed psychiatric patients are being put back into the community - often without effective support systems - a section of the community potentially being formed into the new ‘ghettos’. Marginalisation of many people occurs - groups are forming (or being pushed into) ghetto like areas according to age, race, culture, perceived health (for example elderly people in retirement villages are another group becoming increasingly separate from the community at large), Aboriginal communities, Asian communities etc (Archer 1995).

The myths of re-turn have a shadow side as well - are these dependant on how accepting we are of change?

LB - It [the change] will throw off most of them - there will be such incredible destruction. This is the myth of the return - not the good side of it. There are two myths of return. In the Inanna myth - when she returns she finds chaos in the land, the laws have been abandoned and self indulgence has [taken over]. And Arthur says he won’t come until there is the true desire for peace. The age of Aquarius could bring that - the true desire for peaceful resolution - communities working with communities.

It’s also the sunset effect. We have got more and more strongly into litigation - people are not as stupid - the law is an ass. Fundamentalism is rising world wide - and that always happens before a shift - according to Jean Houston. But I think we need more of a shift - one that redefines the ground we come from. I think the only thing that will do that is some sort of cataclysm - a natural disaster - Nature is heaving a bit at the moment but it has to affect the powerful societies - one of the great countries of the world (9.11.98).

‘That is why, in seeking for the meaning of your suffering, you seek for the meaning of your life. You are searching for the greater pattern of your own life’ (Von Franz in Reinhart 1989:30). It is radical that women are getting together and talking to each other and supporting each other and not being separate. What is also radical is women making their voices public, women are insisting on being heard, and having their voices valued. Women have loved the men who rule the world. Now let us learn from each other - learn a different, more life enhancing (not destructive) way of living on this planet.

Where do we go from here?

‘For millennia of recorded history, the human spirit has been imprisoned by the fetters of androcracy. Our minds have been stunted, and our hearts have been numbed. And yet our striving for truth and justice has never been extinguished. As we break out of these fetters, as our minds, hearts and hands are freed, so also will be our creative imagination’ (Eisler 1987:198). Throughout this chapter I have looked at some of the mythic cycles of re-turn and congruent with that process, discussed ancient myths (archetypes) of powerful wise women that are re-turning today. As part of this process of re-membering, I was also looking at a new re-lationship between the feminine and masculine principles in a society transformed by this process. I have therefore re-searched what this society could look like, and found Riane Eisler’s model of a partnership society a good
example. This itself is based on an ancient model, so is in itself being re-membered. Eisler (1987:198-203) describes a model of a partnership society that would contain the following elements:

* our children and grandchildren knowing what it means to live free of the fear of war,
* birth rates balanced with re-sources - lessening the necessity for famine, disease and war,
* problems with environmental pollution, degradation and depletion diminishing,
* increasing education and health standards for all people, people centred technology that will sustain and enhance life, and standards of living rising for all,
* far less economic inefficiency, with material wealth shared more equitably,
* the extreme poverty and hunger of women and children (especially in the third world) will cease,
* a growing consciousness of our linking with all other members of our species - narrowing the gulf between the rich and the poor,
* changes in female:male re-lationships to those of more equality and balance, being re-flected in our families and communities (with positive repercussions in national and international politics),
* societies will be based more on linking than on ranking - allowing for greater diversity in decision making and action - encouraging more individuality and diversity (not conformity),
* a re-turn to pride in creativity and individuality in technology that will allow us more time to actualise our creative potentials,
* the new myths will re-awaken in us the lost sense of the celebration of all life - evident in the artistic remnants of Neolithic and Minoan Crete. It will be a world where limitation and fear will no longer be systematically taught through myth. Children will not be taught through myth and fairy story, to honour men who are violent and warlike, or to fear women as evil witches.

This may look idealised as a society, but there is evidence that partnership societies have existed in ancient times (Eisler 1987, Stone 1976 and Gimbutas 1989), so if we can re-read the ‘life-story’, re-claim the feminine principle and re-write the stories and myths, this may provide a path to re-turn to a life-enhancing way for all. Maybe this will never happen, utopias are rarely reached, but stories of utopias give us a direction to move in, a sense of purpose, a shared possible future - a myth for what could be? And if this story gains currency, then maybe, as stories shape our worlds, just maybe, we will move in this direction.

'We tend to sense our lives as a line, or path between birth and death, beginning and end. But while this may be so, the nature of cycles follows the pattern of a wheel, in which all that is born rises and falls in its turn. As the wheel leaves a track in the earth, time leaves a track in our minds. This track of memory has a beginning and an end. But to the wheel that makes a track, the beginning and the end are a single point turning round a hub, just as the passing ages of the world are like all the sunrises that ever were, only 'an eternal daybreak rolling round the earth'. Sometimes we sense the unity of the wheel, but more often we see only the beginnings and endings' (Meehan 1993:47).

Re-membering

Women in the Her-story of Medicine

There is no ONE view, no ONE answer, no ONE record, that can take all the diversity of human experience into account. That under patriarchy, men have asserted that there is only one truth - and one 'objective' means of getting to it - tells us more about the power and authority of men in the face of overwhelming contrary evidence than it tells us about what we know and understand of the world. ... a framework that can accommodate diversity and a multiplicity of truths (as a feminist framework can) is a distinct improvement on the patriarchal framework which has room only for the reality and truth of the rulers and excludes all else as meaningless. ... I am extremely critical of the way men have used their position as 'gatekeepers' to keep out of the record, the ideas of women they find threatening or dangerous, inconvenient or disquieting; and I am extremely critical of the way they have distorted the ideas of women they have wanted to discredit. (Sperber 1992:4) (emphasis mine).
Re-membering
Women in the Her-story of Medicine

‘We have lost a wisdom that many pre-modern cultures knew and felt - the sure understanding that birth and death, health and illness, stand in a kind of unseverable relationship; that to despise one is to despise the other; and that an overemphasis on one is to contaminate one’s experience of the other’ (Dossey 1984:57).

The stories of women healers have been stolen by the his-story and science of our day, so the search for ‘life-story’ (particularly the missing her-stories) was a major thread woven through the tapestry of this re-search. The concept of the cycles of re-turn (his-storically and mythologically) was another important thread, as women are re-membering the old stories, searching for the ancient images of wise women healers - to give meaning and purpose, and a vision of what we could be. The previous chapter gave some glimpses of ancient women from myth and his-story, who could provide models/visions for women today, and I gave a brief glimpse of how an egalitarian society could look using these models. In this chapter I have searched for the stories of women in the ‘life-story’ of medicine (almost unrecorded in his-story).

Much of the his-story of women has not been written down or has been appropriated, plagiarised or denied, and our oral his-stories are lost. To re-claim the role of women in his-story - particularly medical his-story, the stories of women (yesterday and today) are crucial. ‘When we turn to women of the past for help, we help them as well by restoring them to a place in history. Adding another level to these connections, Australian historian Jill Matthews suggests that by writing about women of the past “the feminist historian [also] recognises herself as part of the his-story she writes” ... Once the project begins, a circular process: the woman doing the study learns about herself as well as about the women she is studying’ (Reinharz 1992:127). This thesis is also my story - it tells the stories of my role and experiences as a healer, and re-cords the development of my thinking during the process. My story is re-corded as one of the participants as I was learning about myself as much as about the women I was studying.

In stepping out of the generalities of women in the workplace, and into the particulars of women in medicine, it was necessary to re-write the her-story of women in medicine. In my re-search on Chiron - The Wounded Healer (Bridgman 1996), I offered a comparison of the ways of working of complementary medicine (from the basis of the wounded healer) to that of Western medicine being bound to (and operating out of) the hero myth. During this re-search I became concerned that almost all medical his-story and mythology was male.

His-story has been written by men, about men, with the assumption that this is the his-story of the whole human race, yet at the very least there must be two stories - men’s his-stories, and the stories of women - the her-stories. Men have provided us with a false picture of the world, not just because their view is so limited, but because they have insisted that their LIMITED view is the TOTAL view. They have insisted that their MALE experience of the world is the HUMAN experience, and this has necessitated denying the
experience of women where it is different from the experience of men. Women have raised the problem, again and again, but because it is not a problem of male experience, men have dismissed it' (Spender 1983:16) (emphasis in original). The experiences of women are not necessarily the same as that of men, nor can we take the concepts of male his-story and transpose these in an attempt to understand women. Even among women there can be no unified her-story, only a multitude of stories of individuals shaped by innumerable co-existing and competing social forces and re-lationships.

His-story is appropriated by the powerful, and so men (currently holding the power in Western public life) who have written the his-story books, have been re-presented as universally human, and women's experiences (when re-corded) have been made subordinate and re-lative to men's. 'The frameworks, concepts and priorities of these "universal" histories reflect male interests, concerns and experiences' (Matthews 1984:18). Female interests and experiences of the world often differ significantly from those of men - both individually and collectively - and they are 'silent' (or secondary to the male). 'Universal histories of society, politics, culture, economics, are nothing more that the histories of those with the power to define themselves as insiders. The powerless are defined as outsiders, and have created for them, special sectional relations to the universal' (Matthews 1984:18). In the words of Dale Spender (1983:16): '... it is not that women have not played an equal part in history, but that men have written the history books and have focussed on the problems of men: it is not that women have not generated religious thoughts, formulated political philosophies, explained society, written poetry or been artists, but that men have controlled the records for religion, philosophy, politics, poetry and art and they have concentrated on the contributions of men. This problem of male control, which is so obvious in its ABSENCE from the male records, runs right through the writing of women. It is a crucial concern of contemporary feminism.'

Despite HIS-story, women comprise about half of all societies, groups, races and classes, in fact half of humankind, and HER-story also needs to be told. One task women have is to break down the masculine universals. 'Our very language is deeply structured by masculine symbolism. The words we use fit men's experiences and deny the different experiences of women. Feminist history [sic] tries to split apart the unities and the universals, and reveal their gendered differences. The historical meanings of war, of work, of leisure, of politics, of migration [of medicine] are vastly different for women and men. There is no single human experience of them' (Matthews 1984:18).

The Western cosmology\(^1\) supports a hierarchy that holds that man is superior to woman, but that women are more connected to the earth. Following this cosmology, the fate of the earth is inseparable from that of women: '... perpetually linked by the metaphors of woman as nature and nature as female' (Achterberg 1990:3), and from this: '... women as healers is antithetical to the cosmological structure that binds the Western world' (Achterberg 1990:3). With the development of Western civilisation, scientific, civil and

\(^1\) From Achterberg (1990), the cosmology of a culture is the belief system that determines the nature of the universe, including the creation myths: '... it ascribes a meaning to life, defining what lies in the invisible spaces that are beyond the range of human perception. It also determines, and is determined by, the relationship humans have with one another' (Achterberg 1990:2).
re-ligious bodies, while closely watching the activities of women healers, have promoted legal re-straint and persecution, and have formed laws and re-gulations forbidding women from practicing medicine publicly. 'Women and the values associated with the feminine were deliberately expunged from the institutions of society. In order for true progress - true healing in the global sense - to take place, Western cosmology must change. Women can no longer be seen as the problem, but as part of the solution to the crises facing the health of humankind' (Achterberg 1990:3).

This quote about women healers in the Middle Ages, from a re-cent book on medical his-story by Porter (1997), is a classic example of how women are marginalised even today by the medical his-storians: ‘... [historically] a few obstetrical texts were directed to female readers, and male writers discussed gynaecological problems and prescribed remedies for female sexual disorders ... female healers abounded, learning their craft from a male member of the family ... obstetrical writings and other treatises of women’s disorders were attributed to a certain Trotula, said to be a female member of the medical school at Salerno during the twelfth century, but was more likely a male writing in drag’ (Porter 1997:129).

Bookchin (1990:96) states that however much men have tried to degrade women (particularly notable in language and on the re-striction on employment for women in fields of endeavour - such as in medicine today): ‘... her ancient sorority rises up to haunt the male garrison world with its promise of an evolutionary pathway that might have yielded a truly pacified, mutualistic, egalitarian society in which neither men nor women would preside over each other, nor human society preside over nature’ (Bookchin 1990:96). Women healers have been re-presented as quaint, unsavoury, harmless or wicked, but there is another his-story where she was an innovative, scientific, humane and caring practitioner: ‘... she worked alongside her male colleagues sharing her insights and discoveries with them, often to find them stolen or not accredited to her. She built hospitals, taught in medical schools, developed theories, pioneered new methods of treatment and discoursed with the great thinkers of her time. Yet she often practised under the threat of death’ (Brooke 1993:3).

Feminist her-story is being written but it also is not impartial; it is deeply partisan and politically committed. It takes the experiences of women as central, and re-jects the validity of those his-stories that do not consciously accept that they are equally partisan. ‘There is no unified history. Women’s and men’s bodies and subjectivities and experiences of the world are constructed over time. Women and men share the same world, but are on it, and are acted upon by it, differently. Women’s and men’s histories are crucially different’ (Matthews 1984:18). There is so much to re-member, to put back together, this feminine that has been fragmented and nearly forgotten.

To find this different ‘her-story’, I re-searched back in time to cultures where there were glimpses of women who practiced medicine, safely or otherwise. My re-search was also with women today (mainly women in the healing professions) and found that

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3 See pp 216 for a different story of Trotula of Salerno. I also feel it very unlikely, in those highly misogynist times, that it would have conferred any benefit to a male to be in ‘drag’ professionally.
4 See Chapter 4 - Re-flecting for their stories.
they told similar stories. I have included these stories of the women and their
teenences of medicine (as both professionals and patients) as it is practised today, as
well as the stories of academic women who are facing similar issues to the women
involved in medicine. They who have not been allowed to be subjects of history, who have
not been allowed to make our own history, are beginning to reclaim our pasts and remake our
futures on our own terms' (Hartsock 1990:163).

The Her(His)story of Women in Medicine

To set this thesis his-torically, it was necessary to look at the different ways women
have been constructed in various discourses over time; as the goddess (Isis), the
matriarch/crone (pre-patriarchal Inanna), the academic (Trotula of Salerno), the mystic
(Hildegarde of Bingen), the healer (herb wyves), the benefactor (lady of the manor, the
nuns), the evil witch (during the Inquisition), the hand maiden/help mate (nursing).

"Where women have been portrayed in medicine, they are seen as ministering angels (which many
were) but in an anciliary and unpaid, hence "unprofessional capacity. If they remained faithful
to their class and prevailing patriarchal value systems they were also remembered" (Brooke
1993:2). The Inquisition was partially against women controlling all the major events
of the human condition - birth, sickness/disease and death, which the Church perceived
as their role. Aligned to this came the rise of the male medical schools, and women as
healers, and much of the healing knowledge of women was lost.

As part of this re-search, I read many books on Medical His-story including Porter
(1997) and Lyons & Petruccelli (1987), yet apart from the feminist writers, there was
very little medical his-story that included women. So in re-searching the her-story of
medicine I have taken from Achterberg (1990), Brooke (1993), Capra (1982), Daly
(1967) and from Encyclopaedia Britannica.

Where is the 'life-story' of medicine?

"The story of the human race begins with the female. Women carried the original human
chromosome as she does to this day; her evolutionary adaptation ensured the survival and
success of the species; her work of mothering provided the cerebral spur for human
communication and social organisation' (Miles 1989:19).

Bookchin (1990:95), from his studies in his-story and anthropology, discussed breaking
"... our "faith" with the dialectic of society" millennia ago, when a woman-oriented society
(ma-tri-archal - triple mother) was displaced by one that was man-oriented (pa-tri-archal
- triple father). Today: '... the words "human society" are distinctly gender laden, notably in the
male's favour ... it is erroneous to say that we have written a "history" of women or of the
oppressed. We have done so only too well, particularly in the case of women - but we have done so
only through the eyes of men or male ruling elites. Owing to the fact that males tend to be forceful

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5 See Chapter 4 - Re-flecting, for the process (stories) of the re-search and the re-search groups.
6 As stated on pp 217, there were three main phases of the Inquisition - the Medieval Inquisition about 1231-
1252, the Spanish Inquisition starting in 1478 and the Roman Inquisition in 1542-1600 - approximately 400
years in total.
in their behaviour and tend to control the civil institutions of a community, it is assumed that their activities and social forms constitute the totality of society, and that women’s domain is somehow marginal and heteronomous. He also discussed an ancient female society with its own integrity and citizenship: ‘... a female domestic society rooted in ecological differentiation, mutuality and wholeness ... was edged out by the male’s civil society, rooted in hierarchical opposition, rivalry and one-sidedness’ (Bookchin 1990:95).

The her-story of women is a story that has, until only re-cently, been suppressed, or has been told with a male voice - a re-presentation that bears little re-lationship to the female experience. ‘In the minefield that is medicine, women’s voices are urgently needed to bring some common sense into the debate. What is the use of nuclear medicine or operations on foetuses while much of the world suffers and dies from easily preventable diseases?’ (Brooke 1993:5).

Re-membering the feminine values in medicine (viewing healing as a caring process that takes place through the healer/client re-lationships rather than something being done to/on another) is critical for the health of humans and the planet. ‘The feminine myth must influence, but not replace, advanced technology and sound scientific strategies for helping and healing at all levels - physical, mental and spiritual. The invisible spaces are seen as sacred, but so is good medicine, good counselling or whatever is being used to facilitate wellness’ (Achterberg 1990:5).

To re-gain the feminine in healing we need powerful female role models to follow, and we need the thread of consciousness that weaves through the centuries, connecting ancient stories of women healers to our experiences today. We also need to re-connect the female to the symbols we already possess, those that evolved from ancient female symbolism; symbols such as the Caduceus with the two serpents (symbols of the goddess) entwined around the ‘tree of life’, but whose original meaning (that of re-presenting the female healing energy) has all but been forgotten today.

Ancient His-story - The earliest medicine

‘Since the vocation of healer, particularly, is associated with the sacred, and the healing beliefs of any culture directly reflect the nature of the gods, only in those times when the reigning deity has had a feminine, bisexual, or androgynous nature have women been able to exercise the healing arts with freedom and power’ (Achterberg 1990:3). This is a brief journey through the lives of our healing fore-mothers. From archaeological, anthropological and mythological studies, it was seen that in ancient times women were traditionally the healers. Myths describe a prehistoric time when only the women knew the secrets of life and death, and only women could therefore practice the ‘magical’ arts of healing. The earliest evidence of women engaged in activities re-lating to medicine (and science) dates back about 6000 years (from the beginnings of re-corded his-story). Very little is known about these women, in many instances not even their names, but many of them were physicians (as evidenced by stone carvings). There is evidence from ancient pottery and sculpture, that

7 For detail on the ancient meanings of these symbols see Appendix 5. This is briefly discussed on pp 220.
many women were engaged in the medical sciences in the Middle East, the Mediterranean, and in the Far East (in China and India) during antiquity.

References to women are sparse in the chronicles of early medicine, so to be recorded by Pliny (who wrote what is possibly the only re-cord of ancient Greek physicians in his encyclopædic book - 'Natural History' - written approximately AD 77), they needed to be quite exceptional. In many cases the ancient writings entwine the myth with the reality. It is only possible to fantasise about these women - we know little of their conditions, their thoughts, or their lives. Although their value as healers changed with changing cosmologies (and in different cultures), women were traditionally the healers until about the 15th century (the Inquisition), although his-story has been written largely without their efforts being re-corded. The her-story is now being revealed - from anthropology, archaeology and through feminist re-search and scholarship that is not so limited by the prevailing [male] cosmology.

Pliny's observations (~AD 77) - Sumer

From as far back as Sumer in 3500 BC, the fundamental arts of civilisation came into being: writing, mathematics, architecture, astronomy, temple worship and government, and: '... until about 2000 BC, women participated fully in sacred activities, owned property and business, and, if they were unmarried, could serve as priestess-physicians' (Achterberg 1990:14). Her-story re-cords women being the most re-spected of the (medical) practitioners, and this story is best told through that of Inanna,8 who embodied the trinity of love, healing and birth. There were two types of practitioners in Sumer - the Ashipu and the Asu - both involving women. 'The Ashipu knew the invisible (or magical) realm, and treated those aspects of disease. The Asu knew the botanical prescriptions and the other paraphernalia that were believed to influence the physical course of health' (Achterberg 1990:18). In most tribal cultures there is a hierarchy of healers, but in Sumer: '... prescriptions for healing the invisible and the visible aspects were regarded as of equal importance. Both may appear together on the same clay biscuit' (Achterberg (1990:18). However by 700 BC women's participation in the healing arts (and in many professions and fields of endeavour) had been downgraded to one of service only, re-flecting the changing of the prevailing cosmology, from a partnership society to one of male dominance.9

Egypt

Ancient Egypt had a highly organised and greatly re-spected healing tradition in which the role of priest or priestess and physician was merged. Most healers worked with healing goddesses, using a combination of spiritual practice and practical medical techniques. Medicine was a highly sophisticated art in Ancient Egypt and far in advance of the nearby cultures. Isis10 was the major healing goddess of the Egyptians: '... she [Isis] was known as the restorer of life and the source of healing herbs ...[she] protected women in childbirth ... could restore sight to the blind ... she gave strength to those who had

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8 The story of Inanna is told in the previous Chapter 6 - Re-cycling
9 See Eisler (1987). Her theories on partnership societies have been discussed further in the previous chapter (Chapter 6 - Re-cycling).
10 I have discussed the myth and understanding of Isis in the previous chapter - Chapter 6 - Re-cycling.
been weakened by illness ... her wings would brush across their bodies cleansing and healing them, and she would give voice to healing chants' (Brooke 1993: 8). Egypt was a centre for healing temples and people came for many miles to be healed. There were temples to Isis in many places - at Heliopolis and Saïs, these later expanded in medical schools - Saïs specialising in gynaecology and obstetrics. In Egypt, perhaps the earliest recorded individual woman in medicine was Merit Ptah, who lived in Egypt around 2700 BC. Her picture is in a tomb in the Valley of the Kings, she was described as the 'Chief Physician' (Encyclopaedia Britannica Monographs)\(^{11}\) and was believed to be one of the leading healers working at Saïs. "The female dynasty of Egyptian queens, which began around 4000 BC, promoted and encouraged medical and scientific practice. The queens themselves were almost always physicians and some were renowned as skilled practitioners" (Brooke 1993: 10).

But gradually, as the female dynasties came to an end through the gradual invasion by the more patriarchal Greek and Roman cultures, the role of women healers diminished; male priests and healers took over the practice of medicine, and the medical schools became the training ground for classical Greek (male) physicians.

**Greece**

The legend of Asclepius and the women in his family is still in Western tradition. They probably lived around 900 BC (although fable, fact and fantasy have become hopelessly entwined), and it is to them that the Hippocratic oath is re-cited. The original oath begins: 'I swear by Apollo, the physician Asclepius, by Hygeia and Panacea and by all the Gods and the Goddesses making them my witness, that I will fulfill according to my ability and judgment, this oath and this covenant' (Lyons & Petrucci 1987: 214). This re-cognises the role of women in medicine - yet the female aspects - Hygeia, Panacea and the goddesses, have been deleted from the oath today. 'The downgrading of Hygeia is a reflection of Western medicine to this day. The principles that she represents for healthy living - prevention, sanitation, nutrition and the general prescriptions for healthy living - are not taken as primary medical tools. Instead the Western healing tradition has identified with active intervention methods, such as surgery and medication, promoted by the Greek fathers of medicine' (Achterberg 1990: 31).

In Greece (~ 900 BC) Asclepius and particularly his daughters Hygeia and Panacea, were the healers to the rulers of ancient Greece. 'Each woman in the Asclepian family had her own caduceus - the snake entwined staff that to this day symbolises medicine ... the Greek women are pictured as the keepers of the snakes, as were women [healers] elsewhere ... we see the continuity of the snake motif representing female healing energy' (Achterberg 1990: 30). During the sixth century BC, the philosophical school of Pythagoras encouraged women as scholars and teachers (in approximately equal numbers as men) in philosophy, astronomy, music and medicine. Prominent in this school was the wife and ex-student of Pythagoras, Théano, who after his death, assumed the leadership of the school, and carried on the Pythagorean teachings. About the same time in Egypt at Saïs, there was a fine medical school with an extended women's section dealing specifically with

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\(^{11}\) The Encyclopaedia Britannica Monographs were invaluable as a general reference for this section - See Resources (Bibliography).
gynaecology and obstetrics, and where women were faculty members and medical students.

Many of the earliest Greek medical (philosophical and practical) writings we know of today (reputedly from Hippocrates 450 BC) state the basic beliefs and dilemmas that we still have. His approach placed an emphasis on a balanced, holistic medicine. Although there was debate even then about the mind/body split, it was not until Galen (200 AD) that the polarisation was first documented between ‘professional’ and ‘traditional’ healers. It was not until Paracelsus and his popularising of chemical medicine, that the division became widespread (although Paracelsus worked with many traditional healers, particularly women, and it is re-recorded that he would not have agreed with this separation). \(^{12}\)

In the fourth/fifth century BC in Athens, Aspasia deserves a mention, as according to some reports she was one of the most remarkable women of antiquity. She studied in the Plato Academy, and as well as being one of Socrates’ teachers, it is believed that she strongly influenced the ideas of both Socrates and Plato. Her major medical contributions were in the area of obstetrics and gynaecology, focussing on preventative medicine during pregnancy.

Agnodik(e) was one of the most famous women physicians in the fourth century BC in Greece (around the time of Hippocrates). She lived in a time when freeborn Athenian women were forbidden to practice medicine so she dressed as a man and studied under Herophilus. She concentrated her practice on improving gynaecology and obstetrics and was skilled in many medical and surgical (including caesareans) procedures. The impact that her nonconformity had on the future of women in medicine was enormous. She was discovered and brought to trial but throngs of protesting women moved the judge to abandon the old law: ‘... according to legend, they threatened to condemn their husbands and withhold certain favours if she were not released immediately. The strategy was effective’ (Achterberg 1990:32), and this act opened up the medical fields once again for women to practice - another example of the ‘cycles of re-turn’. \(^{13}\)

Mediterranean

In the first century BC, Olympias of Thebes (a practising midwife) wrote extensively of the curative properties of plants - information that was later used by Dioscorides when he wrote his famous herbal (there are many parallel quotations). Other exceptional women physicians were written about in the context of gynaecology and obstetrics, Cleopatra (not the queen although she obviously had a knowledge of poisons), Elephantis is mentioned for her ability to cure baldness and Pliny discussed her performance as a midwife. Mary the Jewess who lived in about the first or second century AD in Alexandria was known as an alchemist. Her work was important as she was the first to incorporate the empirical-sensory elements of science and medicine within an explanatory-theoretical framework.

\(^{12}\) For an excellent reference on the life and writings of Paracelsus see Hartman (1985). This is a translation of some of the works of Paracelsus himself - translated from five old German books written in 1589-91.

\(^{13}\) There are many examples of the ‘cycles of re-turn’ throughout this thesis - this being a major thread. See Chapter 6 - Re-cycling for further discussion.
Fabiola established a hospital in Rome in the fourth century AD to treat the re-jects of society, who suffered from ‘loathsome diseases’. This was an unheard of innovation at the time and was considered shocking. She was a follower of St. Jerome who practiced and taught medicine and she offered her services free to the poor. Her work is an example of the involvement of early Christian women in medicine.

**Medieval Europe**

The period from the decline of the Roman Empire around 300 AD, until about the tenth century AD is known as the Dark Ages in Europe. These Dark Ages were the time of the great plagues. Hygiene and food supply to the cities were deplorable, and cities and towns disintegrated. Re-liigious persecution was rife. Great libraries were sacked and burnt. Medical knowledge was lost. The Church (with an increasing doctrine of a constant war waged against the flesh) decreed that all opinion, all schools of thought that deviated from its rigid and narrow viewpoint were heretical and devilish. The contributions of women were excluded from the books of the time.

‘Women healers ... spent most of their time attending pregnant women, witnessing the beginning and end of life, and caring for sickly children. They functioned as herbalists and empiricists, sustaining the healing lore through oral tradition and apprenticeship (Achterberg 1990:42). The study of medicine was forbidden because the Church taught that all diseases were caused by demons, and only the clergy could excercise them. In the field of medicine, priestess-healers were an obvious target as they were not only often wealthy, but as they also had considerable spiritual authority, they were perceived as a direct threat to the Church. ‘The commonsense domestic treatments and even the professional practice of medicine, which had been present since ancient times, were in decline. The intuitive knowledge that comes from closely watching the seasons, living close to the earth, and carefully listening to the relationships among living things, began to disappear from general knowledge’ (Achterberg 1990:43).

**The Middle Ages**

During three centuries of the Middle Ages (about 1000 - 1300 AD) there was a rise in the status of women of the landed gentry - where they were exceptionally literate and well educated. ‘The elevation of women’s status is exemplified in the lives of ruling women, like Queen Blanche of France, Empress Matilda of England, Eleanor of Aquitaine, and others who were involved in ... historically significant aspects of medieval times ... women began to outnumber men ... [which] gave them renewed strength by virtue of sheer numbers alone. It also attests to improved survival of the perils of childbirth’ (Achterberg 1990:45).

The Middle Ages saw the beginnings of social divisions - the nobility, the tradespeople, the hierarchical church family, and the peasants. There was great wealth for the upper classes. During this time, medical schools were closed to women in England and most of Europe (except Italy),

14 Mainly the bubonic plague - there is some evidence that smallpox was occurring simultaneously.

15 The faculty of medicine in Paris absolutely opposed female physicians from 1220 to 1868 - Booker (1993).
wise women, or being educated by their brothers or husbands. Women in England had access to the Leech Book of Bald - a medical text written as a guide for the common people, re-commending gentle botanical remedies.

During the eleventh century, the Arabs translated the medical texts of Galen, Aristotle and Hippocrates, which were re-introduced into the West by the scribes, who then translated them from the Arabic into Latin. Institutions for training medical practitioners were founded, the most famous of which was at Salerno (Italy). This medical school\(^\text{16}\) was famous throughout the known world - with a long and thorough training for physicians - and followed the revived teachings of Hippocrates.

Salerno was the only known medical school at the time that allowed women students, and one of the most famous, successful and controversial practitioners was Trotula.\(^\text{17}\) She was believed to have occupied the chair of medicine at the University, to have run an extensive clinical practice, and was the author of many medical texts. Trotula wrote a book 'De Mulierum Passionibus' (On the Suffering of Women), the earliest known compendium of women’s health care, in the eleventh century AD. One of the first books ever published by Gutenberg’s printing press (in the fourteenth century), it was the most widely consulted text on gynaecology for over 400 years, being re-printed many times in several languages. ‘The most distinguished teacher at this medical university of the Middle Ages was a woman named Trotula. Trotula has been depicted in children’s verse as Dame Trot, in art as a goddess of healing, and in history as the author of the world’s most enduring treatise on gynaecology and obstetrics ... parts of Trotula’s manuscripts are found in museums throughout Europe’ (Achterberg 1990:48). Trotula was the first person to describe the dermatological manifestations of syphilis, she used opiates for pain, anaesthesia for surgery, and wrote directly on the essential uses of hygiene, prescribing baths, cleansing and antiseptic lotions. She was very particular with cleanliness and avoidance of contamination during surgery and many of her recommendations are still used today.

Hildegard of Bingen (1098 - 1179),\(^\text{18}\) one of the great figures in the history of women in medicine, was also writing profound medical and spiritual texts during this time. She took an essentially pragmatic view of medicine, recommending a balanced diet, rest, stress management and a wholesome life. She was compelled by her visions to write three major works - two theological and one medical,\(^\text{19}\) interesting because: ‘... the fact that she chose to write at all was remarkable since she was unschooled even by the standards of medieval scholarship ... [she] drew the attention of the major church authorities who examined her work. They concluded that her theological information was actually dictated by the voice of God, spoken through Hildegard. It was this decision that saved her from serious charges of heresy, and indeed, gave her freedom and power unusual for any church man or woman in the Middle Ages’ (Achterberg 1990:55).

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\(^{16}\) According to Miles (1989:167), this medical school was the ‘first medieval centre of learning not under the control of the Church’.

\(^{17}\) The most comprehensive information on Trotula and Hildegard of Bingen can be found in Brooke (1993).

\(^{18}\) For a translation of Hildegard of Bingen’s Medicine see Strehlow & Hertzka (1988).

\(^{19}\) Hildegard of Bingen wrote a compendium of natural healing methods entitled Liber Simplicis Medicin’, listing the healing properties of 213 plants and 55 trees, stressing the importance of cleanliness for proper treatment.
The Inquisition

The cycle turns - from the thirteenth century the witch hunts of Europe began in earnest. Women were excluded from the arts of healing (on pain of death as witches), partly due to the misogynist attitude of the church, combined with the formation of the (male) barber-surgeon guilds. These guilds, by guaranteeing standards of practice, gave their members exclusive rights to practice medicine/surgery in their home towns.

Women were excluded from educational institutions, particularly medical schools, prevented from learning Latin (the prevailing language of medicine), and were told they were not allowed to practice because they were not qualified to do so. The women lay healers (particularly the midwives) were competition for the guilds so the medical profession appealed to the church for help, and the church re-sponded by persecuting women in one of the most vicious rampages in her-story (being mentioned only briefly in his-story). This persecution of 'witches' greatly strengthened the re-lationship between the church and the medical profession. 'The Lord worked through male priests and doctors, not through women' (Booker 1993:75).

His-story states: '... the Inquisition ... is a name of evil reputation today, but we should realize that it was not particularly offensive to men [sic] of the middle ages. Inquisition simply means "investigation" ... the great innovation in the procedure of the Inquisition was the development of very effective means for proving the guilt of the accused' (Strayer 1942:308). The women do not even rate a mention. Strayer also states that: '... under the Pope's orders the Franciscans and Dominicans set up an elaborate organisation for detecting and trying heretics. This organization was eminently successful. In less than a century it reduced the number of heretics to insignificant proportions, and by the end of the century it had practically annihilated itself by removing the cause for its existence' (Strayer 1942:308).

The Her-story is very different. During the Inquisition, the tragedy that overcame women '... was not an accidental by-product of ignorance. It was enforced at all levels of Church and government by creative and sophisticated men whose dogma laid the ground for the heinous crimes deliberately committed against women' (Achterberg 1990:65). This disturbingly misogynist Church doctrine was strongly dominated by male concepts - the primary deity was a male sky god (and MEN were made in HIS image - women were still tied to the earth, and their bodies). During this time, even the domestic care givers or healers were forbidden to practice under the penalty of death. There were three main phases of the Inquisition - the Medieval Inquisition initiated by Pope Innocent IV around 1231-1252, the Spanish Inquisition starting in 1478 (the most vicious) and the Roman Inquisition in 1542-1600 - designed to eliminate Protestantism.

In 1485 - 1486 the Malleus maleficarum (the Hammer of Witches), a legal and theological document, was written by two Dominican Inquisitors - Johann Sprenger

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20 The term Inquisition means 'inquire into/ask' (Latin), and it was developed to 'combat heresy, witchcraft and sorcery'.

21 Re-member the 100,000 to nine million people killed during the 300 + years of the Inquisition - 85% of which were women (Starhawk 1982:186-7). It has been called the 'women's holocaust'.

22 The dates used for most of this chapter are from Encyclopaedia Britannica 1991 (Micropaedia) - Vols 6, 8, 9 and 10.
and Heinrich (Institoris) Kraemer, under the guidance and patronage of Pope Innocent VIII. This document, dedicated to the implementation of Exodus 22:18: ‘...you shall not permit a sorceress to live’, was regarded as the standard textbook on witchcraft, including its detection and expropriation, until well into the eighteenth century. In the Malleus, witchcraft was defined as political subversion, religious heresy, lewdness and blasphemy. Women were accused of every conceivable crime against men, including being organised, having magical healing powers and of harming with magic. According to the Malleus: ‘...all witchcraft comes from carnal lust which in women is insatiable... and blessed be the highest who so far has preserved the male sex from so great a crime’ and: ‘...if a woman dare to cure without having studied, she is a witch and must die’ (Booker 1993:75).

The doctrine of original sin was critical for this dark phase. The church believed women to be the conduit for all evil, stemming from the biblical creation myths of Eve, the serpent, and the tree of the knowledge of good and evil (also re-minding me symbolically of the caduceus), tempting Adam with the apple. Women and their medicine had to be condemned - even ‘...birth pangs existed to re-mind women of her original nature, punishment for Eve's transgression’ (Achterberg 1990:67). Women were credited with knowledge and wisdom to use the healing arts, but in a climate where the extreme dualistic nature of Christian beliefs determined that all knowledge came from either god or the devil, women’s empirical healing knowledge was interpreted as originating in magical and anti-Christian beliefs. Because women could not legally practise medicine, it was widely accepted that their knowledge could have only come from the devil. Midwives (the greatest competitors to the barber-surgeons) were feared above all and accused of offering the babies they delivered to the devil, the inquisitors claiming that midwives surpassed all the others in wickedness. Women became the scapegoats for all misfortune everywhere. The case against women was made on acceptable theological and scientific grounds and ‘...the practices of surgery, obstetrics and pharmacy (especially anaesthetics) were being lost in a vortex of amnesia’ (Achterberg 1990:65).

‘Women’s skill in the healing arts was generally not [totally] discounted. But, since women were not officially allowed to study medicine, it was widely accepted that their information could only have come from the devil. The position of the church was “that if a woman dare to cure without having studied, she is a witch and must die”... the moral and ethical crutch of the persecutions was that witch hunting is woman hunting, or at least it is the hunting of women who do not fulfil the male view of how women should conduct themselves’ (Achterberg 1990:81-82).

Yet despite this persecution there were still a few women recorded as practising medicine. In the 1300’s - in the midst of overwhelming devastation and under the perpetual scrutiny of the Church and State, Jacoba Felicie was one of the more renowned healers at this time. She had been trained by a (male) mentor, and was a wise and practised physician who had cured many people - much to the embarrassment of the Faculty of Medicine at the University of Paris who ‘...jealously guarded their

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23 The Holy Bible - King James version - The British and Foreign Bible Society.
24 The Malleus went through 28 editions between 1486 and 1600 and was accepted by Roman Catholics and Protestants alike as an authoritative source of information concerning Satanism and as a guide to Christian defence.
25 The Faculty of Medicine eventually brought her to trial (and convicted her) for 'illegal practice'.
monopoly on knowledge (Miles 1989:144). They decided that as women could not be healers, her work had no validity and re-peatedly charged her for practising medicine. Yet ‘... certain women succeeded even in the darkest times in ensuring medicine was never wholly a male monopoly ... between 1389 and 1497 in Frankfurt alone ... there were fifteen licensed women doctors in practice’ (Miles 1989:167).

The Re-naissance, the Re-formation and the rise of scientific thought

‘Man enjoys the great advantage of having a god endorse the code he writes; and since man exercises a sovereign authority over women, it is especially fortunate that this authority has been invested in him by the Supreme Being. For [western religions] man is master by divine right; the fear of God will therefore repress any impulse towards revolt in the downtrodden female’ (Simone de Beauvoir 1949, quoted in Stone 1976:forward).

Crimes against women were committed during periods of otherwise re-markable discovery and enlightenment - in the arts, science and technology - including the Re-naissance and the Re-formation, but none of this has re-lected feminine values. The Re-naissance and the Inquisition started at about the same time (towards the end of 1200 AD), and the Inquisition continued until the end of the Re-formation (around the 16th century). Men of medicine hitched themselves to the rising star of science and a theoretical structure developed that has dominated science to this day - and this structure omits/negates the contribution of women his-torically, and often practically, even today.26

Before the Inquisition and the rise of the male medical schools, most healers had treated in the context of social, cultural and spiritual environments, re-specting the interplay of body and soul (ie. holistically). From the 17th century onwards, with the advent of the Scientific Re-volution, (largely re-corded as the his-story of the men of science) the perception of our world changed. The greatest change in the his-story of Western medicine came with the development of Cartesian (scientific) thought. Rene Descartes was the first to become known for the strict separation of body and mind, articulating a mechanistic picture of the world. His thoughts still dominate medical and biological thinking today, which has led to the great emphasis on ‘mechanistic’ cellular and molecular biology, and largely ignores influences, processes, energies that cannot be analysed.

Women and nature have always been seen as explicitly bound, and in the emerging metaphor that determined the need to dominate and control nature (the feminine forces), ‘science’ (from Descartes) very quickly developed a philosophical separation of mind and body. This also led to the separation of the caring (the feminine principle) and the curing (the more aggressive masculine principle) in the healing arts. Compassion and intuition (because they could not be quantified) were re-moved from science and medicine, classified as skills of women (therefore secondary), and largely ignored in the race for greater ‘scientificity’.

26 The word ‘Inquisition’ was only officially dropped by the Church in 1908.
In the 19th century the (male) debate continued with two major directions, the protagonists being; Claude Bernard, who stated that illness results from a loss of internal balance and defined the principles of homoeostasis; and Louis Pasteur who developed the ‘Germ Theory of Disease’ showing a clear correlation between bacteria and disease. From Pasteur’s more aggressive approach our current ideas of scientific medicine - with surgery, drugs, and radiation as treatments - have largely developed. Along with these styles of treatment has come the language (and therefore the perception) of war - ‘killing’ bacteria with antibiotics, the ‘battle’ with cancer (and using ‘nerve gas’ developed during the last war as one of the chemotherapeutics).²⁷ In the next chapter, the her-story of women in medicine in re-cent times is re-corded.

The Caduceus - The Ancient (Female) Symbol of Medicine²⁸

An interesting re-minder of women in medicine - his-torically and today - is found in the use of medical symbols. The origins of symbols of any system tell us a lot about their mythological and pre-conscious impact on our lives. Symbols are very powerful in the process of meaning making and culture development. Knowing this I found it enlightening to look at the symbols of Western medicine - with its strongly male consciousness - appropriating what have been symbols of the powerful feminine healers in ancient times.

When searching for glimpses of women healers from ancient his-story, it was in the symbols of medicine today that the female influence was documented, and what was also obvious is the gradual takeover of these symbols by the male medical establishment. I have briefly mentioned one of the main symbols of medicine today - the Caduceus²⁹ - one of the ancient symbols of women’s medicine.

The Caduceus is the staff entwined with serpents, re-cognised as possibly the main symbol of medicine, but few think of its origins. It has been in existence for thousands of years and was foremost among the magisterial symbols of Inanna’s power as Great Mother, and with the double-headed axe, it symbolised the power to bestow and withdraw life.

Both the serpent and the staff (originally an olive branch) are significant in their meanings. The caduceus symbolises the integration of the four elements, the wand corresponding to earth, the wings to air, and the serpents to fire and water. It is a very ancient symbol - being found on ancient stone tablets from India, and being traced in the design of a sacrificial (libation) cup of King Gudea of Lagash (Mesopotamia) from 2600 BC, where the people of this region, from before this time, considered the intertwining serpents as a symbol of the gods and goddesses who cure all illness. It is an ancient cross cultural image known to India, the Aztecs, the Minoan Cultures, Egypt, Asia etc.

²⁷ This has been discussed in some detail in Chapter 1 - Re-formulating - the Critique of Scientific Medicine.
²⁸ The his-story of the symbols of medicine has been re-searched through Encyclopaedia Britannica Monographs, and through Walker (1983), Munoz (1981) and Baring & Cashford (1993).
²⁹ For more detail on the symbolism of the caduceus, the serpent and the rod that forms it - see Appendix 5.
The double serpent has also symbolised the opposites in dualism, ultimately to be united. The two serpents are of healing and poison, illness and health, and the hermetic and homeopathic - the complementary nature of two forces operative in the universe, and the union of the sexes. They re-present the powers of binding and loosing, good and evil, fire and water, ascending and descending, also equilibrium, wisdom and fertility. In Alchemy, they are the male sulphur, and the female quicksilver; the synthesis of opposites.

The staff (in ancient times) was thought to re-present the Tree of Life and re-presented power and the symbol of sovereignty. It was also the ‘axis mundi’, its roots supported the earth, its trunk passed through the world’s hub, its branches stretched over heaven and were hung with stars. Under its roots, by the Fount of Wisdom lived the three Fates (goddesses) (Walker 1983). Later it became the path all mediator-messenger gods travelled between heaven and earth.

The symbol of the caduceus was gradually appropriated by the patriarchy - becoming the symbol of the great mythological Greek healer Asclepius\(^{30}\) (with one serpent) and Hermes the trickster and healer (with two serpents).

**Re-flection of women in his-story**

The ancient symbols of medicine profoundly re-flect the powerful female presence in the origins of our healing/medical systems of thought - a presence almost lost in our current patriarchal world. The symbols however re-tain enough power to speak to women across the millennia, and to once again be re-cognised as women re-claim their rightful role as healers.

**Overall**

The ‘her-story’ of women in medicine is not well documented except for their re-cent roles as nurses (handmaidens) to male physicians, yet women have been the ‘... **primary health care providers from ancient Greece through the beginning of the nineteenth century ... throughout the ages women have been intensively persecuted for practising medicine; Aspasia by Roman law, women folk healers of medieval times who were burned as witches, English midwives who were legislated out of practice in 1512, and women healers of all kinds in early America who were barred from entering allopathic medical schools’ (Booker 1989) until the twentieth century. Today, according to Achterberg (1990) - over 80% of workers in the health care system in America (and likewise in Australia) are women: ‘... **without women [as handmaidens], hospitals, laboratories and social [welfare] agencies could not operate**’ (Achterberg 1990:1); yet these women still largely play secondary roles in a male hierarchy.

In this search for ‘her-storical’ stories, role models, and myths, I found little in the sanctioned his-story that describes medical knowledge from a female (more caring)\(^{31}\) perspective. Disappointingly I found that women’s accomplishments in medicine and

\(^{30}\) This is also spelt ‘Aesculapius’.

\(^{31}\) I have discussed the female medical ‘Ethic of care’ in Chapter 1 - Re-formulating
the sciences have generally been minimised, trivialised or forgotten. The writings of women and their traditions of medicine have (almost universally) been stolen or plagiarised by men, who have failed to give credit to their female sources. Women have also been blamed (irrationally) for the failure of male medicine to cure, and have frequently (and consistently in some eras) been made the scapegoats for an enormous range of problems that beset humans - including ecological stresses, poor medical practice, and through the church, the evil (the original sin) believed to be inherent in humanity. Women in medicine, or women in professional life, even where they form the majority, have often been banned without rational cause, legislated against, made the focus for persecution, placed under the direct authority of male professionals, and have been significantly exploited (Booker 1989).

Even though I came to these conclusions from (ancient) his-story, everything here still happens today in science and medicine - in wage differences, lack of opportunity for advancement, and covertly in terms of attitudes. We are so socialised into the hierarchical, power based model of medicine that we also often blame, scapegoat, minimise and mistrust the contributions of other women. We need a new way to re-construct ourselves as women in medicine and in professional life.\footnote{In Chapter 9 - Re-creating, I offer some solutions for this dilemma - that came from the women in the re-search groups.} We, as women need to re-claim the ‘her-story’, and together re-write the ‘life-story’ of the positive integration of the feminine and masculine principles in an egalitarian society.
Re-cognising

Women in Medicine Today

A 'caduceus' for complimentary medicine today (in Holmes 1990).
"Sometimes it is named.  
Sometimes not.  
A movement, a ripple moving through the social body,  
a new shape in the shared thought of a society.  
This time it is a meeting.  
Distinct visions are coming together  
... there is no simple name for what is occurring.  
But, certainly a familiar habit of mind, already frayed, is dissolving  
(Griffin 1995:5).
Re-cognising
Women in Medicine - Today

As discussed in previous chapters, many women have been profoundly suspicious of the (male) medical profession, seeing it as serving the interests of contemporary patriarchy. Scientific medicine has stolen the healing profession out of the hands of women (who traditionally were the healers) and ‘... turned women into the main objects of its practices, subjecting them to new forms of humiliation and surveillance’ (Pringle 1998:1). Gynaecology and obstetrics are areas of great symbolic power for women, yet male doctors have all but taken control of re-production - being the leaders in IVF re-search and practice, with largely male obstetricians controlling childbirth.

However the face of medicine in the West today is changing. Women are starting to re-turn to medicine in large numbers, as well as becoming a major force in complementary healing. Their voices are increasingly being heard in the corridors of power. This chapter follows the time line of the his-story of women in medicine (the previous chapter), fitting approximately into the time of the ‘Women and Work’ chapter. I have focussed on Australian statistics as much as possible, to re-cognise and re-cord the changes that are occurring in medicine today.

In more re-cent times

In the nineteenth century, medical doctors continued to re-lentlessly attack their competition - the women practitioners. The natural healing groups (today called complementary medicine) were attacked for allowing women to practice and women doctors were attacked for their healing philosophies. By the mid century, women motivated by re-form, were aspiring to train as re-gular doctors, and began to force their way into medical schools.

In 1849 in America Elizabeth Blackwell was the first woman to be admitted to study medicine at Geneva Medical College in New York. After being turned down by 16 other schools (and the school that accepted her mistaking her application for one from a male), and after being barred from practising in any hospital in America, in 1857 she opened the first women’s hospital in the world (in New York). She described how the whole idea of winning a doctor’s degree assumed the aspect of a great moral struggle (De Vries 1998). Similarly: ‘... the Australian doctor Harriet Clisby struggled for years in England and America before she finally qualified in 1863 at the age of thirty-five ... but when Harriet Hunt was personally admitted to Harvard in 1830, by the Dean Oliver Wendell Holmes, rioting students objecting to the “sacrifice of her modesty” forced her to withdraw, never to return’ (Miles 1989:241).

Ironically the first woman doctor to practice in Canada posed as a man (James Barry) right up to her death. Even the embalmer of her body failed re-port her sex, as he was too embarrassed, and as women were not believed to have the intellect re-quired to

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1 See Chapter 2 - Re-working pp 58.
2 For this section I have once again chosen some of the more conspicuous early women doctors - and have tried to emphasize Australian women where possible.
become physicians. Her sex was only discovered when her body was exhumed from the grave. She (as Dr James Barry) was the chief military doctor for the country.

In 1870, Dr Elizabeth Garrett became the second woman to be registered as a doctor in the world. She founded the London School of Medicine for Women in 1874 and gave Australian women medical graduates, positions in this hospital (as there was nowhere in Australia they could practice).

In colonial Australia, women were effectively repressed by the re-strictive attitudes of a strongly patriarchal society. While Australian men took four to five generations (after colonisation) to adjust to the changing roles of women, they finally accept they were entitled to paid professional or creative careers, both of which conferred status (De Vries 1998). In the 1870’s all women were banned from studying medicine in Australia’s first universities. Australian and British (male) doctors defending their position insisted: ‘... that childbirth was so gruesome [without anaesthesia] that women would faint if they had to watch it’ (De Vries 1998:82). In 1884 Sydney University admitted their first female student - Miss Dagmar Berne - and in 1887 Melbourne University followed suit, admitting seven women. In the 1890’s: ‘... women were keenly aware of the assumptions made about their identity, but their economic and cultural marginality left little alternative to participation in the dominant discourse’ (Long et al 1997:129)

From 1891 onwards, a handful of dedicated women gained entry to medical schools in Australia, but although they re-ceived high marks, they were not allowed to qualify (being failed in their final year despite their marks). It was not until 1893 (when the medical professor was on holidays) that the first woman was allowed to graduate (De Vries 1998). Dagmar Berne and Constance Stone (who was the first woman to be re-gistered as a doctor in Australia - against much opposition) had to travel to England to gain the degree that would allow them to practise. In the ‘... early twentieth century ... medical discourse existed within social relationships, and [male] medical knowledge reflected and participated in the production of the ideas about women’ (Long 1997:137)

In 1915, the first woman was admitted to the AMA, and in the 1920s Kate Campbell (a paediatrician) found enormous prejudice against women in medicine and had to struggle for years to be accepted, yet today she is re-corded (her-storically) as one of Australia’s most re-spected paediatricians

Things did not improve much over the next two decades. Even in the 1940s - 607 out of 712 hospitals in America would not accept women as practitioners: ‘... by the end of the second world war another major transformation was taking place ... the idea of masculinity and femininity, and a complementary heterosexuality, served to symbolise a separation between spirit and matter, mind and body’ (Griffin 1995:19 - 20). However change, although pitifully slow, was starting to occur. Women were finding their (public) voices, and gradually, despite the struggles, becoming more visible (and acceptable) in medicine (and in work): ‘... a change of consciousness began during the years of the Cold War - it is a change that had begun earlier. One could see it in women’s lives

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3 The most comprehensive history of Australian women of courage and achievement is by Susanna De Vries (1995 & 1998). She has used photographs, memoirs, letters and diaries of the women to re-claim their her-stories. Her third volume in this series is still being written.
... a different way of being in the flesh, of standing, talking, moving was evident between one generation and the next ... women became more natural in our bodies and less confined by mannerisms prescribed as feminine' (Griffin 1995:19 - 23).

In our lifetimes - our stories

HJ - In 1969 [when I enrolled in medicine in Melbourne] there was a limit of 20% of women allowed into Australian Medical schools. Each woman had to have a personal interview with the Dean and were told they were taking a man's place. I was told, it would be better if I reconsidered, as the cost of training was enormous and men could give back much more value to the community, as they did not leave to have babies.

There is [also] a subtle discouragement. I was told medicine is not compatible with having a family. The hours you are expected to work are enormous. There is no place for a part-time surgeon. This discrimination is not just against women, it also has a racial component. They [the selection panels usually consisting of white males] can choose who they want - and that is usually [more] white males.

Ten years later I wanted to sit for the entry to the College of Anaesthetists exam and I was virtually forbidden to do so. However I fought for my rights and was eventually (grudgingly) allowed to do so, with their expectation of my failure. To the surprise (and horror) of the establishment, my marks were the highest in both Australia and New Zealand. They had no choice then but to let me in to the speciality - but they made life very difficult for me for some time (17.5.98).

'In England and Australia the proportion of women doctors grew slowly in the 1950s as women became more accepted in general practice, and in some of the shortage specialties' (Pringle 1998:8).

Statistics of women in medicine in Australia - hisstorically to today

The following statistics have been gleaned from the series of three articles written by Deana Henn in Australian Doctor (March to April 1997), Pringle (1998), the Medical Labour Force Annual Survey 1997 - NSW Health Department (the latest figures available in October 1999 - Appendix 4), with the American figures from Booker (1989 & 1993).

* In 1957 in Australia there were less than 1% female medical students in NSW (Henn 28/3/97). There was only a gradual increase for the next ten years to about 7% in 1968.

* From 1968 to 1978 - the number of women enrolled in medical schools increased dramatically from 7% to 25%, as the quotas on women as medical students were gradually lifted. This partially occurred as women became more acceptable in the professions, and the demand increased for general practitioners - an area of work for women today.

* In 1980 - 10% practising medical physicians were women - compared with naturopathic physicians (complementary medical practitioners) where greater than 60% were women.
* A 1985 - 1986 AMA⁴ survey stated that women doctors earned 62% of the salary of their male colleagues, and women filled less than 3% administrative positions in medical schools (Pringle 1998).

* In 1987 - only 2 medical colleges in the USA had women as deans, and in academia, 23.6% of associate professors were women, with only 6% being full professors.

* ABS⁵ statistics for 1994 - 95 workforce survey stated that female doctors make up 6% of GPs in the 55 - 64 age group, and 47% of GPs in the younger than 35 age group. Overall in 1994, 24% of doctors were women - termed ‘... a massive influx of women’ into medicine (Henn 1997:51-52).

* In 1997 - 50% of medical students were women in Australia, and they are now entering the medical profession at a faster rate than men. According to Henn (28 March 1997:69): ‘... in previous decades, women who chose to become GPs were expected to assume the characteristics of their male colleagues if they wanted to succeed. Women were forced to adapt to the profession. But with the sheer weight of numbers, the profession must now be prepared to adapt to them.’

* In 1997 - 15% of specialists in Australia were women - which is still little more than a foothold (Pringle 1998, and NSW Health Department Labour figures 1997 - Appendix 4)

* At this rate of growth it was predicted that by the year 2000, 30% of doctors would be women, and by 2025, this will increase to 42% (in Australia).

* In complementary medicine the picture is very different. In 1998 - 83% of professional Naturopathic students were female in Sydney, consistent across all the colleges. This figure of about 80% female students has been consistent for 10 years for all the colleges.⁶

KB - HJ gave me the medical figures from the AMA for 1996 last week - there has been a huge shift - from 11% to 60 % of women in training in gynaecology and obstetrics (and a big increase in paediatrics).

HJ - And once they are in training they will finish. The difficulty is getting in, and it is very hard work - they don't get much sleep (especially obstetrics), they don't get much family life. Medicine rules their life so much that they end up at young ages concentrating on gynaecology (that they often don't like as much) rather then obstetrics. It's more to do with the nature of the job rather than anything. But if they get enough women gynaecologists, I reckon they will end up having a roster system among themselves [to allow for a more balanced life], or they wouldn't be able to carry on [a very woman's way of working].

CD - Gynaecology has been my worst experience with medicine.

⁴ Australian Medical Association.
⁵ Australian Bureau of Statistics.
⁶ Information gained from current and past enrolment records of the three colleges. See Appendix 3 for 1998 figures.
HJ - it's not really their fault ... someone needs to shake the [medical] system.

KB - It will be interesting when they do start to get in there, they will start to shift the system, maybe shift the training as well. I picked out the obstetrics and gynaecology because it is more women's medicine and I think once you start getting more women in - even if they are being taught under the current system - if they start to rethink their lives, and think more along the lines we are talking about now, they will start to change the ways they operate (12.7.98).

* In Australian Doctor magazine 4th April 1997 (pp 51-52) Deana Henn, re-reported that of General Practitioners 56% in training are women, and 65% of female GPs work part time - an average of 32.5 hours per week as against full time of 53 hours per week.

Women are changing the face of medicine as they are choosing to work part time while they manage their families, and have a life outside their chosen profession - a fact often regarded negatively by the 'old school' doctors. Female doctors typically treat fewer patients, largely as they provide longer consultations, and tend to prefer working regular hours in urban areas. On the downside, part time work comes at a cost and can re-sult in exclusion for vocational registration, translating into less money and prestige, and few positions in the specialities (Henn 4/4/97).

A study by Emjay re-search consultants, of young doctors graduating from 1985 - 1997, re-vealed that the new generations of doctors (both male and female) placed great importance on their well-being and lifestyles, spending time with their families and pursuing other professional interests such as education and re-search. They were also shifting to group practices and working for a wage rather than their own practice or partnerships, partially to re-deuce their work load to have some quality of life but also: '... group practices are a response to patient demand for holistic care, because allied health services can group together and provide a range of services under one roof' (Henn 21/3/97:57).

Another survey (discussed in the same article) conducted by advertising agency Sudler and Hennessey (in 1995) sampled 40% of consumers, and 50% of those surveyed believed conventional medicine and alternative medicine are complementary - a huge increase over the preceding 10 years, where the figures were around 20%. This fits well with the survey conducted in South Australia in 1993, that showed that 48.5% of 3000 people surveyed had taken a non-prescribed alternative medication in the previous 12 months, and 38% had visited an alternative (complementary) practitioner in that time. In 1998 - 61% people had visited a complementary therapist. Medicine in Australia is changing dramatically.

For most of the history of the Western world, women who worked as healers in their own right have been exceptional people who defied custom in order to share their creative and intellectual gifts. More often women have simply joined the large and exploited groups of handmaidens. Today over 80% of the workers in the medical system in Western countries are women. Without women, hospitals, laboratories and social agencies would not exist. But few are doctors (prime contact practitioners), and women

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in general have limited professional independence and authority and are, in some instances, legally constrained in practising the skills associated with their training.

HJ - I remember when I was at (W) hospital working in their pain clinic. I was doing acupuncture and I had only done a two week course in Sri Lanka, yet the nurse working for me had done six years study including working in China, and was well qualified, but she was not officially allowed to practise in the hospital whereas I was, as I was the consulting physician. I let her do the acupuncture - but I had the authority (17.5.98).

Women doctors today are having a difficult time as there is much ambivalence regarding their chosen profession - including from other women. 'There is the heroic past where they [women] played a key part in the history of feminism, scaling the heights of patriarchal power to gain entry into the profession [despite the ridicule and hostility shown them] ... and there is the present, when women doctors, in the main, are seen as a conservative group with little sympathy for feminist causes' (Pringle 1998:1).

Women are still exploited, marginalised and oppressed to a significant extent by the medical system, as '... everywhere the same factors are identified as problematic: the difficulties in combining family and career; the high stress levels and suicide rates; the lack of part time work and training; sexism in the syllabus; discrimination in appointments and promotions and in relation to training positions; the clustering of women in the lowest status positions and their absence from key specialties like surgery and obstetrics and gynaecology; difficulties in getting partnerships in general practice' (Pringle 1998:2).

The evidence suggests that the (male) medical system has failed to adapt to women at many levels. This failure of medicine to adapt to change was evident in articles about women doctors (GPs mainly), in reputable medical magazines such as Australian Doctor (4th April 1997) with comments such as Doctor Wenkart, who was quoted as saying: '...you need 10 female GPs to get 4 full time (male) equivalents' (Henn 4/4/1997:51-52) (because they choose to work part time).

Issues arising from the re-search group

The re-search group in Sydney, had many stories to tell regarding the role of women in medicine today - coming from their own experience. The consistencies in their stories told of too few women in medical specialities (including gynaecology), which biases the treatments, emphasises the technological, with a concomitant re-duction in the caring. All the women (even the doctors) had experiences of medicine in which they have felt extremely marginalised. Many of the women (apart from the women doctors) preferred to go to a female doctor (if available), especially for gynaecology and obstetrics.

There were still a very limited number of women in medicine until recently, and this lack of women is still a major issue in certain specialities; gynaecology (6 women in Sydney), surgery, orthopaedics and in administrative and policy making positions.  

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10 I found it interesting that the women doctors in the group, preferred a male doctor - even for gynaecology and obstetrics. Was this because they were indoctrinated into a male medical system?
11 See Appendix 4 - NSW Medical Labour force 1996-7
Women go more into general practice, their hours are more flexible allowing them to maintain family structures as well as working full time. However from American figures: ‘... 76% of women physicians are still doing ALL the cooking, shopping, housekeeping and childcare’ (Booker 1989:11) (my emphasis).

**AMA figures**

In 1996 and 1997, the fields of medicine with the lowest percentage of women doctors were Gastroenterology (5.9%), Cardiology (7.4%), Nuclear Medicine (8.5%), Neurology (9.1%), and (surprisingly) General medicine (10.7%). The medical consultancies with the highest number of women were Geriatrics (19.6%), Pathology (22.3%), Psychiatry (25.1%) and Dermatology (29.9%). Even in the fields where women are re-presented more than most - these still fall a long way short of anywhere near equal re-presentation to the male doctors, yet the number of medical students in 1996 was almost 50% women. The number of female medical students has increased dramatically in the last few years, so what happens to them after they graduate? Do the women still feel marginalised after they have finished studying? Perhaps it will take a few more years for the graduates to change the figures - and the opportunities for women in medicine.

The difference between women's talents and women's fate re-flects the evolution of institutions that lack the feminine voice. These professions (institutions) fail to adopt more flexible working hours, for example, part time training and working hours; and fail to encourage women by providing career opportunities at the higher (more specialised) levels. The absence of balance in these institutions has perpetuated a crisis that now extends alarmingly through all levels of health - from the health of cells and tissues, to the health of the mind, spirit and relationshios, to the health of the environment upon which life itself depends. The lack of balance marginalises many women.

**The marginalisation of women**

Women as a group are most often marginalised in large organisations, and one of the problems with marginalised groups is that they don’t have (or feel they have) as many options/choices for shape shifting, and lacking that flexibility, more often feel disempowered. They have less chances to develop to their full potential - is this a human survival strategy not being fulfilled? A good example of this is women in medicine being restricted in their choices (for shapeshifting), their flexibility - either they must follow a rigidified male model, be a helpmate, or be marginalised. They have fewer choices when it comes to specialities, as the men in powerful positions are more likely to mentor the younger men than the women.

**KB - JP was saying that we are interested in researching marginalised groups because we have a sense of marginality ourselves. Maybe this is part of the shape shifting as well - because there are times when you are marginalised and times when you are not. There are times when middle class works for you and times when it doesn't.**

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JP - There are times when being middle class and white is marginal. If you have a group of people speaking strongly from the margins - they will marginalise you. You wonder what is going to happen when they are brought into the centre. Where are the edges going to be then? That's what I love - these things change all the time.

DH - We have interesting discussions when we start using these words. I don't know how relevant this is here, but [students and staff] spoke to me after [a lecture] - and they all talked about feeling marginalised. I'm sure that most people do. It is interesting when you are talking about margins - we went into the meeting thinking that we were coming from the margins, and the others were feeling the same.

JP - All of us seem to feel marginalised for whatever reason, at different times.

KB - There is this thing of going in and out of it. How many people have that self awareness, who really feel that they are constantly in the centre of things? I think (excess) ego holds a lot of men in that centre (unconsciously) - but if they become self aware they tend to lose a lot of that [ego] (9.4.99).

What can we do to facilitate the change

'... the progression of words, sentences, ideas are social and arise from history, a history that burdens perception at the same time that it enables vision ... when I strip away the old structure it is not simply chaos that I find but another order of existence, implicit in my own experience ... the motion of this change does not have that air of historical inevitability that has been claimed by other social movements in this century. It is filled instead with conflicts, reversals, ambiguities, ambivalence, false paths and above all that abiding fear, which however great the need and hope for transformation, must of necessity accompany a shift that is so deep and momentous in its potential, a fear that at times makes consciousness appear to be rigid and unchanging even in the midst of motion' (Griffin 1995:10).

DH - It is interesting to start and try and resist that [anger for change]. It's a very modernist thing - you act about something because it's like that deficit model - but it doesn't work necessarily. [Anger] puts you in a conflictual position, it's very divisive, it's adversarial. There must be another way of doing it (9.4.99).

To be empowered as healers, strong role models from the past are needed. Yet, as I have discussed, women's stories have not been told - in fact they have been suppressed over many centuries. History has been written by men, and women have been written out, and forbidden an education. We need to re-claim the thread of consciousness that weaves through the centuries, connecting one era of women healers to another. This consciousness evolves from the myths of women healers - the behaviours, abilities and belief systems traditionally associated with women. The myths attribute the feminine (not necessarily women) as being intuitive, nurturing and compassionate, supportive in the curative aspects of care, and in using nature as the healing re-source.

The only information found today has been among the few surviving works written by women healers, from re-lics and artefacts, from myth and song, and from what was (and is currently being) written about women. The experience of women healers (in fact women in any profession) is a shadow throughout the history of the world.
Today there is huge change afoot but: ‘... the change proceeds in so many directions I cannot be its narrator. I am instead immersed in the atmosphere of this motion myself, my own thought changing even as I write. But I can speak of a philosophical shift I am witnessing in my thinking, a shift that is beginning to occur in the political, social and religious assumptions which I have inherited and which persist in Western culture today’ (Griffin 1995:6).

The very fact that the problems in medicine are being documented so frequently in the media, and so profoundly by social scientists; with the emphasis on the need for change, and of the importance of having women at all levels in all specialities (Pringle 1998); these can be taken as an indication that a major shift is already taking place.

The Power Structures in Medicine

The movement of women into medicine is unsettling both to medical authority and to the overall organisation of work, to the relation between public and private worlds and to the conditions of 'modernity'. The demand that women be accepted on equal terms with men ... may no longer be able to be accommodated within a 'modern' package of reforms, and points towards a world in which work, medicine and gender relations are dramatically repositioned' (Pringle 1998:4).

Briefly, to change the subordinate status of women we need to become conscious of how the power relations in our society work, and look for alternatives - re-imagine another way of doing medicine. Some possible alternatives are (from the re-search groups):

* power structures - instead of hierarchical command structures, a more egalitarian world view, a different framework, or multiple frameworks needs to be developed - based on relationships of equality, and the sharing of power

* consultations should be changed from the hierarchical power relations, to contract arrangements - ones that are more facilitative and involve power sharing between the doctor and patient.

* our languaging must be re-searched, today it is highly gendered and used to support the current power structures: ‘... the language carries with it all the baggage of older prejudicial ways of thought, including a symbolic duality between masculine and feminine’ (Griffin 1995:25).\(^\text{13}\)

* medical practitioners are often caught in the hero myth, whether male or female, as women are also conditioned to this hierarchical power based system,\(^\text{14}\) so re-mythologising medicine to one that incorporates wise healing women would assist change (Bridgman 1996).

* medicine would benefit by expanding its philosophy from its scientific 'linear/

\(^{13}\) I have discussed using language that is less gender specific throughout this thesis - especially in Chapter 3 - Re-searching.

\(^{14}\) See Bridgman (1996). In this thesis I discussed a different approach to medical myths and used the story of the Wounded Healer as an alternative to the 'hero' myth currently popular.
re-dactionist’ way of thinking and ‘practising’, to more holistic (circular) ways; to accept a ‘holistic’ web-like medical philosophy and practice, to work alongside and be re-spected.

There is an overall need to re-contextualise and re-structure medicine (from my experience and the statistics, this is already happening) in the shifting class relationships of the post-modern world: ‘... with the restructuring of medical work and the shift to group practice, doctors have had to rethink their relations with patients, with each other, and with the health professionals who work alongside them. People want more egalitarian relationships with their doctors and have less respect for medical authority. As every occupation seeks to ‘professionalise’ itself, the distinction between professions and occupations becomes blurred’ (Pringle 1998:3-4).

Technology

LB - Aquarius has always been a sign of technology - a new way of doing things, a different technology, a new communication that is developing (9.11.98).

Technology needs to be used with heart - appropriately. Technology must not be discounted, or there will be a perception that less is being offered, but it needs to be viewed in a different way. Today our hospital system spends millions of dollars on new technology, then doctors have to use it enough to pay for it.\(^{15}\) For example MRI (magnetic resonance imaging) is an expensive diagnostic tool, but in many cases it doesn’t add greatly to the clinical diagnosis, yet is increasingly being used despite potential side effects. Archer (1995) and in a radio interview (12/12/99), stated that 10% of people die from mismanagement in Australian hospitals annually - a large number of which die from diagnostic procedures alone. I believe that the wise use of technology for life enhancing projects, for the encouragement of better health would be preferable.\(^{16}\)

Choices

It is essential that the person (client/patient) is allowed to make informed choices. This requires information, education, and chains (links) that keep information alive. Information /knowledge is for everyone - not solely for competitive or economic advantage. Interestingly our technology, especially the Internet and CD Roms available for computers, are at the leading edge of this information dissemination and education. The Internet has broken down many barriers to information transmission, and therefore is generating a power shift to one of greater knowledge and increasing relationships, but there is still a class distinction/access issue, through lack of skills and training, or lack of money to purchase the equipment and services.

Change

BG - The only way to make change happen is from a subordinate place because there is no interest in the dominant class changing. Outside pressure will create change. [We need] circular rather than linear frameworks to run business. The shift has to happen from a more fundamental place - don’t think that it’s

\(^{15}\) See Chapter 1 - Re-formulating - The Critique of Medicine.

\(^{16}\) See Chapter 1 - Re-formulating - The Critique of Medicine for further figures.
because you are women that you are going to handle it differently if you have been conditioned to the same system. We must start at the basic level – start to perceive ourselves [differently] (17.5.98).

We need to change, to learn the lessons from the stories. Change will not occur, people will not shift unless the whole philosophy and world view can be shifted. We need to find a new story for women that re-balances the current male hierarchical model. This thesis has started to do just that - provide the elements of a new ‘life-story’, that encompasses both men and women in decision-making positions in medicine.

Ideas to create change in medicine

In the Sydney group we specifically discussed what we (as women) could do to change the medical patriarchy and came up with some practical suggestions:

* We (as women) can vote with our feet, look for female doctors and go to them, despite:

   HJ - [Female doctors] are currently so busy that they don’t care [there are so few of them] (17.5.98).

* Gynaecology (women’s medicine) can come back to GP practices, midwives, birthing centres, employing women. This has traditionally been the female domain and doesn’t need the stamp of authority. Women need to re-claim gynaecology as their domain, and to do so need to perceive themselves as ‘gynaecologists’ - which would re-move the his-torical harassment of midwives from a male medical elite.

* We need multiple frameworks for power distribution. ‘The women’s health movement has been anti-professional in its philosophy, believing that knowledge and skills should be widely dispersed, and that doctors should have no special authority as health practitioners’ (Pringle 1998:1).

Overall there is a need to encourage more women to move into medicine (as is discussed in this chapter). Even though the ‘white males’ of the hierarchy are still on the selection panels for the specialities in medicine, proliferation of females in medicine will eventually have an immense impact. Levels of change will happen when women start getting on selection panels. Encouraging more women to graduate from medicine and create pressure for stronger re-presentation in all specialities, will/is generating a greater degree of democratisation. Much is changing, and rapidly.

In the next chapter I have discussed in some detail, the skills women will need to generate change in our patriarchal systems. This re-presents a weaving together of the stories of the women in the re-search groups and the myths of Inanna and Isis. The everyday and the mythological - it is in the weaving, in the hyphenating, in working in the spaces of our knowledge that changes can be glimpsed and imagined.
Re-creating

Role models for women - Re-creating a New Story

I've decided I want to make the world a better place

That'll take a few frequent flyer points

(in Kirner & Raynor 1999:5)
Margin-alla

'It's in the margins; small things happen, that un-ravels the centre, or keeps it stitched up, most often both at once, notions, to which the once powerful can attest; And once the thread comes un-done, un-ravelment overcomes the stitching up, And the centre can no longer hold; The fabric rent, riven and threadbare; a new centre begun and another margin where-in small things happen that un-ravel the centre or keeps it stitched up, most often both at once notions, to which the once powerful can attest.' (Jaki Stille-Taylor in Horsefall and Pinn 1999:3).
Role models for Women - Re-creating a New Story

‘... different voices are beginning to be audible. Those who were silenced, ignored pushed to the periphery are telling their own stories. Meaning no longer belongs to any single tradition or identity ... the process of such a profound change may not be easy. Yet old ideas of self, familiar maps of existence which we have come to feel like life itself, are already dissolving. One feels oneself even now on unsteady footing. And beneath familiar ideas of reality there lives perhaps an older sense of self tied to an older connection to the cosmos, a sense of being and place that hold a coherence one has all along desired” (Griffin 1995:46).

The her-story of what women have been in the past, is now being used to vision what we can be today. This chapter evolved from the wonderful discussions of both re-search groups, and provides a path for women to change our society to one that is more egalitarian. It is not specifically for women in medicine but the skills articulated, cross all professions (and gender). The qualities determined by the women and articulated here, gave ourselves (and will give other women) a vision for change, and how we as women, can facilitate that change.

Hierarchical societies tend to treat ‘difference’ as ‘abnormal’, and something to be either destroyed or eliminated in some way. One of the underlying criteria for all the wars that have been fought, has been over ‘difference’ - in re-ligion, culture, race, etc. To re-cognise and honour ‘difference’ therefore is a major shift in the way we perceive our world, and is/will be critical in visioning (and in practising) an egalitarian cosmology. To incorporate ‘differences’ into our world view in a more web-like way, the women discussed the need to build an account of the world as seen from the margins; an account that exposes the falseness of the view from the top of the hierarchy, and that could transform the margins as well as the centre. ‘The point is to develop an account of the world which treats our perspectives, not as subjugated or disruptive knowledges, but as primary and constitutive of a different world’ (Hartsock, 1990:171). This account was from the women in the re-search groups, who despite their professional achievements, perceive themselves frequently as marginalised - as evidenced by their stories throughout this thesis.

What skills do we need to have to create and sustain positive change? How can we generate a more empowering egalitarian society? What are the skills and qualities re-quired to become powerful, wise role models women can aspire to? These questions were asked of both research groups. The WOTL group, were particularly creative and articulate on this issue, their stories forming the basis of this chapter. The Sydney group largely concurred with the ideas. The re-search on her-story and mythology was vital for showing us the path (the ‘how’), as Inanna and Isis gave us glimpses into what we, as women could be. Their qualities of courage and wisdom, their ability to creatively utilise transitional states to know themselves and their world, and to learn how to use their power wisely, their knowledge of healing, and their skills in providing wise and effective leadership were inspiring models for women today. We all have aspects of the goddess in us; these stories showed us what women are capable of becoming.
KB - Skills [women] have now are useful, but may have to be used in a different framework. That may be an added skill - using skills in a different [non-hierarchical] way. Inanna and Isis show us how (11.12.98).

'The issue is to construct a new frame of reference and a new society, and this is why it is difficult to impose straight-forward strategies for change. There are no simple measures that can be taken today - from the removal of sexist images in educational literature to the passing of the [Equal Opportunities legislation] which will eradicate patriarchy. It is more of a matter of transformation in our thinking, a change in the way we organise the world. The sort of society this would create is unknown, and the business of explaining how it is to be achieved is further complicated by the fact that we can only refer to the unknown in terms of the known' (Spender 1985:40).

All the suggestions elicited in the discussions - particularly in the WOTL group - are so closely connected that it was difficult to differentiate them. The suggestions (and the conversations) were more web like than linear as written here. This chapter has come from several group meetings;¹ supported by unpublished research by Debbie Horsfall and Judy Pinn on 'Re-storying Resistances' (1999).

In this chapter, I have separated the skills under different headings, but in practice the threads wove in and out of the tapestry of the re-search. For example, many of skills weave through several categories:

* shape-shifting was also woven through with flexibility and re-inventing ourselves.

* honouring difference - weaves through polarities of inclusiveness and exclusiveness and allows for constellations of experience: forming alliances, involving solidarity and changing re-lationships.

Shape-shifting

The shape-shifting archetype is the ‘... poet’s muse, the anima or soul, the lost feminine that has vanished to the hinterland of our consciousness in a patriarchal age’ (Freeman 1999:26).

DH - One of the major skills we need is to be shape-shifters. It's being able to behave completely differently and even look different - depending on the context ... the ability to be able to take a stand and let it go. When we are working with difference - it's being able to say (at this particular point in time), this is what I think, and to state it strongly, but not strongly enough that you cannot let it go completely the next minute.

KB - Being able to argue/debate from different points of view at different times (or even almost at the same time) (11.12.98).

¹ See Re-writing - Chapter 4, for the details of the meetings, written as letters to the groups.
Chapter 9. Re-creating

The ‘shape-shifting’ - the ancient wise woman (witch/shamanic) skills - in modern dress, is vitally important to re-claim. The [shape-shifting] archetype is found throughout the ancient world in art and myth ... there was a time when she did not have to disappear, for she was at home among a people who valued the feminine as the bountiful Earth Goddess' (Freeman 1999:27). Isis was perhaps the greatest (re-membered) woman healer and shape-shifter of myth for thousands of years, and it was in her bird form that her healing skills were most profound.

The shape-shifting re-sonated strongly with me. It may underlie all the skills women need to have to generate positive change. Shape-shifting is a major aspect of the healer - the shamans, the witches, the wise women, the goddesses - of both her-story (his-story) and mythology. Shape-shifting is associated with the ancestral teachings of the ages of the world, enabling: ‘... those who are able to bridge different time scales and dimensions in this way invariably ... must be regarded as guardians of memory, tradition and knowledge from whom later humans can learn’ (Matthews et al 1994:155).

Shape-shifting is an integral part of the shamanic experience and involves an ability to simultaneously be a part of all existence, conferring the skills of oracle and re-velation to the shaman and healer. ‘Finding the right power which will help the shaman underlies much of shape shifting. The shapeshifter calls upon the power of one of her [animal] helpers in order to go forth, in spirit, to transact whatever business she purporses’ (Matthews et al 1994:147).

Shape-shifting traditionally was aligned very closely with the land: ‘... the manner in which the goddess of the land herself shape shifts from hag to maiden in the Celtic tradition, demonstrates the polymorphic nature of the land itself, which changes its mantle with every season’ (Matthews et al 994:157).

The ability to shape-shift allows (as it has always allowed) women to learn from different ways of being; to have the ability to move through different elements; to gain great knowledge and wisdom; to generate powers of healing; and to understand life and death. Shape-shifting also involves an exchange of power based on mutual re-spect.

BG - Shape-shifting - how is it different? What is it?

KB - Shape-shifting is the shamanistic experience, where you go through all the levels of the way the brain is formed - from the fish [all the way up to the humans]. You learn the knowledge and the wisdom of each of the shapes. That's what I tried to capture in the thesis - this quality of shapeshifting. A woman can be many different things, learn from, and gain her power from many experiences.

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2 The title Shaman is an ancient Siberian word, but it is used here because it has universal re-lationships with traditional healers. Traditionally shamans were both women and men (although much of our popular culture today depicts them as male).
3 See Chapter 6 - Re-cycling for the story of Isis
4 Shamanism is a world wide healing practice in which the spiritual interrelationship of the earth with the other worlds, forms an interwoven fabric of physical and psychic being, affecting all forms of life, both seen and unseen. Shamans are walkers between the worlds and re-tive knowledge, healing and prophetic insights to benefit all. They are truly cross cultural - coming from Celtic, Polynesian, Aboriginal American Indian mythologies for example.
5 See Chapter 6 - Re-cycling for further discussion pp 187 & 188.
BG - Metaphorically you access those aspects of yourself, for example your fish knowledge, and then this embraces a whole, so it allows you to access the whole. You have your own goddesses, your own aspects, your own understandings, the multi-dimensionality of who you are.

BG - (Reading from The Encyclopaedia of Celtic Wisdom - Matthews et al 1994:147). “The main purpose of shape-shifting is to learn from animal guises to find information of things, to stalk a lover or enemy, to hide from someone and become invisible, to survive in times and places when being human is dangerous, to become or be enchanted into being an otherworldly guardian’. This is the ‘how’ of the spirit being formed on the planet - these are the qualities of the ‘how’. It’s not a ‘what’ - it’s a ‘how’. It’s ‘how’ to be on the planet: from being not embodied to being embodied. It shows how to do that - accessing that - being able to change. That’s phenomenal.

KB - Shape-shifting is vitally important in that healing space. It’s being able to shift between the worlds so it’s the understanding of [health and illness], life and death. To be able to shift easily (and consciously) between those sorts of spaces is the thing that intrigues me as a healer (6.6.99).

The ability to shape-shift has always been the real magic and wisdom, the quality of spiritual strength, particularly for women. As shape-shifting was been such a powerful tool of the feminine (shaman/healer) traditionally, when the patriarchal societies developed, the mythology shifted to reflect this change (appropriating this skill). In the Greek myths, for example, when Zeus swallowed Metis, he internalised the sea goddess of prophecy and shape-shifting; and when Athene leapt fully grown from his head, female wisdom was now controlled symbolically (mirroring practice) by the patriarchy. Re-claiming the ability to shape-shift became a major skill with which the women in this re-search re-sonated (and the female ability to shape-shift was mirrored/re-acted in the stories of Inanna and Isis particularly).

The shadow of shape-shifting

LB - Shape-shifting is mentioned in The White Goddess (Robert Graves 1961). There are myths when the shape-shifting goddess is devoured by the male - as in Zeus devouring Metis and giving birth to Athena. In the Celtic myths you have the goddess pursuing the male who changes through the many guises - it’s Keridwen where she is trying to make him give up [the knowledge not meant for him].

KB - When I have talked about shape shifting, I have also thought about its shadow. Power can be used in many ways - in itself it is neutral, the light or the shadow side come from how it is used (6.6.99).

There is a shadow side to the ancient skill of shape-shifting. Traditionally it could also be used to enchant others, to coerce or re-strain, to change the person into a non-human shape to prevent them from operating fully in their society, in order to dispossess them, or for vengeance. There are many stories of these uses as well as the healing stories (Matthews et al 1994:154). This shadow side - the mis-use of this power - needs to be guarded against.
Flexibility

Shape-shifting is the mythical aspect of flexibility (and re-inventing ourselves), and the ability to be flexible was a re-curring theme in our discussions. To be able to facilitate positive change and to develop the skills women need, it was thought necessary to have the ability to be flexible enough to encompass many points of difference critically, and to let go of these if necessary - a vital skill during processes of change. Flexibility is also about being able to maintain a critical faculty, to be able to encompass a number of critical perspectives at any one time, to realise and be able to focus on the most appropriate perspective for the situation, and to retain the ability to change (truly and ethically) when the situation changes.

JP - [An essential skill is] being able to maintain critical ability. If you are able to come from other perspectives, and can somehow encompass a number of critical perspectives [at the same time], that provides you with more of the element of surprise, more flexibility, and an ability to speak up about something in a way, that then also speaks for other kinds of interests - as well as your own direct interest ... And yet at times it is also important to focus on one [perspective] as well. That is often how new knowledge is opened up - though a focus on one perspective - so it has been important to be able to speak from that as well (9.4.99).

Re-inventing ourselves

Weaving in with the ability of shape-shifting is the skill of developing ‘moving identities’ - the ability for re-inventing ourselves. This was another area of commonality between the three of us in the WOTL group, probably evolving from our childhoods, as we had all come from families that moved regularly.

JP - I was writing about my life, when I was young we moved a lot, and how this has affected my life ... while theorising about it, I realised that as a child I had what was called a 'moving identity'. This serves me very well now, but it didn't serve me well then. Looking at it [in hindsight], the dominant story then was that you don't move, you [should] have stability. I found some really great quotes about being psychotic if you move - and I felt that then, I felt marginalised.

[Yet] I loved moving because I could - and did - reinvent myself. Which meant I was totally attached, then totally detached, and I still do that to some extent. There is a part of me that can detach and move on. The three of us have had similar experiences. Writing this [enabled me] to reclaim it for the first time. Now I can see how useful that was to me. Now I am reclaiming it, I no longer feel marginalised around it, I feel it was a great advantage to me.

KB - I have looked at the moving I did as a child as a blessing (now), as it has given me the ability to change fairly readily [re-invent myself] when I need to, and that has been an invaluable skill. It has made me 'self contained' [self reliant], and has allowed me to successfully change careers (several times).

JP - We still get a hard time in society for [re-inventing ourselves]. We are often given a derogatory name and many people find that very difficult to deal with.
DH - It's the same with jobs. If you have a number of jobs on your CV you are seen as unreliable. But this is changing - these days they are asking for a portfolio of your experiences (18.9.98).

Honouring the differences - 'the politics of difference'.

'The argument of difference, multi-culturalsim and any theory that pushes us to the edge, celebrates the richness of difference for not only acknowledging varieties of life experiences, but also using that diversity for problem solving' (Kaufman Hall 1995:28).

DH - We were talking about difference, and what came up was - how do we do that every day? How do we negotiate it, mediate it, what [and who] do you decide to exclude? Sometimes we want to exclude someone at the time for some reason (9.4.99).

'We face the task of developing our understanding of differences as part of the theoretical task of developing a theory of power for women ... we need to develop our understanding of difference by creating a situation in which hitherto marginalized groups can name themselves, speak for themselves, and participate in defining the terms of interaction, a situation in which we can construct an understanding of the world that is sensitive to difference' (Hartsock 1990:158).

Several discussions, particularly in the WOTL group, revolved around the concepts and the practice of dealing with difference. This was a major point of interest, and when reading Gordon (1991), she discussed how difference is one of the major issues associated with both re-constituting his-story, and in negotiating between demands for truth and demands for myth. She found the dominant emphasis in women's scholarship (coming out of the 1980s) was to negotiate the concepts of 'difference'. She found that: '... a development of the single greatest theoretical contribution of second wave feminism, the notion of gender DIFFERENCE is a code word that has taken on two meanings. The primary meaning is that women have, according to discipline, a different voice, a different muse, a different psychology, a different experience of love, work, family and goal. To varying degrees, all the disciplines have been involved in demonstrating not only the existence of that difference in experience, but also the difference that recognising it makes in the whole picture' (Gordon 1991:78) (emphasis in original).

DH - I react when 'they' are trying to envelop us all in the dominant ideology - 'we are all just people so lets just all be the same' - and yet the same is what 'they' value only. It's not making us shift at all - it's all that capitalist stuff.

JP - With a bit of token conversation about areas of difference.

DH - There is something in there, that while there is a lot of theory and lip service around difference - there is no one 'truth'. But what we are hanging onto [also] is that there is one 'truth', and we have got it, and 'they' haven't, and if we move outside it, we are moving away from the 'truth'. And while we play lip service to multiple truths, I don't think we have really got it yet.
KB - It’s hard to live - you can believe things intellectually, but the actual living of it can be very difficult. When we have differences, I think ‘yes it’s a cultural thing’ and then I try and do it. Yet sometimes [in the day to day reality of it] I feel really uncomfortable and don’t know how to deal with it. Intellectually I know what is happening, but my body betrays me (11.12.98).

The idea of difference can have different meanings for different people (both positive and negative), so there is a need to guard against the notion of difference when it functions to obscure domination, as it has done so throughout much of re-coded his-story.

‘My perception of the ideal of community is one of non-exclusion, of being able to hold the tension between the polarities of community and respect (and support) for difference within this framework... the communitarian mode cultivates diversity - but without encouraging wilful segregation or the repressive preponderance of one of the social subsectors... community may be the only form of social aggregation which reflects upon, and makes room for otherness, or the reverse side of subjectivity ... and thus for the play of difference’ (Young 1990:320).

I believe that there is a need to honour the ‘gap’ (the difference) not necessarily bridge it6 (bridging is a very ‘male’ construction). There is a consciousness (a space) that allows us to operate within the difference, that allows a fluidity/flexibility. This space is not one of opposites but is fluid - a verb, the between is an opportunity for transformation,7 that can be turned into insight. It is a space of paradox and contradiction, that if allowed to exist and honoured, will allow for a new consciousness to arise.

Forming alliances

DH - I have a dilemma with C - he takes up too much space - he’s from the margins - from South America and he has some wonderful stories to tell, but he silences me and talks forever. So with coalitions - we need to actively [form them] - we can’t just expect that they are going to happen. We need to set them up before. We did that this morning - JP said if C says too much I’ll say something and back you up. That was enough for me - it completely defused my fear. But somehow you don’t [often] allow those conversations [to form alliances/coalitions] (9.4.99).

Starhawk (1987: 336-338), writing about building a movement for change, suggested creating communities and alliances for support - providing an environment where differences could be acknowledged, and coalitions built that would allow strengths to be combined for particular issues. Our fears of difference feed the current hierarchical constructs of our society. If we are to re-structure our current ways of thinking: ‘... it must embrace diversity, allow us to connect across the barriers of difference ... and to reconnect across the lines of our common differences of race, gender, class, religion, sexual orientation, physical condition or appearance, is the creative act that founds a new world’ (Starhawk 1987:318).

6 See opening quote Chapter 1 - Re-formulating pp 24.
7 See Introduction pp 15-16 ‘working the hyphens’. This theme has been woven throughout the thesis.
JP - [An important skill] is in the ability to form alliances when you need them for a particular purpose, and then be able to let them go. Alliances that form around something that needs to be done, and then let go - as opposed to alliances that are formed and stay stuck. It's that willingness to be in alliances and then not in alliances that is a useful skill. We do a lot of work around forming relationships, but very little about how to undo them successfully.

DH - It's where relationships often work against themselves. People get too attached to relationships and can't let them go. So one of the skills is to be fairly self assured, self contained - so you are not dependent on being in relationship with the same people all the time (9.4.99).

In forming new alliances - 'singing up the differences' - is vital. We need to break down the big categories as the overriding factors, and form new alliances in different ways. Privileging difference, brings out the different stories, stories that challenge the dominant stories, and allow marginalised voices to be heard. The metaphor (Horsfall & Pinn 1999) of throwing a handful of pebbles into a pond, creating many intersecting ripples that eventually disrupt the centre, compared with one stone thrown into the centre where eventually the ripple reaches the edges - appealed to me as a metaphor for change in society, a change that will allow for voices from the margins to be heard as well as the dominant story.

JP - There are two different paths when you are choosing relationships - the basis of the relationship with difference - is [the difference] in the field [foreground] - with the background of the field [showing] some similarity, and can you switch the concept of differences into similarities, given enough time. [The other path is] when people start talking about their similarities in the field, [yet] in the background is the difference. We need always to remember that. Our model for being practical about it was, when we are talking about similarities - to remember there will be difference, and when talking about difference, there will always be similarities - even if only because we are human (18.6.99).

Solidarity - or otherwise.

Re-lationships, alliances, what is solidarity built on? Today, maybe we are re-defining its meaning, as we are also redefining the meaning of re-lationships.

JP - With a movement [feminism for example] that is just starting - there is a need for solidarity. If someone breaks out, then they are really letting the side down. Whereas [today] in feminism there is enough strength for people to step out and be different around it - in fact that is its strength now.

DH - There is something in there about relationships. If you have people who you know, who have some understanding of what you are trying to do, and you know that they support you, then that is really important - it helps your resilience in some way ... There is something important about solidarity, but it must not be so solid that you are trapped and can't move out of it.

JP - Maybe now the solidarity has to be built around something else. Solidarity has been built around notions of identity before - that was what kept the
solidarity. Now as we talk about things like difference, partiality, location, maybe the solidarity will be different. Here are the three of us offering our partial knowledge on this, and we can have a solidarity around that, with our difference. I hear your story, and you hear my story and they are all from different locations, and yet they all contribute to the knowledge, and that becomes our solidarity even if we are very different.

KB - The points of connection become the solidarity.

JP - The actual relationship is the solidarity - rather than the ideology or the belief. That is how we can all be here with different beliefs, and not to feel like we have to have courage to actually say them. It's built on a different kind of solidarity (11.12.98).

Transdisciplinarity

Transdisciplinarity has two aspects - we need to hold the connections rather than the information; and we all have partial knowledges, so we need to come together to share these to form 'wholes'. Networks (webs) are important to encompass 'wholes'.

DH - It's getting back to the transdisciplinary thoughts. One of the things I find hard with transdisciplinarity, is my head isn't big enough to hold all the things it's meant to hold - no-one can hold all that knowledge. I don't think that one person can embody transdisciplinarity.

KB - Maybe it's the ability to hold the connections, with other ways of thinking - not actually hold the information.

JP - And openness that allows other disciplines to inform you so that you are not saying - 'that's the boundary - we can't have this contaminating our information'.

There is [an importance] around boundaries. Again it's never a one way thing - sometimes you need to be porous [leaky boundaries] and other times you need to be opaque as well (11.12.98).

Living with uncertainty - changing re-lationships.

There is much psychological work directed to teaching people to be in re-lationship, but there is very little about teaching people to be able to let go of re-lationships, when they are no longer useful. This discussion was about the breaking down of the construction of re-lationships in particular (?rigid) ways - leading to greater flexibility.

KB - Our society, our culture has constructed relationships in certain ways. It's more like the cultural thing that is breaking down. We are looking at ways other people [cultures] are doing things, and realising that some of those things are of value, and that is breaking down many those barriers, including that male/female duality.
JP - It’s raising your uncertainty around all those things you are experiencing, and that’s around something you have chosen, yet most of us are being thrown into things that none of us have chosen. We are all being thrown into things whether we like it or not. You can choose to add to it or not.

[About DH’s moving house] At one level you are saying you have thrown yourself into uncertainty, but the situation you are in now is no more certain than the one you are putting yourself into. Yours is ‘known uncertainty’ now, but tomorrow anything could happen to your certain situation, that could change it totally and throw you into the complete unknown. Because we have done it yesterday and we think we are going to do it tomorrow, we think it’s certain, but it’s not. We really do live in uncertainty but we construct that we live in certainty.

KB - We create this illusion of security.

JP - Then we have to defend it.

DH - One of the skills we need then is to embrace and live with uncertainty. To recreate the story so we are talking about the uncertainty rather than the certainty.

KB - That is easy to intellectualise but very difficult to do, as it can be quite nihilistic if you are living totally with uncertainty. You may think there is no meaning. This needs to be a very clear choice (18.9.98).

New relationships and courage

Much of this thesis was looking at constructing a new (non-hierarchical) re-relationship with the masculine principle, and incorporating marginalised (especially women’s) voices. The Arthurian myth helped with the background understanding of a different masculine principle - one that honours and respects women for their own power (being taught by them), but I have not included this myth in the thesis as I felt the female myths were more appropriate. Rather I used the stories/myths of Inanna and Isis for their visions of powerful, courageous and creative women. These myths showed a path for a new re-relationship between the feminine and masculine principles (from a female perspective) and a way for transformation of Western society as a whole, and medicine in particular.

KB - I am passionately interested in the role of women in medicine (a strongly male profession in the upper echelons) and as part of this I was interested in looking at forming that new relationship with the masculine principle. It’s not just about the women, it’s also about the men and about getting some other, more egalitarian relationship - some other way where everyone is working towards a different way of being in relationship.

To develop the mythological aspect of this new relationship - there are three aspects of the mythological male I am researching. In the myths of Inanna, Damuzi was the unacceptable masculine as he misused (her) power, the Arthurian myth (the peaceful warrior) with its strong feminine:male relationship - based on the recognition and valuing of different strengths within these principles.
(by both). Isis is the third myth as she re-presents another aspect of the feminine/masculine principle. Isis 're-membered' the male - putting Osiris back together in a different re-lationship, what I feel this re-search is trying to do.

DH - The masculine/feminine stuff I find really interesting because my son is going through this. He and his friends have conversations about getting in touch with your feminine side - which is really sweet. He said to me the other day '[the feminine] is really good because I don't like any of the masculine stuff' so then I really had to struggle. What are the good masculine things I can think of? I couldn't think of one that I couldn't say wasn't also a good quality for women. Women I like have the same qualities [as men]. Like courage, most women I know are incredibly courageous but it is known as a masculine thing. But it's not - women have always been courageous. I find all that separating out very difficult (18.9.98).

'We have never known the conscious masculine either ... we have confused the patriarchal power principle, which controls and shapes nature at any cost, with the masculine. It too, suffers from imbalance due to loss of the feminine, and it too, will become renewed, clarified and eventually more conscious' (Zweig 1990:242).

**Individual stories of courage**

JP - We should be talking about the qualities of 'people' - not specifically men and women. We should be talking instead about people qualities - power, courage, flexibility. A very different level of description, rather than a divided male and female. These qualities are not gender specific. You can also talk about lack of qualities as well.

DH - Courage is a really important one - not putting your hand up when you see oppression is actually cowardice. We need stories about women's courage rather than the stories about the archetypal hero - that doesn't talk to me at all. The stories are so important - everyday stories of the courage of women (11.12.98).

**Duality versus polarity**

In Western society, the philosophical basis of how we perceive our world is as a duality, and it was here that the separation of the masculine and feminine principles, as well as the current power structures, were challenged by this re-search. To change the current hierarchical power structure of our society into something more egalitarian and web-like, a transformation is required in the way people in our society perceive their world. If we can change our philosophical/cultural perception of everything as duality, we will also remove the basis of the 'other' (while still re-specting difference), and therefore the basis of hierarchies, racism and gender disparities. Duality, objectivity, hierarchies, science and scientific medicine are only branches of one story among many. They are not the only story and other stories need to be told and honoured.

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The concept of different realities being found more in constellations of differences, rather than in either a duality or even a polarisation was an important issue, and the women in the groups used these ways to look at difference. Flexibility (shape-shifting) illuminated a path through these dualities/polarities.

KB - We should be looking at the polarities in differences, or constellations of difference, rather than at the duality - then [any person] can encompass similar qualities in different ways.

DH - [This is] hard because I find myself falling back into 'we are all just people' which has huge dangers ... I think that some of the skills we need are about holism and getting rid of the dualities, but how you do that - without pretending there are no powers, or oppressions or differences?

KB - It is a very difficult shift to make because polarities and dualities are often perceived as the same thing. We are culturally conditioned to think in terms of duality, which we can intellectualise as polarities.

JP - This conversation is falling into a duality as well - lets let go of that and move into this. There are times when it is useful to be dualistic, polarised and to hang onto that - and if used in a particular situation it can be a very useful strategy. Yet there are other times when it is not such a good strategy. We have to hold onto both those strategies because when we meet a new world, we will get into so many different situations ... People who haven't done the basic thinking and who haven't gone through the hard shit, knowing what it's like to suffer in a marginalised position, [often try] to make us all one - all 'human'. With some people, I might say that's OK and be completely accepting, because I know they have done the work, but in others it's shit (11.12.98).

Allowing the conflict of opposites, allowing opposites to be (even perceiving duality and polarity as being in conflict), is also living in the margins. Being able to shift between different ways of being can lead to a new awareness, can allow a new consciousness to arise.

'The belief that patriarchy must be rejected outright in order to move into a new age is itself an expression of the patriarchal proclivity for either-or choices, and for the ranking of alternatives as good or bad, rather than as simply unalike. From the phallic perspective, transcending this either-or duality entails building bridges between opposites. Such configurations as truces and treaties, even the gesture of shaking hands, express the motif of bridging between alien opposites. In patriarchal terms, the route to the next age is a bridge connecting the old world view to the new one. From the perspective of the exertive womb, what is needed is not a bridge but a more comprehensive context that transcends and embraces both ways' (Haddon in Zweig 1990:257).

How can we learn to shape-shift consciously?

How do we develop the skills to be able to change (shape-shift) successfully? We live in times of huge change - individual change, local change, global change, even astrological change. Many of the issues that arose were about change - the difficulties,
the advantages and the different approaches people have to ‘change’, and the re-sistance to change - even when conscious and thoughtful choice is involved.

DH - I can understand people's resistance to change. I am going through a major one myself at the moment - it's exhausting. I am constantly exhausted, and yet it's something I am committed to, I believe in, I really want to do, that I instigated, and yet the process is exhausting me. Everything that is familiar is no longer going to be familiar, there is no certainty around me any more and just arranging things in your head differently - it's physically very exhausting.

KB - Changing all your neuronal connections, all your body memories - you must get a physical response as well.

DH - I can understand the resistance - but I don't know what to do about that - can we make it easier. Do I want to make it easier - or is that part of the deal. The Protestant in me comes out and says that it should be difficult.

KB - Yet, you are a person who is prepared to change despite the difficulties - whereas other people maybe wouldn't. Other people would just find it too hard and wouldn't bother. That is where the basis of fundamentalism lies - because then they have to start and justify why they won't change, and the longer they won't change, the stronger they have to justify their stance (18.9.98).

'We are faced with the problem of defining ourselves in relationship to the present structures. This means women must move in numbers into leadership roles to achieve even the possibility of change. Their presence and activity will then become a necessary prerequisite for correcting our myths and language traps so further and comfortable change may be possible' (Cox 1996:56).

'Language' 9

How language is utilised and interpreted is vital to the way the world is perceived. The ability to be able to talk in ‘different’ languages is essential for understanding difference - ‘mother tongue’ and ‘father tongue’ are two used today that form a duality/polarity. Being able to speak in both allows the crossing of boundaries and increasing accessibility. Knowledge can be written in such a way as to exclude, for example, post-structuralism with epistemological and ontological understandings; or to include - for example, as a story. Although ‘exclusive’ language has a descriptive role and can be used to elicit a preciseness of ideas, stories will cross many more boundaries, have far greater acceptability and be able to touch a greater number of people. Stories are languages of the dream - accessible to all cultures and all people. This thesis used ‘stories’ for their congruence with ‘crossing boundaries’; changing the way women work in this world.

'We hear the voice of the ruler who has become a voice inside us ... power-over works like sorcery: it casts a spell on us. It changes our consciousness, clouds our vision so that we don’t notice it in operation ... culture provides us with a ‘language’ - a set of internal rules and expectations for combining things and acts [patterns] ... these patterns are never accidental: they

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9 See Chapter 3 - Re-searching for further discussion on use of language pp 114-115.
are concrete manifestations of a culture's deepest assumptions, structures and power relationships... cultures have pattern languages... for all aspects of life... the way food is grown, the way houses are built, the Gods that are served, the rituals that are performed, are all generated by a network of harmonious pattern languages. A living culture is made up of living patterns, each true to itself and to its interrelations with other, 'all being created and understood by language, yet: '... language is political... the language and form of the statement embody attitudes about power, knowledge and value... [it] reserves power for someone steeped in the training necessary to translate it. It assumes that knowledge can be conveyed separately from feeling... it presents itself as a statement of fact' (Starhawk, 1987:95).

JP - Maybe it's about finding other languages which I think is quite often the difficulty when you are trying to make a movement for change. [Our words have] whole constructs that go with them - and yet how do you find the [new] words. It is really important to drop some of the words that no longer are helpful, and are power making, to stop the power process... We are constructed in language, so unless we can change the language we won't change (24.7.98).

Language today has a distinct gender bias - chairman, 'man' used as the generic, the his-story (and the her-story) discussed here are examples. I was re-f lecting on different words that could be used that could encompass both (and include other living creatures), and came up with 'life-story'. I was attracted to this as much of our current his-story is the story of war and death, and 'life-story' while not denying death, may be more life affirming. 10

Working with paradox

The ability to work with paradox using contextualised knowledge and language rather than essentialist knowledge, is a very useful skill, and re-sonates with honouring difference.

Assertiveness (rather than aggressiveness).

The issue of assertive rather than aggressive was discussed at some length, as we had all had negative experiences of being told that (as women) we were 'too aggressive'. We discussed being assertive as essential when making our ideas known, although it was re-cognised that this could be a matter of definition (of languaging), and an issue of gender. What in a woman is perceived as aggressive, in a male is more frequently perceived as assertive. Who constructs these notions of assertive or aggressive? What meanings do people give to these?

DH - Assertiveness is the first one that pops into my head - [it] is still needed in this system - and maybe what we need to take it into the next.

JP - Assertiveness is still going to be needed... it is a fallacy to think we are going to be moving into some benign new system... there will always be something to resist... we may need to work with assertiveness differently, but it will still be important (18.9.98).

10 See Introduction pp 7, 9 - Footnotes.
Critical Reflection

The groups discussed the necessity to re-sist the modern construction of activism by opening up a space for critical reflection, with collective reflexivity and ethical practices for the self. We all felt that if we wished to generate change, it was important to resist the dominant stories in our society by telling the stories from the margins, by bringing forth subjugated knowledge and by encouraging purposeful listening. Re-sistance can be many things - the creative edge, an act of becoming, paradoxical, transformative, opening up new directions and new possibilities. Critical re-flexivity was felt to be a vital skill for courageous women generating positive social change.

JP - The important things are taking a stand and letting it go, being able to hold different points of view at almost the same time, having complexity without being essentialist, allowing for both surprise and flexibility. Re-inventing yourself - attaching and detaching, the alliances, friendship, mortality. Other alliances can be through shared sense of pain, shared sense of purpose. In the 21st century, the most important thing we have to theorise is difference (9.4.99).

Women and men must be able to distinguish interlocking oppressions and to be aware of choices available to all. 'It is not difference which immobilises us, but silence. And there are so many silences to be broken' (Lorde 1984:44). Difference can be a source of fragmentation and division, or a creative source of re-sistance and change. We need to activate the ideas of difference and look at the 'politics of difference' if we want many voices to be heard: '... what was crucial was simply to be able to speak the unspeakable, to break the silence' (Griffin 1995:12).

‘If consciousness is to migrate further toward the Eros embedded in daily and practical life, certain histories must be told and habits of mind revealed... a metamorphosis is required. Profound changes are incipient in the culture of my birth, even affecting the way one delineates a self, certainly the way one understands the world and aims towards the discovery of truth... for if this metamorphosis promises unexpected answers to what is after all a crisis of meaning, it also threatens an old and familiar structure of mind that has in many ways become synonymous with meaning’ (Griffin 1995:28).
Re-balancing

concluding

Inanna standing on two lions and holding the caduceus of entwined serpents in her right hand
- cylinder seal c.1850-1700BC,
in Baring & Cashford (1991:192)
There is no question in my mind that the Goddess is reawakening. And as she rises, we learn more and more about what it is to be women.

We have reclaimed role models of women as wise, courageous, creative at the highest levels, as healers and physctists, as architects and builders, as the inventors of written language and so much more.

The ancient images of the Goddess have allowed us to reconstruct core concepts of the feminine principle that would not have been possible without the knowing of them. (Stone in Nicholson 1989:1).
Re-balancing

'I do not really wish to conclude and sum up, rounding off the argument so as to dump it in a nutshell on the reader. A lot more can be said about any of the topics I have touched upon ... I have meant to ask the questions, to break out of the frame .. the point is not a set of answers, but making possible a different practice' (Kappeler 1986 in Lather 1991 (a): 159).

To create fundamental change in our patriarchal society (particularly in medicine), women must re-claim1 their his-story, their connection to the women healers of the past; to be able to form a vision of the future. Women must re-member the female her-stories that gave our fore-mothers spiritual and psychological strengths, and re-flect on the archetypes that provide models of what women can be. We must know what we were, to know what we can be. Women will need the shape-shifting and healing skills of Isis, and the strengths and qualities of the powerful transformed Inanna to facilitate positive change.

This story was also my story. This thesis was me questioning myself, re-searching what I knew unconsciously and making it conscious, developing a new voice and re-writing a different story. This re-search was concerned with ‘making a difference’ through trans-formation and change, re-sisting the ‘master narratives’, for something that also honoured the female stories. As stated in the Introduction, this thesis was an act creating a story that wasn’t there before. It has been a weaving of three separate threads - feminist scholarship, the her-story from the past, and the mythology of powerful, courageous and wise women - into a tapestry for women today; developing a vision for the future, with role models of what we could be like, in a society where everyone is valued.

By using narrative, cooperative and feminist re-search, the multiple voices of the women involved in the process enabled a way of theorising this critical inquiry. It was my story but also the stories of many other women, and in my (and their) struggle to re-claim a voice I have included their/our conversations as part of the text. Their words were powerful and moving, their contribution gave me many ideas, supporting the passion I had for this re-search, and together we evolved the story of this thesis. Our stories must be told, our ‘life-stories’ re-claimed, our experiences made visible, our ways of knowing and being honoured, and taken account of in our culture. This is one of the strongest convictions I have gained as a result of this process.

The process has been an intellectual progression, where I have re-searched and re-told the old stories - stories of powerful women that were the common stories of ancient cultures in much the same way as the male Greek gods (and the Bible) are the common stories of our culture. In the process of connecting with these stories, I have re-written a new story that glimpses visions of what women can be today. This re-search was (and still is) an invitation to all women to join in the search for who we really are (and have been); by beginning to re-claim ‘her-story’ and our heritage as healers - as much more than just broken fragments of a male culture.

1 In the conclusion I have deliberately used different (re-) naming for the sources of our strengths than the chapter headings, as flexibility (shape-changing) is one of the major skills I believe women need to generate change.

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As a Social Ecologist, using critical inquiry and re-flexivity, this re-search also made a difference to how I see and how I practice in the world. And as I was using collaborative re-searching, knowledge construction and meaning making, then this re-search also had to have made a difference to my co-researcher’s way of ‘seeing’ and ‘being’ in the world. This was confirmed by the feedback from the women involved in the groups.²

Healing women

‘Our health system is sick, some may say dying. Those in positions of power do not have the answers. More technology a greater focus on pharmaceuticals and genetic causes of health are not going to lead to a healthy, thriving, sustainable system. In an ecological sense, and a feminist sense, a diversity of ways of knowing and being, a multiplicity of voices, will help reinvent the health system’ (Horsfall 1998:308)

I work with people as a healer and as a teacher - helping others to find their own voice. My work empowers clients (particularly with life threatening illness), giving them enough information to enable them to choose their treatments (medically or otherwise), and not just take what is offered without explanation. I encourage clients to make informed choices and to have the courage to speak out and demand a better deal from medicine - to challenge the power structures of the hierarchy, to choose what is best for them as individuals. Maybe this will change the face (and eventually the practice) of medicine to a healthier experience.

Visions for the future

The powerful images of Inanna and Isis described here, have given me a vision of what I could be, and inspired great confidence in myself. I wonder if I would have stood for Parliament if I had not had this visionary process. The insights have given me a knowing - changing my perception of myself (or strengthening it) and the culture I live in. They have shown me a different path and given me the skills to facilitate my new vision - of myself and this society.

This re-search has changed my practice in many ways, although I found much of this hard to articulate initially. It has significantly empowered me, as it has informed my theories and philosophy of healing; giving me enormous strength, and the courage of my convictions. The re-connection with the past has made me very conscious of the cultural influences under which I was raised. This allowed me to become more conscious of my own processes and the influences in my life, and enabled me to better utilise the power of the feminine.

My developing empowerment has also no doubt transformed my practice and my way of being, in many subtle ways that as yet I cannot see. One of the most obvious differences for me, personally and professionally, is that now I am more comfortable in speaking out - finding, (and using) my own voice, even on difficult issues and in

² See Chapter 4 - Re-flecting.- The process - singing up the stories.
³ In March 1999, I stood for the Legislative Council in the NSW elections, as an independent (by invitation).
conflictual situations. I am also much more aware of situations where women need to
break their silence and speak out - situations that were invisible to me prior to this re-
search.

Through this re-search I have looked at the constructions of ourselves and others, and of
the power re-lationships inherent in this. I (and the other women) have struggled daily in
our work, in our communities and in our everyday re-lationships, to create ways of
being that are not discriminatory, oppressive or dominating. There is no innocent,
straightforward discourse of liberation or empowerment, but something must be done
for those who are silenced and powerless, whose decisions about their lives are made for
them, not with them. However I have also found that the positions of oppression and
domination are very fluid, and they contain possibilities of many diverse alliances. I
now know what it means to recognise the multiplicty of knowledges that structure
social re-lationships, and that these are often partial, paradoxical and contradictory, but
are all part of the huge diversity of what it means to be human. So although this is an act
of re-sistance, it also ‘... enables us to walk lightly on the earth with our co-travellers, and to
respect their choices of different paths’ (Horsfall & Pinn 1999:2).

The idea (ideal) of community has become very important to me, particularly when
trying to create social change. Over time I have come to define ‘community’ as a verb
- a constant process that gradually breaks down barriers (real or perceived) between
people seen to be making decisions, and those who the decisions affects. Re-flecting
on this re-search has given me ways to go forward - skills I need to develop and tasks I
will need to do to continue to develop positive social change - in a way that is
congruent with my feminist beliefs. Working with the ‘politics of difference’, I believe
that there is no ‘ideal’, but that we must accept and value our diversities and our
differences, and work against the universalising tendency used so commonly today to
homogenise or to exclude. I need to work on the re-lationships of the systems of power
and the re-lationships that marginalise others, and re-cognise the ‘... ordinary, everyday
actions of many other people, acts of resistance that are often silenced. Many are guilty of this
silencing, of not valuing the everyday, of demanding heroic acts from each other and ourselves’
(Horsfall & Pinn 1999:5).

By making these private, everyday acts public (particularly of women), writing about
them, talking about them, they then become amenable to political debate, all necessary
steps in the process of social change. We need to validate ‘... a diversity of creative
everyday acts that add to our options for action and resistances, giving us hope, rather than
despairing at the hugeness of social change confronting us ... we believe that this re-storying is a
cultural practice of hope’ (Horsfall & Pinn 1999:5).

JP - In another language look at ‘social capital’. Social capital is created from
the myriad of everyday interactions between people. It is not located within the
individual person or within the social structure - but in the space between people.
It's a bottom up phenomenon, it originates with people forming social connections
and networks based on principles of trust, mutual reciprocity and norms of
actions. The social capital that is thus created becomes a resource that can be
used to achieve collective (community) objectives.
All this has done is name it - there is power in naming. We are sitting here doing this, but how does this contribute to the larger thing - social capital is one explanation, our contribution to Gaia is another, there are many other layers of explanation. It is to do with the glue of relationships that connects us and helps us move forward in our understanding and our doing (18.6.99).

These are the challenges which I now face in transforming my own practice more fully - and this re-search has allowed me to consciously embody this knowledge. My own practice has changed - a different (deeper) practice has been made possible through the process of the telling of this story.

The Faerie Queen speaks:

A woman-child with my face now rules in Avalon. A moment ago, it was her mother; a moment hence, perhaps the daughter of Igraine, who so resembles my daughter Sianna, will come. There have been many High Priestesses since the Lady Caillean passed and my daughter took up the ornaments of the Lady of Avalon. Some of them inherited by right of blood, and some because an ancient spirit had been reborn.

Priestess or Queen, King or Mage, again and again the pattern alters and reforms. They think it is the blood that matters, and dream of dynasties, but I watch the evolution of the spirit that transcends mortality. That is the difference - from life to life, and age to age, they grow and change, while I remain forever the same.

It fares likewise with the Holy Isle. As priests of this new cult that denites all gods but one, tighten their grip on Britonnia, the Avalon of the priestesses moves even further from the knowledge of humankind. And yet they cannot ever be wholly divided, as we of Faerie have found. The spirit of the earth transcends all dimensions, and so does the Spirit that stands behind all their gods.

A new age is coming, when Avalon shall seem as distant to them as Faerie does now. This girl who rules now upon the Tor will use her powers to try and change that destiny, and the one who comes after her will do the same. They will fail - even the Defender when he comes, will conquer only for a little while. How could it be otherwise when their lives are but moments in the life of the world?

It is their dreams that will survive, for a dream is immortal - as am I. And though the world should change entirely, as its events have their reflections here, so there are places where a little of the light of the Otherworld shines through to the world of men. And that light shall not be lost to humankind so long as men still seek solace in this holy earth called Avalon' (Bradley 1997:459-460).

The story to date ends here. Now is the time to develop the new story - and we are all (women and men) involved in this new story.
Re-stor(y)ing

Developing the New mythology

(In The Australian Magazine March 7-8 1998:10)
'It is a Rhythm of Awakening,
a root pulse that carries with it the codings of our becomings.
It is a yeasting in the searching soul.
It is the bell that tolls at the back of our minds,
calling us to rememberance of where we came from.
It is evolution entering into time.
It is the insistence that bursts up from the mud.
it is the dance in which one is danced, the song in which one is sung.
It is the doing of the done'
(Houston 1993:1).
Re-stor(y)ing

Developing the new mythology - is this the Conclusion or a new Beginning?

'We are in trouble just now because we do not have a good story. We are in between stories. The old story, the account of the how the world came to be and how we fit into it, is no longer effective. Yet we have not learned the new story. Our traditional story sustained us for a long period of time. It shaped our emotional attitudes, provided us with life purposes, and energised action. It consecrated suffering and integrated knowledge. We awoke in the morning and knew where we were... we need something that will supply in our times what was formerly supplied by our traditional religious [sic] story. If we are to achieve this purpose, we must begin where everything begins in human affairs - with the basic story of how things came to be, how they came to be as they are, and how the future can be given some satisfying direction. We need a story that will educate us, a story that will heal, guide and discipline us' (Berry 1988:123)

Personal myths do for each of us as individuals, what cultural myths do for a people - they synthesise our ‘reality’, and in doing so they influence the thousands of small, nameless, incidental decisions that go to make up our behaviours.

"The life of a mythology derives from the vitality of its symbols as metaphors, delivering not simply an idea, but a sense of actual participation in such a realisation of transcendence, infinity and abundance... indeed, the first and most essential service of a mythology is this one, of opening the mind and heart to the utter wonder of all being. And the second service, then, is cosmological: of representing the universe and the whole spectacle of nature, both as known to the mind and beheld by the eye, as an epiphany of such a kind that when lightning flashes, to a setting sun ignites the sky... the exclamation ‘Ahi!’ may be uttered as a recognition of divinity' (Campbell 1986:18).

We are currently in a time of mythic turmoil. Myths are models by which human beings encode and organise their perceptions, thoughts, feelings and actions - myths "... map the mind" (Beare 1996:27). The problem today - as discussed throughout this thesis - is that myths can become outdated, are re-written and dis-membered, societies, cultures and humans evolve, and there is a need to re-place the old stories with new/old ones.

There is a kind of homelessness in the human spirit today, our perceptions have been damaged by having to consider everything in terms of rationality. Following the scientific model, we have tried to literalise the myths without understanding that their power is in the metaphor on which they are built. It is the metaphor that embodies and carries the meaning, so when we literalised the myths we limited them contextually, and generated incorrect interpretations of our world (Beare 1996:27).

What is needed is the generation of the new myths that will support us psychologically in the society of today (and lead us into the future). We will know we have found the myth for today when it answers three concerns:

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1 This is discussed further in Chapter 5 Re-generating. This is a summary to lay down a path for the development of a new myth.
* it will re-store our sense of caring towards the earth and its peoples,

* it will re-instate the sharing that manifests as playfulness, fun and joy,

* and it will re-understand that humans and their world are part of one harmonious, interconnected, living being. It will also picture that ‘humans at the species level’ need to discover and fulfil their functional role within this community (Beare 1996:28).

We have superseded the stories that carried the meanings for past generations; many of us no longer fully believe in the current scientific story, nor do we believe in its meanings; and we have not yet come up with another story that is effective. The new stor(y)ies must be based on what people believe, accept and put into them, and have meanings that are credible. The new stories will need to be told over and over, festivals and rituals will have to be developed for them, so the meanings of life in our times will come through.

**LB** - Even Joseph Campbell baulked at writing the new myth. When he was asked what is the great new mythology, he said 'all I know is that it's a myth for the whole world and we can't make it.' A myth is organic, it grows but it's like making a pot, we know it will have this sort of ingredient, but we don't know what it will be like.

**CD** - It's like coming back from the Rio summit. We knew we had a new paradigm - deep down we all knew what it was, but we actually don't have the language to bring it forth into being. And that language is being created continuously now (6.6.99).

It was my original intention (and the passion that generated this re-search) to write a new story/myth - particularly for women in medicine that would encompass a new way of being, in a constellation of values that encompassed the diverse and multicultural society we all live in, and that would transcend the duality of our times. However I found this an impossible task, Myths have evolved over very long periods of time - bringing together many different thoughts and feelings from many differing people. The myths we have today have been distilled from thousands of years of oral stories and traditions, handed down from generation to generation. They are the stories of the human race told over time, with all the dreams and hopes, the practicalities, the crises, and the stories of patterns of cultural behaviour that we learn as children. They teach us how to live on this planet.

Putting this to the re-search groups, we all agreed we can’t actually write the new myth (we can put our ideas out), but we are definitely part of the new myth that is forming. We are women of wisdom and intelligence, and are working (many in medicine or the healing professions), and/or leaders in our chosen professions, and we are coming together, supporting each other, working together and asking the real questions.

**BG** - If the new myth is about the spirit which involves the whole place - not the male and the female - but bringing the two together in an honouring place and helps prepare the planet for whatever its role is - in a supportive way to allow other things to happen. Then the ‘how’ - this shape shifting - is part of the ways
of 'how' the spirit from a whole place survived, rather than going into duality (6.6.99).

The myth that we are weaving now is a 'life-story'. It is not exclusive to any gender - it pictures the life-enhancing qualities of humans, the weaving together of the male and female, the overcoming of the dualistic nature of our thinking, and in place of this, talks of developing constellations of valued characteristics. We are also in the process of developing a new language to 'story' this myth - a language that puts the two together, that loses the sense of male and female yet encompasses both, and still allows for difference.

BG - Language is so important when you want to come from a different place - a place of coming together [rather than separation]. I don't have the answer. Do you put two and two together and that connotes the wholeness of diversity, or do you come up with [a language] that is all encompassing and yet which allows for diversity within - that allows for the life stories, the soul journeys, the [different] purposes to be valued? (6.6.99).

'We are the flow, we are the ebb
We are the weavers, we are the web...

Our vision grows strong when we no longer dream alone'
(Starhawk, 1982:168).

I started to write a story. It is being written as disconnected fragments, each piece seems important, but I don’t know how they all connect. But if all the fragments are kept together - somehow, one day, like a child with a jigsaw - there will be a connecting thread and it will all just fit together.

Writing this story - sitting at the bedside of her (my) dying father, (the symbol of the dying patriarchy?), she is (I am) re-membering, she has (I have) this cellular memory.
Only the memory re-mainned.

In her cells was the ancient knowledge of healing - the knowledge of plants and animals. She resonated with, and knew the herbs of healing, those that ease pain, how to regulate childbirth and the pain of childbirth, herbs that repair the body and the mind, and she knows the language to heal the soul.

In her cells were the ancient skills of shape shifting - how she could become one with the birds and animals and gain the knowledge and wisdom of those parts of herself. Like birds, women of wisdom have always been the great shape-shifters. Her cells embodied an ancient sense of experiences embedded in the now - they resonated between the ancient and the now, between the individual life and the movement of the group. She contained the wisdom of the dance of healing, and of the knowledge of the essence of life and death.

Her memories encompassed times of horror, the female holocaust, when her healing power was forbidden on pain of death, her world was ruled by a male arrogance and a cruel god who feared her skills. The language changed, the female experience was made evil, the female wisdom was forced into the shadow between the worlds. The women lived in fear of torture and death, healing knowledge was hidden in dark places - until its bones were picked clean. Health was denied and wisdom was consigned to the devil. The fires consumed the women. Their memories were erased.

She has the memory of this time implicated in her cells, but she also has the memory of the earlier ancient peaceful time.

She re-membered - a glimmer of light appeared - the women started to re-member the old skill of shape-shifting and they learnt the ways of the male. Slowly they started to challenge the men at their own game, some became the daughters of the fathers, but it was the light of battle they saw as real - and the light was harsh on the women.

The men developed the machines of the world, the machines of medicine generated a different dance - a frenzied, cold, greedy, inhuman dance - that at one and the same time could be used as life supporting or life destroying. A dance that can supported the father, yet destroyed the mother. She had started with the machines and worked with these for many years - she knew their gifts, and she knew their failings - and she became increasingly dissatisfied with their way. She knew they could be used for good or for evil, but she realised that there was also another way.
She discovered the other way - almost by accident (or was it the Fates leading her) - a way that was of the earth - an ancient way that proclaimed the healer, that acknowledged the earth and that sought to heal with gentle things - plants, flowers, touch, sunshine, water - that did not pollute the planet, that did not use as its language the language of war, did not perceive the ills of humanity as a battle that needed to be always treated with aggression and domination. This, she felt, was a much more honouring, ancient, female way of healing.

Wealthy men and powerful organisations were pitted against her. She developed a strength and a calmness in the face of this adversity - knowing herself, and knowing that eventually her work would be recognised if she were true to herself. Yet it took many many years for others to support her chosen work. But others also started to see a glimmer of a different light - they too re-membered the shape-shifting, they also saw a softer light, a long forgotten female light of healing. The light started to strengthen - more was re-membered - an ancient female cellular memory was gradually unfolding across the society.

There were moments when she experienced the interconnectedness, the simultaneity of all things - a butterfly's wings, spider webs, networks of women, webs (patterns) of words on printed pages. How does one learn to sing/live as part of a web, how does one learn to sing up the differences? How are we to become part of our embeddedness, learning to understand our functioning as integral parts of the whole?

Suddenly experience and reason collided and the life force exploded in her body - overwhelmed, her cells trembled and something grew - her energy expanded, magically she now understood the rainbow coloured language of the cosmos - the majestic web of reality.

Today she is renowned as a healer in the older ways, yet this has not come without a struggle - both within herself and her chosen profession. But women are picking up her song. They are learning an old/new dance of healing. It is growing in power, becoming an expression of our purpose, our commitment to a re-turn of the balance of all the elements. Maybe it's the synthesis of these memories that will/is producing the new dance, the new way of being, the new relationships.

And so she dreams on into a different future - when all people are valued for their ability and all have the chance to achieve their potential, when all can live in peace with themselves and with the earth. The strength of this power is in the bond we make with one another.
Re-sources

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The knowledge and the wisdom lies in the creative spaces of our lives
- in Shepard (1990)
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Appendices
Appendix 1

Invitation to the Groups
Agenda samples
Dear

As a PhD student in Social Ecology (the Faculty of Social Inquiry) at the University of Western Sydney, Hawkesbury, my research is centred around developing models for women as healers in Australia, (my Ph D topic being 'Reclaiming the Role of Women in Medicine'). I have a passion for this topic as for some years, I have been researching (and teaching) medical history and philosophy and was disturbed by the lack of written history (herstory) of women in both medical history and medical mythology.

Despite an oral history of women traditionally being the primary healers, and recent Canadian research that claims two thirds of primary health care is conducted in the home, women appear to have been largely written out of medicine since the Inquisition (except for nursing - eg Florence Nightingale). As such there are very few role models for women as prime contact healers, or role models for women in the healing professions generally, apart from the secondary 'helpmates' to the male hierarchy.

Therefore to research this history and mythology, and to attempt to reclaim (and articulate) a role for women in this area, I would like to form a group of women who are healers, to develop the theme.

I perceive this group to have two primary functions;
   a) the research
   b) and as a general support group for women who are interested.

I would therefore like to invite you to the inaugural meeting of this group. My idea is to meet for lunch approximately six weekly, although this is negotiable as I realise how busy we all are, for ~ two hours - the first hour of which I would like to have a discussion to develop my research, and the second hour being for general support, or for any issues the group wishes to address.

As this is being developed initially for my research I would like your permission to tape the parts of the meeting relevant to the research (only). You will be shown copies of the transcripts and the research if interested, and for feedback as the research develops.

If you would like to have more information regarding this topic, I can readily provide articles or a bibliography of relevant material.

The date for the first meeting has been suggested as Sunday 22nd March 1998 at 11.00 am at Eve's place - 4 River Street, Birchgrove (Ph 9810 1912). If you can come, will you please bring a plate of food to share.

Please let me know if you are available, and if interested in attending. If another time would suit you better, this may be able to be negotiated.

Looking forward to finally getting together.

Karen Bridgman 1998
WOMEN'S GROUP

AGENDA - POINTS TO PONDER

The Present

What does it mean to be a woman and a healer in Australia today?

The Past

Do you feel the roles of women as healers has changed in your lifetime?

Do you feel/know if it has been different in the past? - Discuss

Do you know the history of women as healers?

Role Models

What do you perceive is the difference between role models and mentors?

Do you have a role model or mentor for your practice?

Is this person male or female?

What have you gained from this relationship?

Would you have preferred a different relationship?

What are your needs for a role model?

The Future

What role models are needed for women planning and/or working as healers?

Can we look to the past for these models or do we need to devise our own?

Describe your perception of an ideal role model for women in the healing professions.

Could this role model be used in other professions - in what way can it cross the boundaries (or are there any boundaries)?

What role models can this group devise that will have applicability to women working in various moalities of medicine?

Karen Bridgman 1998
Women and power

Do you feel there is any relationship between women and healers and women and power?

Have you ever wanted to make a difference but been afraid to speak up?

How comfortable do you find the idea of power?

Can you see yourself as a leader?
Women’s Group

Agenda - Sunday 22/3/98 Eve’s Place - 4 River Street, Birchgrove

1) Introductions

2) Anything you want on the agenda

3) My research and the discussions held

4) The methods - collaborative research, feminist research methods, heuristic and hermeneutic inquiry
   - to be developed as we go

5) My feedback - and your feedback to this

6) Flexible - don’t have to come all the time

7) This will be taped for the first hour but you will be able to veto the tape
   All quotations will be anonymous

8) My readings to date

9) Next meeting - when and where

Next meeting - explain research methods
Appendix 2
Questions derived from the work of Fran Peavey
From - Peavey Fran (1992) Monograph - Strategic Questioning - for Personal and Social change

These questions have been formulated to trigger thinking and discussion on various issues.

In the questions, medicine also includes the pharmaceutical industry. You may like to distinguish between them. If so, please note, and why?

Focus questions
What aspects of medicine concern you?
What aspects of complementary medicine concern you?
How has medicine impacted on you? What is your experience of healing / medicine?

Observation questions
What have you heard (or read) about the experience of others in medicine?
What effects have you noticed in people when this issue is raised?

Analysis questions
What do you think about the way medicine (complementary medicine) 'operates'
- practically
- politically
- economically
- environmentally
- socially

Feeling questions
How do you feel about this situation?
How has medicine affected your own physical or emotional health.

Visioning questions
How could medicine be changed so it is as you would like it to be?
How could complementary medicine be changed so it is as you would like it to be?
How would you like it to be?
What meaning does this have for you?

Change questions
What exactly needs to change here?
How might those changes come about?
Who can make a difference?
Are there any positive changes occurring now?
What are they and who is generating these positive changes?

Personal inventory and support questions
What can you do to participate in the change?
What aspects of this situation interest you the most?
What area can you make the most contribution?
What support would you need to work for this change?

Personal action questions
To generate change, who do you need to talk to?
How can you join a group who is working on this?
How can you get an introduction to the person/s who may be able to help you?
How can you get others together in some way (eg a meeting) to work on this?

Karen Bridgman 1998
Appendix 3

**STATISTICS**

Total full time students for 1998

<table>
<thead>
<tr>
<th>College</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>% female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endeavour College</td>
<td>14</td>
<td>69</td>
<td>83</td>
<td>83%</td>
</tr>
<tr>
<td>Nature Care College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st year</td>
<td>14</td>
<td>55</td>
<td>69</td>
<td>80%</td>
</tr>
<tr>
<td>2nd year</td>
<td>7</td>
<td>47</td>
<td>54</td>
<td>87%</td>
</tr>
<tr>
<td>3rd year</td>
<td>6</td>
<td>37</td>
<td>43</td>
<td>86%</td>
</tr>
<tr>
<td>4th year</td>
<td>4</td>
<td>18</td>
<td>22</td>
<td>82%</td>
</tr>
<tr>
<td>Totals</td>
<td>31</td>
<td>157</td>
<td>188</td>
<td>83.5%</td>
</tr>
<tr>
<td>Australasian College</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st year</td>
<td>12</td>
<td>30</td>
<td>42</td>
<td>71%</td>
</tr>
<tr>
<td>2nd year</td>
<td>8</td>
<td>27</td>
<td>35</td>
<td>77%</td>
</tr>
<tr>
<td>3rd year</td>
<td>6</td>
<td>36</td>
<td>42</td>
<td>86%</td>
</tr>
<tr>
<td>4th year</td>
<td>5</td>
<td>45</td>
<td>50</td>
<td>90%</td>
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<tr>
<td>Totals</td>
<td>31</td>
<td>140</td>
<td>171</td>
<td>82%</td>
</tr>
</tbody>
</table>

Therefore the average percentage of female: male students in the 3 major colleges is 83%.
Appendix 4

NSW Medical Labour force - Annual Survey 1996 and 1997
Medical Labour Force Annual Survey New South Wales, 1996

Each year, as part of the annual renewal of medical registration, a survey is sent to medical practitioners on the current register of the NSW Medical Board. Information from the survey contributes to constructive discussion of medical workforce planning issues within the NSW Health Department, Area Health Services, professional colleges, the NSW Medical Board, medical faculties and other interested bodies.

This pamphlet provides a brief summary of information from the 1996 survey. A comprehensive report is published every two years including a range of longitudinal information from previous surveys. The profile will be published next in 1997, with data from the 1996 survey.

Survey response rate
Response rates to the medical labour force survey have been consistently high in recent years. In 1996, 93.6 per cent of medical practitioners renewing their registration provided a response. This is one of the highest rates for registered health professions undertaking annual labour force surveys in NSW, and the continued support of professional organisations and the participation of medical practitioners in the survey is greatly appreciated.

Registrants
In 1996, there were 22,085 medical practitioners (6,084 female and 16,001 male) on the NSW Medical Board Register (with full or conditional registration).

<table>
<thead>
<tr>
<th>Gender</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Registrants</td>
<td>589</td>
<td>920</td>
<td>1,509</td>
<td>39.0</td>
</tr>
<tr>
<td>Registrars</td>
<td>94</td>
<td>246</td>
<td>340</td>
<td>27.6</td>
</tr>
<tr>
<td>Renewals</td>
<td>5,464</td>
<td>14,930</td>
<td>20,394</td>
<td>26.8</td>
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</tbody>
</table>

Note: Individual registrants may be included in more than one of the above categories.

Employment Status of Medical Practitioners Renewing their Registration, 1996

<table>
<thead>
<tr>
<th>Category</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Working only in NSW</td>
<td>4,044</td>
<td>10,695</td>
<td>14,739</td>
<td>27.4</td>
</tr>
<tr>
<td>Working mainly in NSW</td>
<td>74</td>
<td>350</td>
<td>424</td>
<td>23.3</td>
</tr>
<tr>
<td>Working mainly out of NSW</td>
<td>78</td>
<td>463</td>
<td>541</td>
<td>29.4</td>
</tr>
<tr>
<td>Working only outside NSW</td>
<td>218</td>
<td>682</td>
<td>900</td>
<td>55.6</td>
</tr>
<tr>
<td>On leave over three months</td>
<td>82</td>
<td>46</td>
<td>128</td>
<td>0.7</td>
</tr>
<tr>
<td>Working overseas</td>
<td>237</td>
<td>964</td>
<td>1,191</td>
<td>64.1</td>
</tr>
<tr>
<td>Not working</td>
<td>35</td>
<td>36</td>
<td>71</td>
<td>3.6</td>
</tr>
<tr>
<td>Working outside profession</td>
<td>32</td>
<td>110</td>
<td>142</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Total | 5,028 | 13,689 | 18,717 | 26.9 |

Employment status unknown | 436 | 1,241 | 1,677 | 8.2 |
Overview of the NSW Medical Workforce

In 1996, 15,301 survey respondents indicated that they were working only or mainly in NSW, or currently on leave over three months. These 15,301 respondents comprise the working renewals cohort. The following tables refer only to this group.

### Age Group

| Age Group | Female | Male | Total | %
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>46</td>
<td>61</td>
<td>110</td>
<td>0.8</td>
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<tr>
<td>25 – 34</td>
<td>1,246</td>
<td>1,747</td>
<td>2,993</td>
<td>21.4</td>
</tr>
<tr>
<td>35 – 44</td>
<td>1,333</td>
<td>2,641</td>
<td>3,974</td>
<td>28.4</td>
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<tr>
<td>45 – 54</td>
<td>715</td>
<td>2,807</td>
<td>3,522</td>
<td>25.2</td>
</tr>
<tr>
<td>55 – 64</td>
<td>277</td>
<td>1,725</td>
<td>2,002</td>
<td>14.3</td>
</tr>
<tr>
<td>Over 65</td>
<td>149</td>
<td>1,242</td>
<td>1,391</td>
<td>9.9</td>
</tr>
<tr>
<td>Total</td>
<td>3,769</td>
<td>10,223</td>
<td>13,992</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Type of work (Main Job)

| Type of work | Female | Male | Total | %
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinician</td>
<td>3,612</td>
<td>9,668</td>
<td>13,280</td>
<td>92.6</td>
</tr>
<tr>
<td>Administrator</td>
<td>83</td>
<td>174</td>
<td>257</td>
<td>1.8</td>
</tr>
<tr>
<td>Teacher/Educator</td>
<td>38</td>
<td>116</td>
<td>154</td>
<td>1.1</td>
</tr>
<tr>
<td>Researcher</td>
<td>69</td>
<td>150</td>
<td>219</td>
<td>1.5</td>
</tr>
<tr>
<td>Public Health Physician</td>
<td>45</td>
<td>66</td>
<td>111</td>
<td>0.8</td>
</tr>
<tr>
<td>Occupational Health</td>
<td>20</td>
<td>89</td>
<td>109</td>
<td>0.8</td>
</tr>
<tr>
<td>Other</td>
<td>63</td>
<td>151</td>
<td>214</td>
<td>1.5</td>
</tr>
<tr>
<td>Total</td>
<td>3,930</td>
<td>10,414</td>
<td>14,344</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Hours Worked Per Week in Normal Direct Patient Care (Main Job)

| Hours | Female | Male | Total | %
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1 — 9</td>
<td>172</td>
<td>260</td>
<td>432</td>
<td>3.0</td>
</tr>
<tr>
<td>10 – 19</td>
<td>555</td>
<td>589</td>
<td>1,144</td>
<td>8.0</td>
</tr>
<tr>
<td>20 – 29</td>
<td>728</td>
<td>1,072</td>
<td>1,800</td>
<td>12.6</td>
</tr>
<tr>
<td>30 – 39</td>
<td>659</td>
<td>1,572</td>
<td>2,231</td>
<td>15.7</td>
</tr>
<tr>
<td>40 – 49</td>
<td>904</td>
<td>3,037</td>
<td>3,941</td>
<td>27.7</td>
</tr>
<tr>
<td>50 – 59</td>
<td>519</td>
<td>2,141</td>
<td>2,660</td>
<td>18.7</td>
</tr>
<tr>
<td>Over 60</td>
<td>380</td>
<td>1,658</td>
<td>2,038</td>
<td>14.3</td>
</tr>
<tr>
<td>Total</td>
<td>3,917</td>
<td>10,329</td>
<td>14,246</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Employment Sector (Main Job)

| Employment Sector | Female | Male | Total | %
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>1,593</td>
<td>3,169</td>
<td>4,762</td>
<td>32.7</td>
</tr>
<tr>
<td>Private</td>
<td>2,258</td>
<td>6,524</td>
<td>8,782</td>
<td>67.3</td>
</tr>
<tr>
<td>Total</td>
<td>3,851</td>
<td>9,693</td>
<td>13,544</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### Workforce Stream

| Workforce Stream | Female | Male | Total | %
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital non-specialist</td>
<td>767</td>
<td>1,033</td>
<td>1,800</td>
<td>12.3</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>2,089</td>
<td>4,625</td>
<td>6,714</td>
<td>44.5</td>
</tr>
<tr>
<td>Specialist in Training</td>
<td>467</td>
<td>937</td>
<td>1,404</td>
<td>9.3</td>
</tr>
<tr>
<td>Specialist</td>
<td>835</td>
<td>4,369</td>
<td>5,204</td>
<td>34.5</td>
</tr>
<tr>
<td>Total</td>
<td>188</td>
<td>463</td>
<td>651</td>
<td>4.3</td>
</tr>
</tbody>
</table>

### Type of Salaried Position of Non-Specialist Medical Practitioners in Hospitals

| Type of position | Female | Male | Total | %
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RMO/Intern</td>
<td>572</td>
<td>656</td>
<td>1,228</td>
<td>8.1</td>
</tr>
<tr>
<td>Other hospital career</td>
<td>181</td>
<td>343</td>
<td>524</td>
<td>3.5</td>
</tr>
<tr>
<td>Total</td>
<td>753</td>
<td>999</td>
<td>1,752</td>
<td>11.8</td>
</tr>
</tbody>
</table>

### Main Area of Work of GPs

| Main area of practice | Female | Male | Total | %
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>General practice</td>
<td>1,785</td>
<td>4,000</td>
<td>5,785</td>
<td>87.5</td>
</tr>
<tr>
<td>Special Interest area</td>
<td>275</td>
<td>550</td>
<td>825</td>
<td>12.5</td>
</tr>
<tr>
<td>Total</td>
<td>2,060</td>
<td>4,550</td>
<td>6,610</td>
<td>100.0</td>
</tr>
</tbody>
</table>

### GP Qualifications

| Qualifications | Female | Male | Total | %
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vocationally registered</td>
<td>1,395</td>
<td>3,445</td>
<td>4,840</td>
<td>80.5</td>
</tr>
<tr>
<td>Fellowship – RACGP</td>
<td>71</td>
<td>137</td>
<td>208</td>
<td>3.5</td>
</tr>
<tr>
<td>RACGP Trained</td>
<td>192</td>
<td>131</td>
<td>323</td>
<td>6.4</td>
</tr>
<tr>
<td>Other</td>
<td>234</td>
<td>406</td>
<td>640</td>
<td>10.6</td>
</tr>
<tr>
<td>Total</td>
<td>1,892</td>
<td>4,119</td>
<td>6,011</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Note: Totals do not equal 15,301 as some respondents indicated multiple workforce streams.
Medical Labour Force Annual Survey
New South Wales, 1997

Each year, as part of the annual renewal of medical registration, a survey is sent to medical practitioners on the current register of the NSW Medical Board. Information from the survey contributes to constructive discussion of medical workforce planning issues within the NSW Health Department, Area Health Services, professional colleges, the NSW Medical Board, medical faculties and other interested bodies.

This pamphlet provides a brief summary of information from the 1997 survey. A comprehensive report is published every two years including a range of longitudinal information from previous surveys.

Survey response rate
Response rates to the medical labour force survey have been consistently high in recent years. In 1997, 92 per cent of medical practitioners renewing their registration provided a response. This is one of the highest rates for registered health professions undertaking annual labour force surveys in NSW, and the continued support of professional organisations and the participation of medical practitioners in the survey is greatly appreciated.

Registrants
In 1997, there were 23,023 medical practitioners (6,335 female and 16,688 male) on the NSW Medical Board Register (with full or conditional registration).

<table>
<thead>
<tr>
<th>Category</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Registrant</td>
<td>193</td>
<td>370</td>
<td>564</td>
<td>34.4</td>
</tr>
<tr>
<td>Restorals</td>
<td>49</td>
<td>100</td>
<td>149</td>
<td>32.9</td>
</tr>
<tr>
<td>Renewals</td>
<td>5,828</td>
<td>15,702</td>
<td>21,530</td>
<td>27.1</td>
</tr>
</tbody>
</table>

Note: Individual registrants may be included in more than one of the above categories.

Employment Status of Medical Practitioners Renewing their Registration, 1997

<table>
<thead>
<tr>
<th>Category</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working only in NSW</td>
<td>4,280</td>
<td>79.5</td>
<td>10,819</td>
<td>75.7</td>
</tr>
<tr>
<td>Working mainly in NSW</td>
<td>82</td>
<td>1.5</td>
<td>363</td>
<td>2.5</td>
</tr>
<tr>
<td>Working mainly out of NSW</td>
<td>80</td>
<td>1.5</td>
<td>584</td>
<td>3.9</td>
</tr>
<tr>
<td>Working only outside NSW</td>
<td>223</td>
<td>4.1</td>
<td>854</td>
<td>6.0</td>
</tr>
<tr>
<td>On leave over three months</td>
<td>79</td>
<td>1.5</td>
<td>55</td>
<td>0.4</td>
</tr>
<tr>
<td>Working overseas</td>
<td>253</td>
<td>4.7</td>
<td>761</td>
<td>5.3</td>
</tr>
<tr>
<td>Not working</td>
<td>330</td>
<td>6.1</td>
<td>755</td>
<td>5.3</td>
</tr>
<tr>
<td>Working outside profession</td>
<td>55</td>
<td>1.0</td>
<td>119</td>
<td>0.8</td>
</tr>
<tr>
<td>Total</td>
<td>5,382</td>
<td>100.0</td>
<td>14,290</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Employment status unknown | 65    | 163  | 228   |           |
### Overview of the NSW Medical Workforce

In 1997, 15,586 survey respondents indicated that they were working only or mainly in NSW, or currently on leave over three months. These 15,586 respondents comprise the working renewals cohort. The following tables refer only to this group.

#### Age Group

<table>
<thead>
<tr>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 25</td>
<td>55</td>
<td>1.4</td>
<td>59</td>
<td>0.6</td>
<td>115</td>
</tr>
<tr>
<td>25 - 34</td>
<td>1,312</td>
<td>32.9</td>
<td>1,774</td>
<td>17.2</td>
<td>3,086</td>
</tr>
<tr>
<td>35 - 44</td>
<td>1,380</td>
<td>34.6</td>
<td>2,574</td>
<td>25.0</td>
<td>3,954</td>
</tr>
<tr>
<td>45 - 54</td>
<td>809</td>
<td>20.3</td>
<td>2,843</td>
<td>27.6</td>
<td>3,652</td>
</tr>
<tr>
<td>55 - 64</td>
<td>291</td>
<td>7.3</td>
<td>1,784</td>
<td>17.3</td>
<td>2,075</td>
</tr>
<tr>
<td>65 - 74</td>
<td>122</td>
<td>3.1</td>
<td>1,021</td>
<td>9.9</td>
<td>1,143</td>
</tr>
<tr>
<td>Over 75</td>
<td>18</td>
<td>0.5</td>
<td>256</td>
<td>2.5</td>
<td>274</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>%</th>
<th>No.</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,988</td>
<td>100.0</td>
<td>10,311</td>
<td>100.0</td>
<td>14,299</td>
<td>100.0</td>
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</tbody>
</table>

#### Age unknown

<table>
<thead>
<tr>
<th>No.</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>412</td>
<td>875</td>
</tr>
</tbody>
</table>

#### Employment Sector (Main Job)

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Female No.</th>
<th>%</th>
<th>Male No.</th>
<th>%</th>
<th>Total No.</th>
<th>%</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public</td>
<td>1,676</td>
<td>42.2</td>
<td>3,125</td>
<td>32.5</td>
<td>4,802</td>
<td>35.4</td>
<td>34.9</td>
</tr>
<tr>
<td>Private</td>
<td>2,293</td>
<td>57.8</td>
<td>6,479</td>
<td>67.5</td>
<td>8,772</td>
<td>64.6</td>
<td>26.1</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>No.</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>3,959</td>
<td>100.0</td>
</tr>
</tbody>
</table>

#### Workforce Stream

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Female No.</th>
<th>%</th>
<th>Male No.</th>
<th>%</th>
<th>Total No.</th>
<th>%</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital non-specialist</td>
<td>923</td>
<td>20.3</td>
<td>1,261</td>
<td>10.9</td>
<td>2,184</td>
<td>13.6</td>
<td>42.3</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>2,210</td>
<td>48.6</td>
<td>4,803</td>
<td>41.7</td>
<td>7,013</td>
<td>44.2</td>
<td>31.5</td>
</tr>
<tr>
<td>Specialist in Training</td>
<td>524</td>
<td>11.5</td>
<td>985</td>
<td>8.5</td>
<td>1,509</td>
<td>9.4</td>
<td>34.7</td>
</tr>
<tr>
<td>Specialist</td>
<td>890</td>
<td>19.6</td>
<td>4,481</td>
<td>38.9</td>
<td>5,371</td>
<td>33.4</td>
<td>16.5</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>No.</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,547</td>
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</tr>
</tbody>
</table>

#### Type of Salaried Position of Non-Specialist Medical Practitioners in Hospitals

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Female No.</th>
<th>%</th>
<th>Male No.</th>
<th>%</th>
<th>Total No.</th>
<th>%</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>RMO/Intern</td>
<td>632</td>
<td>71.6</td>
<td>690</td>
<td>58.5</td>
<td>1,322</td>
<td>64.1</td>
<td>47.8</td>
</tr>
<tr>
<td>Other hospital career</td>
<td>251</td>
<td>28.4</td>
<td>490</td>
<td>41.5</td>
<td>741</td>
<td>35.9</td>
<td>33.9</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>No.</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>883</td>
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</tr>
</tbody>
</table>

#### Hours Worked Per Week in Normal Direct Patient Care (Main Job)

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Female No.</th>
<th>%</th>
<th>Male No.</th>
<th>%</th>
<th>Total No.</th>
<th>%</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - 9</td>
<td>176</td>
<td>4.3</td>
<td>279</td>
<td>2.7</td>
<td>455</td>
<td>3.1</td>
<td>36.7</td>
</tr>
<tr>
<td>10 - 19</td>
<td>563</td>
<td>13.6</td>
<td>603</td>
<td>5.8</td>
<td>1,166</td>
<td>8.0</td>
<td>48.3</td>
</tr>
<tr>
<td>20 - 29</td>
<td>773</td>
<td>18.7</td>
<td>1,173</td>
<td>11.3</td>
<td>1,956</td>
<td>13.4</td>
<td>39.6</td>
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<td>30 - 39</td>
<td>699</td>
<td>16.9</td>
<td>1,620</td>
<td>15.5</td>
<td>2,319</td>
<td>15.9</td>
<td>30.1</td>
</tr>
<tr>
<td>40 - 49</td>
<td>1,028</td>
<td>24.9</td>
<td>3,080</td>
<td>29.4</td>
<td>4,108</td>
<td>28.1</td>
<td>25.0</td>
</tr>
<tr>
<td>50 - 59</td>
<td>552</td>
<td>13.4</td>
<td>2,123</td>
<td>20.3</td>
<td>2,675</td>
<td>18.3</td>
<td>29.6</td>
</tr>
<tr>
<td>60 - 69</td>
<td>241</td>
<td>5.8</td>
<td>1,182</td>
<td>11.3</td>
<td>1,423</td>
<td>9.7</td>
<td>16.9</td>
</tr>
<tr>
<td>70 - 79</td>
<td>38</td>
<td>0.9</td>
<td>236</td>
<td>2.3</td>
<td>274</td>
<td>1.9</td>
<td>13.9</td>
</tr>
<tr>
<td>80 - 89</td>
<td>34</td>
<td>0.8</td>
<td>118</td>
<td>1.1</td>
<td>152</td>
<td>1.0</td>
<td>22.4</td>
</tr>
<tr>
<td>over 90</td>
<td>24</td>
<td>0.6</td>
<td>47</td>
<td>0.4</td>
<td>71</td>
<td>0.5</td>
<td>38.8</td>
</tr>
</tbody>
</table>

**Total**

<table>
<thead>
<tr>
<th>No.</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>4,128</td>
<td>100.0</td>
</tr>
</tbody>
</table>

#### Main Area of Work of GPs

<table>
<thead>
<tr>
<th>Faculty</th>
<th>Female No.</th>
<th>%</th>
<th>Male No.</th>
<th>%</th>
<th>Total No.</th>
<th>%</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>General practice</td>
<td>1,908</td>
<td>88.4</td>
<td>4,227</td>
<td>89.4</td>
<td>6,135</td>
<td>89.1</td>
<td>31.1</td>
</tr>
<tr>
<td>Special interest area</td>
<td>250</td>
<td>11.6</td>
<td>501</td>
<td>10.6</td>
<td>751</td>
<td>10.9</td>
<td>33.9</td>
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Appendix 5

The Symbols of Medicine - The caduceus
Symbols of Medicine\textsuperscript{1} - The Caduceus

The Caduceus is the staff entwined with serpents, re-cognised as possibly the main symbol of medicine, but few think of its origins. The caduceus has been in existence for thousands of years and was foremost among the magisterial symbols of Inanna’s power as Great Mother. Along with the double-headed axe, it symbolised the power to bestow and withdraw life. The term Caduceus stems from the Greek ‘kerikion’ or ‘karyx’ meaning herald or herald’s badge of office. In earlier Greek times it was also used to symbolise the vitality of the earth. In Latin, the word ‘caduceum’ basically meant herald, and among the Romans, was supposed to have the power to locate the wounded.

Its first use specifically as a medical symbol occurred in the 16th century when Johann Froben used it as a publishers trademark when publishing medical texts. It was re-cognised by the American Medical Association in 1912, when it was adopted as its official trademark.

Both the serpent and the staff (originally an olive branch) are significant in their meanings. The caduceus symbolises a very ancient symbol - being found on ancient stone tablets from India, and being traced in the design of a sacrificial (libation) cup of King Gudea of Lagash (Mesopotamia) from 2600 BC, where the people of this region, from before this time, considered the intertwining serpents as a symbol of the gods and goddesses who cure all illness.

In ancient India, the wand of the caduceus corresponds to the axis of the world, and the serpents to the force of Kundalini - the snakes that sleep coiled up at the base of the spine - a symbol of the evolving power of pure energy and transformation, and of eternity. Hindu symbolism equates it with the central spirit of the human body, the spinal column, with two mystic serpents twined around it, like the genetic double helix. The caduceus was also found in Aztec sacred art, and is known by the American Indians.

The Serpents (the snake)

The snake has always been considered sacred to the goddess and worshipped for its re-presentation of wisdom. Snake worship has shown up in archaeological discoveries from the goddess centred re-ligions of ancient Mesopotamia approximately 4000 to 3000 BC. The serpents were worshipped as symbolising the goddesses of fertility, who ensured life for all the plant and animal kingdom. Snake goddess worship was common among the early civilisations of Crete (the Minoan Snake Goddesses) and Egypt (associated with Nekhebet and Sati giving the gifts of sovereignty to Horus - the staff with a snake wrapped around it). Egypt’s Serpent goddess also had the title of Mehen the Enveloper - similar to Kundalini - and ‘Serpent of the Nile’ was the title, not only of Cleopatra, but of all the Egyptian queens. The birth and death Goddesses, Isis and Nephthys, became the dual Serpent mother of life and after life.

\textsuperscript{1} The his-story of the symbols of medicine has been re-searched through Encyclopaedia Britannica Monographs, and through Walker (1983), Munoz (1981) and Baring & Cashford (1991).
In Asia, the ageless serpent was originally identified with the great Goddess herself. Hinduism’s Ananta the Infinite was the serpent mother. She was also Kundalini, the inner female soul of man in serpent shape, coiled in the pelvis, induced through proper practice of yoga to uncoil and mount through the spinal chakras towards the head, bringing infinite wisdom. The Mahabharata depicts the hero seeking immortality in the underworld called the city of serpents, where the dual Mother of life and death wove the web of nights and days with black and white thread, binding them both with the red thread of life.

The serpent was worshipped in Palestine, long before Yahweh’s cult arose. Early Jews adopted the serpent god of their neighbours. The Jewish priestly clan of Levites were ‘sons of the great serpent’ and worshipped the serpent in combination with the goddess - the moon. The Bible shows that Yahweh was a hostile rival of the serpent Leviathan, for the two gods battled each other (Psalms 74:14, 89:10, Isaiah 51:9). They would engage in another final battle at Doomsday (Revelation 12). Seraph, the Hebrew word for the divine fiery serpent, used to mean an earth fertilising, lightning snake - was later transformed into an angel, and the seraphim were originally serpent spirits (entwined like the caduceus).

Snake goddesses were always female and were symbols of women, the home and healing, also symbols of eternity, immortality and re-incarnation. The cult surrounding the snake goddesses (serpents) was in continuous existence from Neolithic to Roman times, and it was as this beneficial force that it became the symbol of Aesculapius (the Greek healer).

Ancient literature showed two aspects of the snake - one associated with immortality and the wisdom of healing, the other linked to death and oracular powers (used in initiation rites for shamanic practices - the Pythoness who was the Oracle at Delphi was reputed to be bitten by a snake to receive the oracle). Healers in traditional cultures often ate/ate snakes, symbolically giving them greater healing powers. Snakes were thought to possess the power of immortality as they could shed their skin and be re-born. The skin of snakes was thought to be a cure for poisons. Even today the American Indians have rituals where the training of shamans involves being bitten by poisonous snakes as this gives the ability to enter the gateway between the worlds and prophesy the future. Snake poison contains hallucinatory substances that have reduced toxicity with repeated exposure.

In more re-cent Greek times (with its increasing male pantheon) the symbolism of the snake changed and became the symbol of the world of the dead, of heroes, and of the subterranean gods. This could be an extension of the beliefs associated with the transformation generated by dealing with the otherworld.

The double serpent has also been used as symbolising the opposites in dualism, ultimately to be united; they are the two serpents of healing and poison, illness and health, and the hermetic and homoeopathic - the complementary nature of two forces operative in the universe, and the union of the sexes. They re-present the powers of binding and loosing, good and evil, fire and water, ascending and descending, also equilibrium, wisdom and fertility. In Alchemy, they are the male sulphur, and the female quicksilver; the synthesis of opposites.
The Staff (the rod, sceptre or club)

In ancient times, the staff is thought to re-present the Tree of Life and re-presented power and the symbol of sovereignty. The Tree of Life symbolised plant growth and was associated with both death and the re-surrection of the dead (very much like the snake shedding its skin). Both indicated immortality. The staff is also the ‘axis mundi’, it roots supported the earth, its trunk passed through the world’s hub, its branches stretched over heaven and were hung with stars. Under its roots, by the Fount of Wisdom lived the three Fate-goddesses (Walker 1983). Later it became the path all mediator-messenger gods travelled between heaven and earth.

The Wings - symbolised transcendence (air) and diligence.

Aesculapius and Hermes

As the patriarchal cultures gradually took over the goddess cultures, one of the most well known figures identified with the Caduceus was Aesculapius - the Greek god of medicine. The first mention of Aesculapius occurred in a Greek transcription, recording the establishment of a shrine in Athens to Aesculapius in 420 BC. His title was ‘son of Apollo and Coronis’. Apollo was the ‘god of healing’ at the time, who was said to possess all medical knowledge and who passed all his healing powers to Chiron. Chiron later became the tutor to Aesculapius, who in turn became so proficient in healing that the stories tell he surpassed his master - and eventually became a ‘god’.

There were many temples built to Aesculapius and his daughters - Hygeia and Panacea - that today are known solely as temples of Aesculapius (and the knowledge of his daughters as exceptional healers have been ignored - although their names have been passed down in our language - hygiene and panacea).

It is thought that Aesculapius had two visions re-garding the healing generated by snakes, and from then on kept snakes in his temples to heal the sick - yet prior to this time, in the shrine of Delphi, snakes had been the focus for the oracle (the Pythoness), and for healing. The snakes kept in his temples were worshiped by the sick as the incarnation of the gods. In the temples of Aesculapius, they used a technique of ‘incubation sleep’ or ‘temple sleep’ where during the sleep, the gods manifested themselves in the form of serpents, licked the diseased parts of the patients and made them well.

Hermes (Mercury) was also associated with the staff and two snakes (Aesculapius had a staff and one snake coiled round it - and both of these symbols have been used historically), with a pair of wings attached prompting the carrier (the messenger) to go with speed and bring peace and overcome disease. This was said to have been given to Hermes by Apollo, and the staff had the power to unite all beings divided by hate. Although there are few actual re-fences of Hermes being a healer, one of his roles was as a guardian of health. Hermes’ twin was Thoth - often incarnated in a snake, signifying his magical wisdom. Hermes is also the trickster, the god of the gaps, the spaces in between - re-miniscent of an earlier Inanna - the spaces being the creative spaces of transformation.
Appendix 6

Mind maps for the research
Chapters of the Thesis
Mirroring glimpses of a new myth for women healers
Shape-shifting
The Mythology
Chapters of the Thesis

The Flowering (The Vision)

10. Conclusion
11. The Re-storying

9. Re-creating
Re-creating the new story

5. Re-generating - Mythology
6. Re-cycling - Cycles of her-story
   Inanna & Isis

Women in medicine
7. Re-membering - His-storically
8. Re-cognising - Today

4. Re-flecting

The Research - The Stories

2. Re-working
   Women and work

1. Re-formulating
   The Critique of science

3. Re-searching
   Re-search methodology

The Grounding (The Context)
Mirroring glimpses of a New Myth - The Woman Reclaimed as Healer

Who are the women healers /Archetypes /stories

- Through the dark night of the soul
- Innana
- Persephone
- Isis - putting back Osiris - the healer
- or is she reclaiming her 'anima' power
- Written out of medical history - reclaim the feminine
- The making of a new myth
- We must reclaim the mythology
- We must reclaim the role models

K. Bridgman 1996
Shape-shifters - Witches - Shape-shifters - Women - shape-shifters - Healers - Shape-shifters

Singing up differences

Admiring qualities (not gender) courage, flexibility

Contextualise vs essentialist

Critical ability reflexivity

Creativity

Flexibility

Inclusive/exclusive

Embracing diversity difference = creative source for change

Skills women require - Centralising the margins

Constellations of characteristics (polarities not dualities)

make

connections

New alliances Relationships in different ways

Recognising interlocking oppressions

Assertiveness

Finding / changing new language (we are constructed in male language) where is the female

Ability to embrace and live with uncertainty and change

Mobilising our privilege / Crossing the boundaries / Living the process reflexively / Disrupting the centre
Partial knowledges together - the whole
Collective reflexivity
Ethical practices of the self.

Karen Bridgman April 1999
'Myths think themselves through people' - Levi-Strauss

K. Bridgman 1946
Rhythms of Awakening

Re-membering the Her-story and Mythology
of Women in Medicine

By Karen Elizabeth Bridgman
ND. DBM. M.App.Sci (Social Ecology)
M.Sc. (Hons)

Doctor of Philosophy
(Social Ecology)

A thesis submitted to the
University of Western Sydney
Hawkesbury
February 2000
PLEASE NOTE

The greatest amount of care has been taken while scanning this thesis,

and the best possible result has been obtained.
Certificate of originality

Rhythms of Awakening
Re-membering the Her-story and Mythology of Women in Medicine

To the best of my knowledge and belief, this thesis is entirely original research, which has not been submitted for credit towards any other degree or award at any other University or place of learning.

Every effort has been made to ensure that no material previously published or written by another person, except to which due acknowledgment or reference is made in the text, is included in this report.

Karen Elizabeth Bridgman
Dee Why N.S.W.
19/02/2000
Dedicated to my mother and father,  
Mardi and Max Bridgman,  
For their lifelong support and encouragement,  
for their love and their wisdom.
Acknowledgments

In the initial stages of the research I conducted two groups - to discuss the issues of the women in medicine, the lack of history for women and the transformation that can come from re-membering this. The first (Sydney) group comprised of women, predominantly from the healing professions, but with widely differing philosophies of medicine, from all walks of life and multiple interests, the common ground being interest in the topic. The second (the WOTLs) group was a group of academic women who had been meeting for lunch for several years so already had common ground. Their experience of medicine, of women in organisations and their transformation was recorded. This forms the basis of the chapter ‘Re-flecting’ and in many ways determined the development of this thesis. My thanks to all who contributed in these groups, this research would not have existed without you.

Authors that have significantly influenced this thesis

This list is very brief, but throughout this thesis I was continually inspired by the her-storical work by Merlin Stone, Riane Eisler, Jeanne Achterberg and Barbara Ehrenreich for their original research on women in history and women in medicine. I will be forever indebted to Diane Wolkstein and Sylvia Perera for their research on Inanna and to Ann Baring and Jules Cashford for the mythic stories. Donald Polkinghorne validated my choice of story/narrative as a method, and Shulamit Reinharz validated the feminist research methods used in this thesis. The work of Carl Jung and Joseph Campbell formed the basis of the mythology and the understanding of the implications of this in my life and practice. Utilising the myths I have shed new light on the relevance of the female principle to medical history, and the healing professions today.

Thanks also to the storytellers - Marian Bradley, Mary Stewart, Maggy Furey whose stories gave me an inspiring vision of what a courageous woman could be, and to the Australian women who already are providing role models for us all - Eva Cox and Joan Kirner for example.

The support of friends and family

I also wish to acknowledge and thank Dr. Debbie Horsfall (my supervisor) for the invaluable help and support she has given me over the years while travelling this journey.

A special thank you and acknowledgment to those who participated in this research, Jill, Jennie, Brynnie, Eve, Alison, Carole, and Jocelyn and who gave me so much support, interest and feedback throughout what was our healing journey, and without whom, there would be no story. I wish to particularly thank my magical friend Lindel, for the many hours we spent over coffee and food, and for allowing me access to the wonderful research she has done on Inanna, Isis and Arthur particularly. I would not have had nearly the understanding of these myths if not for her.

To all in Social Ecology - particularly the ‘WOTL’s’ - Judy and Debbie - for their laughter, their support, and their friendship throughout this process. We will make the world a better place.

Finally, and most importantly, I would like to thank my husband John Akau’ola Po’ou, and acknowledge his encouragement, care and support throughout the years of this research. His continual reading and critical perspectives added richness to the writing of this thesis.
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Summary

This thesis is based on the stories of the lived experience of two groups of women, the first was a group of women healers working in many areas of medicine, and the second, a group of academic women. Their stories have been woven into a his-storical, mythological and theoretical context.

This research weaves a rich tapestry - re-membering the women who were healers in the past and re-connecting with women healers today - their stories and their myths. It is a healing journey that will enable a re-balancing of our feminine:masculine principles in medicine.

Woven through the his-story of women in medicine are two myths - those of Inanna (the transformed and courageous woman), and Isis - the ancient powerful female healer and shape-shifter who re-membered her ‘masculine’ into a new relationship. The insights that have come from this process, and from the participants, will give future women a path to travel to reclaim their past, and the role models to inspire them for the future - particularly for women in medicine and the healing professions. It was a search for meaning for women, and also a search for what it is that constitutes a healer in our society.

To add depth to the story I have critiqued both science and scientific medicine, while offering more holistic alternatives as part of this process. Mainstream medicine is firmly rooted in the positivist paradigm but in this thesis I am using a multi-method approach, namely feminist research, cooperative inquiry and narrative, all of which are part of the post-positivist discourse.

The thesis has been constructed with a series of stories to acknowledge the uniqueness of each individual’s experience. While each experience is valid in itself, at some level it also forms part of the consciousness of all humanity. The narrative construction of experience is an innate process common to all cultures. Humans seek to organise their experiences into meaningful unities and the way we do this is to use story. These stories therefore provide the threads that weave this thesis together and are congruent with both the process of the making of meaning in our lives, and with our journeys towards healing.

The research is embedded in both a socialist feminist framework and that of depth psychology/mythology. It is based on feminist research methods and cooperative inquiry methodology and uses narrative for the recounting of the experience. My position as a woman, a healer and an eco-feminist giving it its flavour and colour. It is also a heuristic inquiry that offers constructive critique using reflexive learning and explores the richness of difference in philosophies of healing and the experience of transformation.

This thesis needs to be read as a Social Ecology thesis about connectedness, holism and reflexivity in medicine (UWS Course Handbook 1996 and Bookchin 1990).
Rhythms of Awakening

Underneath the blanket giants tremble, other cultures start to sing, the genius of women emerges, the depths start to rise, and the other side of the moon of ourselves haunts our becoming and demands its tribute. It is the first stirrings of the Rhythm of Awakening. Many have felt it coming. Some have experienced it with joy and hopefulness; others have felt it as a gut-gripping terror, knowing its music, when it comes, demands that they live at their edges.

(Houston 1993:xvi)
Re-awakening

The Faerie Queen speaks:

In the world of humankind, the tides of power are turning. To me, the seasons of men [sic] go by in moments, but from time to time a flicker will attract my attention.

Mortals say that in Faerie nothing ever changes. But it is not so. There are places where the worlds lie as close together as folds in a blanket. One such bridge is the place that men [sic] call Avalon. When the mothers of humankind first came into this land, my people, who had never had bodies, made forms for ourselves in their likeness. The new folk built their houses on poles at the lake's edge and hunted through the marshes, and we walked and played together, for that was the morning of the world.

Time passed, and masters of an ancient wisdom crossed the sea, fleeing the destruction of Atlantis, their own sacred isle. They moved great stones to mark out the lines of power that laced the land. It was they who secured the sacred spring in stone and carved out the spiral path around the Tor, they who found in the contours of the countryside the emblems of their philosophy.

They were great masters of magic, who chanted spells by which a mortal man [sic] might reach other worlds. And yet they were mortal, and in time their race diminished while we remained.

After them came others, bright-haired, laughing children with burnished swords. But the touch of cold iron we could not abide, and from that time onward Faerie began to separate itself from the human world. But the ancient wizards taught the human wisdom, and their wise folk, the Druids, were drawn to the power in the Holy isle. When the legions of Rome marched across the land, binding it with stone-paved roads and slaughtering those who resisted, the isle became a refuge for the Druid-kind.

That was but a moment ago by my reckoning. I welcomed to my bed a golden-haired warrior who had wandered into Faerie. He pined and I sent him back again, but he left me the gift of a child. Our daughter is fair and golden as he was, and curious about her human heritage.

And now the tides are turning, and in the mortal world a priestess seeks to cross over to the Tor. I sensed the power in her only yesterday, when I met her upon another shore. How is it that she has so suddenly grown old? And this time she brings with her a boy-child whose spirit I have known before.

Many streams of destiny now flow to their joining. This woman and my daughter and the boy are linked in an ancient pattern. For good or for ill I sense a time coming when it will fall to me to bind them, soul and body, to this place they call Avalon (Bradley 1997:1-2).
Re-awakening

Introduction

'Woman creates herself and is created by her circumstances. Her nature is not a fixed quality, but peculiar to her time and place. As Simone de Beauvoir pointed out so succinctly, "One is not born but rather, one becomes a woman ... it is civilisation as a whole that produces this creature, intermediate between male and eunuch, which is described as feminine"' (de Beauvoir 1960:9 in Matthews 1984:4).

As humans we define and are defined by our interactions with the world around us, our culture, re-lationships, institutions and ideas. We choose the possibilities that the world presents to us (whether by re-sistance or agreement), although these choices are often defined by (for example) our gender, race, class, education, money, health, and whether living in peace or at war. The possibilities are changeable over time and circumstances, and their meaning (or significance) is both socially and his-torically created.

Every known society distinguishes between men and women but this is expressed in many ways - the degree of difference varies, and the degree of tension created by this difference varies - and the parameters are constantly changing. Despite the physical and functional similarities, being a woman has different meanings to the women in different societies, and these meanings (at many levels) circumscribe their activities. 'All individuals and all societies tend to treat what they have created as women and men as essential, and as necessary to their sense of rightness and order ... they build up the specific and relevant differences and relationships between women and men into an order in its own right. This ordering according to gender is one of the main ideological and material grids within which social meaning is created, an ordering which encompasses the entire society, sub-or super-imposed on all other orderings. This genetic order is a systemic process of power relations that, for the individual, begins at birth and turns barely undifferentiated babies into either women or men of the approved types, thereafter keeping them to the mark as the definitions change. It is a systemic process of power relations that, for the society, establishes a basic division of labour, an initial social differentiation that permeates and underpins all other distinctions' (Matthews 1984:13).

The specific nature, or expected behaviour of genders in any culture is constantly in process, formed by the actions of individuals who themselves are formed by that interaction. The gender re-lationships are created/manifested in the power struggles and strategies, the contradictions and the consequences of actions, of a multitude of individuals and social groups. They are also frequently internally paradoxical. 'We are incapable of knowing our essence. What we are capable of knowing is the social character of gender. We can uncover the changing constitution of the distinction between women and men,'

---

1 In this thesis I have emphasised the prefix 're-' as a living prefix, to denote the flow of movement from one idea to another, to keep a sense of freshness, continuity, a re-cycling through the process, re-stor(y)ing what has been lost and re-newing it. It is also "working the hyphens" (Fine 1994:70). See pp 15-16 of this thesis.

2 Throughout this thesis I have distinguished his-story, his-torically etc (and used her-story) to emphasise how our language is powerfully gendered.

Karen E. Bridgman © 2000 3
the changing distinctions of our lives and how they affect who we are, how women in the past differ from, or are the same as, women in the present' (Matthews 1984:10).

Today I live in a Western society that is patriarchal, hierarchical and often oppressive to women (and to the 'other', for example racial groups), yet the patterns of re-relationships do not have to be like this. As Eissler states (1987:xv): '... all societies are patterned on either a dominator model - in which human hierarchies are ultimately backed up by force or the threat of force - or a partnership model, with variations in between.' As I write this, the social constructions of gender (and culture) are in a process of profound change, due to many factors - increased education, increased wealth and also partially due to the rise of feminism in the West.

Jp - at times gender issues have a higher priority over cultural issues.

DH - but who gets to define the culture? It's usually the blokes. It's a cultural thing that men usually get to define the culture. So - culture is gendered. I hope I can get to the stage where I can stand up and say what is wrong [name oppressions] regardless (11.12.98).^5

My re-search was focussed on the specific meaning and experience of being a woman and a healer in late twentieth century Australia, discovering the female connection to healers in the past, and envisioning a new future for us all. It was designed: '... to analyse the civilisation that produces us, to uncover the peculiar circumstances in, and from which we have made ourselves. To paraphrase Marx, "Women make themselves and their own history, but they do not make them just as they please; they do not make them under circumstances chosen by themselves, but under circumstances directly encountered, given, and transmitted from the past. The tradition of all dead generations weighs like a nightmare on the brain of the living"' (Marx 1968 in Matthews 1984:4).

For women in medicine (and other professions) to realise their full potential, it was vitally important to re-search the past - to search for the connections to the ancient lines of (professional) women healers, to search for the his(her)-stories and the mythologies of powerful women, to provide a picture/model of how we (as women) can be, that is not determined for us by the male story (his-story). As the re-search evolved, it became essential to develop a new vision and new female role models for women in medicine today. This worked in the creative spaces of our knowledge, to envision change to a more egalitarian society where all people are honoured.

This thesis is feminist as it is for women, by women, about women. It uses collaborative inquiry, and is a his-torical re-view of women in medicine, informed by mythology and Jungian depth psychology (the myths and archetypes), but adds a

3 Patriarchy is defined in this thesis to mean ':... a fundamental organisation of power on the basis of biological sex, an organisation which, from a post-structuralist perspective, is not natural and inevitable, but socially produced. While biological differences exist, the degree to which they are emphasised, and the meanings they are given, vary... their meanings are produced within a range of conflicting discourses, from medicine and sociobiology to radical feminism' (Weedon 1987:127).
4 Hierarchy is used throughout this thesis in its sense as a social construction, rather than its meaning as a universal.
5 Throughout the thesis, the quotes direct from the transcripts (the letters and the interviews) are printed in a different font (Comic Sans MS) and indented. The dates at the end are those of the day the quote was recorded.

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political dimension to these, and in this way it claims new ground. I have woven the past and present together - in order to imagine a future. It is a combination of empirical and imaginary work, as I have asked ‘what is going on?’ and have then articulated ‘how could this be otherwise?’.

**Where are the Women (Healers) in His-story?**

Re-searching his-story for women healers (and finding very little information), I have tried to look at ‘how’ women have been written out of the his-story (of medicine particularly) and ‘how’ they have been silenced, rather than ‘why’, as I feel that ‘why’ is an issue of faith and can’t be answered, whereas the ‘how’ has been documented and can withstand further documentation. The ‘how’ can be linked to behavioural and cultural patterns.

In the Western, Judeo-Christian tradition, women his-storically and mythologically have been constrained by the re-ligious fable of Eve, the archetypal woman who was supposedly the instigator of the ills (evils) of human existence; by the social fable that women were the property of their men; and by the medical fable of women having a smaller brain and therefore incapable of rational thought. Women were thought (by men) to be ruled by the 'errant womb' - this being re-sponsible for their changeable moods (hystera - hysterectomy) and general instability.

For many generations women were forbidden to gain an education, so their experience was either not re-corded, was written out, or was plagiarised by men, on the assumption that women could not have produced intelligent (medical or other) texts. The experience of women has therefore rarely been told, and is only a shadow in the re-corded his-story of the world. The stories connecting women today to the richness of the lives and souls of our foremothers, of the honouring and re-spect of women, the healing knowledge, the soul stories of the birthright of women - have almost been lost.

Not only have the stories of women rarely been re-corded, the story-lines have been severed deliberately and systematically over the last 1000 to 2000 years, at times gradually, at other times in massive brutal concentration. *A male-dominated and generally hierarchic social structure has historically been reflected and maintained by a male-dominated religious pantheon, and by religious doctrines in which the subordination of women is said to be divinely ordained* (Eisler 1987:24). The story-lines essential to the health of our psyches and souls, have been so systematically destroyed by a male dominated patriarchal system, that even today this destruction is barely re-corded. Mary Daly (1985) describes the destruction of our stories as being so profound that at times, women (on pain of torture and/or death) were forced to be implements of their own destruction - making the process both soul destroying and her-story destroying.
During the Inquisition\(^6\) (from the thirteenth to the seventeenth century) women healers and wise women, the keepers of the knowledge and the stories, were almost wiped out in Europe. The label ‘witch’ (‘witch’ has similar Indo-European etymological roots to ‘wise’) was life threatening for these women, and with their deaths their stories were silenced and much of the ancient healing knowledge was lost. This story of destruction must be told, the atrocities must be named before we can understand why and how this happened (so it will not be re-peated) and go on from there. The pain must be felt and acknowledged, before the wounds can be healed, and the her-stories (and new stories honouring women) told once more.

Following the Inquisition (the Renaissance and Reformation occurred at the same time) came the ‘scientific revolution’ in the seventeenth century, where the dominant story of our Western culture - that of science (and objectivity) - utilised the device of the ‘disembodied scholar’ to underpin all forms of scientific knowledge (including medicine) that claim a ‘factual’ re-lationship to the known. This ‘scientific’ story continued to construct women as though their stories didn’t count. Women who survived the holocaust of the Inquisition, and who were storytellers (traditionally holding the healing wisdom of their ancestors) were still branded as gossips, scolds, witches; their healing stories described as ‘old wives tales’ and denigrated in the name of scientific objective ‘truth’ - a form of truth that tends to deny the mystical, the magical, the voice of the heart. Even today many of these healing stories are still denied and dismissed as ‘anecdotal’, despite thousands of years of cross cultural continuity.

The his-torians (embedded in this scientific tradition) have written his-story as an ‘objective, impartial eyewitness’ to past events (this is supposedly not the interpretation of events from the point of view of the writer), and ‘... at the same time [this] facilitates the importation of specifically masculine experience into the ‘objective’ text ... because historically only men have been deemed able to achieve the necessary transcendence of the body, while women have been represented as unfit for scholarship due to the perilous influence of their demanding bodies upon their minds’ (Waldby 1993:8). Our his-torical ‘stories’ therefore re-lect a society which lacks a strong, re-spected, professional female voice, and because of the ‘masculinising’ of his-story, shows a lack of gender balance in the structures of ‘power’ in our culture.

In medicine the reliance on a singular (scientific) way of perceiving the world with its male hierarchical systems, and denigration of the more feminine ‘caring aspects (to a secondary place), has contributed to the crisis in our health care systems, and to the crisis in the health of the planet, upon which our life (and our health) is

\(^6\) From figures gleaned from the Dominican archives, the number of people killed for being called ‘witch’ during the 300+ years of the Inquisition has been estimated from 100,000 to nine million - 85% of which were women. The higher estimates include many who were not officially executed but who died in prison (in Starhawk 1982:186-7 and the video The Burning Times 1990). Also from Eissler 1987:140), the witch craze ‘... followed well-ordered, legalistic procedures. The witch-hunts were well organised campaigns, initiated, financed, and executed by the Church and State’. See Chapter 7 for further discussion.

\(^7\) I have used the terms feminine/female and masculine/male throughout the text to describe, not to polarise/dualise. The thrust of this thesis is to integrate these dualities and re-balance them. From Kaufman Hall (1995:21): ‘... while the terms ‘feminine’ and ‘masculine’ may also represent contrasting thinking, the limitation of our language apparently does not have one term for ‘whole person’ qualities.'
I do not condemn male-imagined culture. Rather I grieve the loss, the absence of a concomitant female-imagined culture which could flourish side by side, if only there were breathing room. I grieve the stunted and distorted lives of women who, shaped by the imperatives of the masculine imagination, abort the embryos of their own creativity long before gestation has completed its natural cycle.' (Meador 1992:15).

To re-claim the her-story along side his-story, there were only glimpses from many disciplines - archaeology, anthropology, his-story, mythology, medicine and the behavioural sciences. Weaving these glimpses together, a little known her-story evolved of courageous, powerful women who were leaders in their own right - for example, as healers (Agnodice/ Isis), philosophers (Aspasia/Diotema), scientists (Hypatia/Mary the Jewess), queens (Inanna/ Boadecia) - in all fields of endeavour. It was the re-discovery of these women (the her-story) that provided the basis (and inspired the passion) to re-claim a new vision and new role models for women in medicine (and other professions) today - not as secondary handmaidens, but as fully fledged, re-spected and honoured professionals.

By re-searching the her-story, by re-flecting on our own stories, this thesis has developed and articulated the role of women as healers, creating a model for medicine, particularly for women in medicine, now and for the future. 'For most of the written history of the Western world, women who have worked as healers in their own right, have been exceptional people who defied custom in order to share their creative and intellectual gifts. More often women have simply joined a large and exploited [and largely unrecorded] group of handmaidens.' (Achterberg 1990:1) I re-searched the literature, the ancient stories, the mythologies and my inner self, and challenged these and their underlying assumptions, connecting the ancient glimpse of women with the stories of the women today, and weaving a new vision for women working in all professions.

The development of this thesis has been an act of creation, a bringing into being that which was not there before (in this form) and setting the stage for the future - an exciting, challenging and exacting process. It is unique in that it has braided together three (separate) threads of female scholarship - the barely re-coded his-story (her-story), the ancient mythology of the multi-faceted, powerful feminine, and the re-search data; weaving the stories of the skills and the vision women need, to be role models and mentors in medicine (and other professions) today.

Stor(y)ing as Politics - generating change

In the last 20 years or so, there has been much re-search into the her-story of the lives and experiences of women, and in many fields the presence of women in his-story is

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8 Eco-feminist and deep ecology writers such as Cheney (1987), Diamond & Orenstein (1990), Plant (1989) and Macy (1991) discuss this in detail.

9 In the text I have used her-story (rather than his-story) where the story is about women, to define the difference, or both if this is appropriate. I have worked in the creative spaces (the hyphens) of the 'her-story', along with, and distinct from, 'his-story' (history), as I felt that language, particularly in this instance, tells the story'. I have also used the term 'life-story' to describe a new (non-gendered) story.

10 By playing with language, and hyphenating (and bracketting parts of) words throughout this thesis, I have emphasised particular aspects and ideas. Stor(y)ing and re-stor(y)ing are some of the emphases I have created. Developing new language is vital to the process of creating new ways of being and doing.

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being re-cognised. More and more stories are surfacing of the experiences of women: '... set against the backdrop of repression, punishment and control; of collusion, bad faith and false consciousness; of reaction, struggle and heroic resistance' (Matthews 1995:74) and these have been (and are still) essential to the development of the women’s movement.

As women’s her-story is re-awakening, women worldwide are learning more about what it has meant (and could mean today) to be female, and in the process, expanding our choices. We are re-claiming (re-stor(y)ing) strong role models of women as being wise, courageous, creative at all levels, as healers and physicians, and as leaders in many professions. The ancient, multiple images of the ‘goddess’ mirrored the core concepts of the strong feminine principle, and re-discovering these is allowing us to re-construct the powerful feminine stories/images that have been missing for so long.

It is no longer adequate to just understand how gender has (and does) constitute the social world, or to view women as either the eternal victim or the eternal heroine, battling against a universal and monolithic patriarchal system. Today we need different models - ones that are better able to deal with the ‘... multiple dimensions and meanings of women’s lives, the differences among women and the constitution of feminine subjectivities’ (Matthews 1995:74; models that can generate positive change in our society.

This re-search is about ‘uncovering the distinctions’ of our patriarchal society and making them explicit - and also making explicit a model for change in the roles for women in medicine - one in which they are not discriminated against because of their gender, but assume an equal positioning in a non-hierarchical system - the political agenda. It is therefore not only about re-defining the roles for women and men, but it is also about changing the current hierarchical system (of Western medicine) to a different, systemic, egalitarian structure. It also, by articulating skills women require to evolve a society of this calibre, makes explicit a model for a more egalitarian re-relationships between the feminine and the masculine principles in our society at large.

This thesis (and its stor(y)ing) could be described largely as a political thesis as ‘... feminist re-tellings of the past, are stimulated by feminist political challenges to present day structures and relationships’ (Gordon 1991:73), and feminist her-story has articulated a more comprehensive understanding of the ‘political’ - with the development of the idea that ‘... the personal is political, and of the importance of the local as a site of analysis and action’ (Matthews 1995:76).

A major aspect of this development was been the re-consideration of the nature of power relationships. From the feminist literature, there were two phases of the shift in (gendered) re-relationships of power in our society:

* the early work re-claiming some of the lost women of his-story; re-telling his-story by including the stories of these women, and defining the meanings of women and men in the development of humankind - the re-telling of the ‘life-story’

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This ‘first wave’ of women (in the late nineteenth and early twentieth century) started re-claiming the her-story; women for example, like Elizabeth Cady Stanton who re-interpreted the Bible, and Alice Clark who re-wrote the his-story of capitalism.\textsuperscript{14} ‘The nineteenth-century feminist movement, had not only challenged the conventional sexual stereotypes of male dominance and female submission; for the first time in recorded history, it also offered a sizeable frontal challenge to the prevailing system ... [yet] typically this nineteenth century challenge is almost unreported in our conventional histories’ (Eisler 1987:144).

Unfortunately although much of this work has been forgotten, or lost, a vital factor has been won through their efforts - that of women’s right to be educated.

* the second of these phases re-captured the definition of the early feminists, and continues today by destabilising the his-storical categories - including those of the early feminists. Today feminist re-searchers have been shifting the ground away from the his-story of struggle and war, to the her-story of women’s achievements. The second wave was also about women’s struggle for additional educational goals - the right to criticise the accepted body of knowledge; the right to create knowledge; and the right to be educators and educational administrators - to pass on the knowledge of both women and men.

By critiquing old scholarship and re-constructing the female stories from his-story, this thesis is a continuation of the ongoing struggle by feminists for a measure of political power, and ‘... if history is the king of the political arts, its power to legitimate sovereignty is frequently under attack and must constantly be defended’ (Gordon 1991:73).

I am a woman and a healer on the edges of the dominant medical paradigm (medicine being one domain that has [until re-cently] re-sisted much of this shift) so this thesis, as a piece of political re-sistance, stands doubly on the side of the oppressed. Within complex and evershifting power re-lationships, this re-search offers a way of seeing and theorising: ‘... of making culture, toward that revolutionary effort which seeks to create space where there is unlimited access to pleasure and power of knowing, where transformation is possible’ (Fine 1994:71). This is working in the spaces, ‘working the hyphens’,\textsuperscript{15} re-stor(y)ing to create transformation.

I am also a teller of stories (including healing stories). Stories ground me in a way that is important in how I perceive the world. As well as bringing information from the material world, stories are expressions of passion, magic and the mystic - all important if describing a woman who is a healer. ‘Great stories and great story collections are shape-shifters ... the origin of stories is the human ability to remember the past, speculate about beginnings and imagine the endings’ (Byatt 1999:43-44). So this thesis is my story as well as ‘our’ story - a story for healing from the personal to the societal levels.

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\textsuperscript{13} In Chapter 9 (Re-creating), I have discussed languaging as being vital to the shift in perception needed for a more egalitarian society - and have thought closely about a word to describe the past stories of all humans. With all the options, I decided to use ‘life-story’ as this term can include both women and men, as well as other life forms on this planet.

\textsuperscript{14} For the stories of these women and their contributions to the first wave of feminism see Gordon (1991).

\textsuperscript{15} See pp 15-16 of this introduction for a brief discussion of ‘working the hyphens’. 

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The Re-stor(y)ing

'Everybody is a story. When I was a child, people sat around kitchen tables and told their stories. We don’t do that any more. Sitting around the table telling stories is not just a way of passing time. It is the way wisdom gets passed along. The stuff that helps us to live a life worth remembering. Despite the awesome powers of technology, many of us do not live very well. We may need to listen to each other’s stories once again' (Remen 1996:xxx).

We are no longer telling our stories - to our friends, to our families, to our children. Our culture is no longer being transmitted through family stories or family his-stories. Instead our children are learning their culture, their way of perceiving their world, largely through the media (television and computers), and the underlying (over-riding) focus for this is driven by economic forces - ruled by advertising. The predominant stories have little connection with the personal or family stories of the viewers, and often contain little of the joy of life, little of the things precious to humans. Instead they contain stories that are ‘newsworthy’; mainly stories of drama, violence and disaster. No wonder our children are starting to believe our lives are ruled by violence (and are themselves becoming immune to it). ‘The real epidemic in our culture is not just physical ... it’s what I call emotional and spiritual disease; the sense of loneliness, isolation and alienation that is so prevalent in our culture because of the breakdown of the social networks that used to give us a sense of connection and community’ (Remen 1996:xvii).

There is an emphasis on storytelling in this thesis, as a form in which to communicate more than knowledge. ‘Human meaning making rests in stories. Life making calls for accounts, for story, for sharing. To be human is to be entangled in stories’ (Eckhartburg in Reason 1988:82). Storytelling brings the ‘heart stuff’ into the theoretical. Being a storyteller and wanting to explore the mystic/mythic realm of being a woman and a healer as part of the normal human psyche, I have been drawn to Von Franz (1986, 1990), Estes (1992), Wolkstein & Kramer (1983), Wolkstein (1991), Perera (1981), Harding (1971) and de Castillejo (1973), as well as Jung and Campbell. Yet his-storically (as mentioned earlier) women and their stories have been effectively silenced, and mythologically women have largely been downgraded into help-mates, so this has been a journey of re-membering and of transformation.

To re-member and re-dress this gender imbalance, I have re-claimed the old stories where I could find them, and have documented stories of the women involved in this re-search today - in medicine and in academia - both fields still dominated by ‘male-thought’/his-story. To be re-membered, women must continue to document their experiences. ‘We have come far enough in our work to know that one woman’s experiences are not identical with the experiences of all other women. Sometimes it is precisely in our peculiarities, in what seems to be our differences, that we hear each other to speech. The responsibilities are shared by all of us who work in women’s studies. We all write for other women who need to have their stories told, for women who will be empowered by the stories we tell ... this presents a radical challenge to the myth of objectivity that shapes the norms for scholarship under which we often function and are judged’ (Christ 1987:xiv-xy).

16 There are many titles by Jung and Campbell researched for this thesis, all of which were integral to this work - See Re-sources - the Bibliography.
Using myth and story to generate change in this way, is a political act - and this thesis, by using myth as a political tool, goes one step further than the work of either Campbell or Jung. They used the myths and stories for understanding - yet stopped when accepting them as explanations of the human experience, and did not use them to envision change overtly. By using myths and stories as a political tool, I have stepped beyond simply explaining our experience, and re-imagined guidelines for generating change in our structures of medicine, and in the professions, to include women in re-spected positions of leadership in a more egalitarian society.

The Polarisation of Mythology (Story telling) and Feminist Research

This thesis was a search for the her-story, the connections of women through time and place; but the writing also lived with the tensions (the polarity/duality) between a socialist feminist, critical social sciences point of view, and that of mythology - as it negotiated demands for truth with demands for myth. One of the challenges of this re-search was therefore the re-conciling of the cultural dualisms - that of the masculine and feminine principles; that of mythology (the magical story) and the more practical socialist feminist re-search (the story of experience); that of medicine and complementary medicine. Working with these was congruent with ‘working the hyphens’, working in the creative spaces between the polarities/dualities, the spaces for exploration and transformation.

BG - In ancient mythology there is this lovely story. When god and human beings were created, human beings kept folding back into god - they didn't stay separate - why would anyone want to be separate from god? So god created ego - in a bid to keep man and god separate, and the problem was that people took it seriously. All it was meant to be was to stop people rolling back into god all the time. It was not meant to be a separation, it was meant to be a place for exploration, and just like how to be a parent, there are not a lot of things written, except in ancient teachings and traditions - of ways to stay in the spirit place though we are embodied.

How do people learn that if we don't go through initiation or shamanic teachings or ancient histories we don't have the knowledge of spirit. Religions don't teach that - they [mostly] teach you about god out there, but we are talking about spirit, and all the different ancient practices of being in the spirit. Most religions today have lost the 'spirit' and have gone into politics (6.6.99).

A major theme of the discussions by the women in the re-search groups was the re-conciliation and the healing of layers of meaning; the healing of the fundamental split between the practical and the mythological - the practical being emphasised by the feminist approach of the validation of experience (the stories told by the women), and the mythological (the stories of women over aeons of time); the healing of the splits in medicine - between the science of disease and the arts of health; and the importance of the re-conciliation between the feminine and the masculine principles in our society. The discussions re-voled around the differing approach if these splits are viewed as dualities - or as polarities.

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KB - We think in duality, rather than polarity. We live in a society where the whole basic philosophical structure is dualistic, making it difficult to think in other ways. We tend to think in terms of either/or, and with a dualistic system, there are always values placed on the difference - right/wrong, centred/marginalised, white/black etc (9.4.99).

Traditional philosophy (as interpreted today) emphasises these dualistic splits. Aristotle states: '... that the feminine principle is the basic principle of nature as versus the principle of the mind, which is masculine. This system fosters a duality of human existence in which the feminine stands for passivity and receptivity, for the physical dimensions of life, for darkness and emotionality. Of course, these qualities always stand in stark contrast to their opposites which constitute the masculine principle of activity, reason and light' (Engelsman 1989:100). The understanding of the feminine principle '... is reinforced by a complex set of symbols and myths which appear in all forms of art and literature, as well as in religion and psychology ... these symbols are so universal that they appear as archetypes in Jung's psychology, and even Freud believed that the mythic themes were ingrained in the unconscious of Western man [sic]' (Engelsman 1989:101).

KB - Part of the problem is that we are looking at this as a duality - separating out male and female, not looking at them as though they are part of a spectrum of all people. We were talking about qualities that women need if we want to change the world - DH (with her son) was put into the position of having to find good male qualities and every quality she thought of - were qualities of women as well, for example, courage, true to themselves, protective, loyal. She thought of women when she was trying to think of male characteristics - they are all in both of us.

BG - In earlier times we spoke around the emerging consciousness. There is a sense of soul or spirit - we are not talking about men or women - it is around the spirit connection. Find that place inside yourself - the sacred space - whether male or female, and honour the space between the two of you (6.6.99).

In Western thought, with the Christian church and its his-storical ‘devilising’ of difference; then with the rise of ‘objective’ science and its dualising of transcendent intellect (male) and matter (female - Nature); conceptual ‘differences’ were (and still are) perceived as dualities, where differences have been separated, and values such as good/bad, right/wrong used to describe these. With my interest in complementary medicine, I preferred the explanation from ancient Chinese philosophy, of the divergence between the masculine and feminine principles being that of polarity. Looking at ‘differences’ as polarities alters the values, the boundary between the ‘differences’ becomes fluid, and they become more of a continuum - suggested by the diagram below. This leads the way to the ‘honouring’ of difference18 - part of the re-visioning of our world. Thinking in ‘polarities’ personally also gave me more of an honoured creative space in which to work for transformation.

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17 I have specifically coined the term ‘devilising’ here to distinguish it from the ‘demonising’, used later in the text. I have looked at ‘demonising’ as maybe being a way that women work through difference to find similarity, and thereby can be a source of strength for women involved in change.

18 For a discussion on ‘Honouring of differences’ see pp 243-244.
Figure 1: A philosophy of polarities could look like this:

![Diagram of feminine principle (Yin) and masculine principle (Yang)]

Figure 2: Today’s dualistic philosophy looks more like this:

![Diagram showing the feminine principle and masculine principle with an arrow indicating the interaction]

The dualistic philosophy is evidenced throughout the thesis when talking about medicine and complementary medicine. In Australia (as in other parts of the Western world) these two systems of medicine are perceived as philosophical dualities - medicine focussing on disease and using aggressive treatments to ‘cure’ these; complementary medicine focussing on health and how to promote/re-balance it. These two systems can also be likened to male (medicine - the science of disease) and female (complementary medicine - the healing arts), and generally this is how it has been practised for millennia. I believe that these are not a (separated) duality, but a polarised system, with both on the same continuum. They (should) work very well together as they have complementary strengths and weaknesses. If we are ever to have a healthy egalitarian society, these two will be part and parcel of each other - being equally valued parts of greater constellations of difference.

KB - I like the Chinese philosophy of polarity. Our brains learn/distinguish by difference so there has to be that shifting thing - that difference - that is how our brain perceives the world. We distinguish by difference, by change - and the more the change, the more we notice it. The Chinese always had the concept of polarity - the yin-yang where the differences fell along a continuum - they were not separate. There was a constant swing between the polarities, and there were no value judgements made - all the points along the continuum were of equal value. In the West however, we have separated the two ends into dualities and there is no continuum.

LB - we have hemispheres - yet the continuum is the goddess, the body, the feminine. We need to see things like the pendulum - not only but also. It doesn’t mean we suddenly become whole, but we see things in a more flexible way - with more movement. It changes the duality (9.11.98).

“We can begin to transcend the conventional polarities between right and left ... and even masculinism and feminism. The larger picture that emerges indicates that all the modern, post-Enlightenment movements for social justice, be they religious or secular, as well as the more recent feminist, peace and ecology movements, are part of an underlying thrust for the transformation of a dominator to a partnership system’ (Eisler 1987:xix - xx).

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19 I have discussed this in more detail in Chapter 1 - Re-formulating - The Critique of Science.
20 Throughout this thesis there are many times when these boundaries are blurred - except in places where I have articulated the separation. Generally I have used the term ‘medicine’ to denote the male-stream medicine predominant in the West, and healing/health to mean complementary (the female art of) medicine.
Aboriginal Dreaming

I re-flected for some time on using an aboriginal dreaming story as the basic theme of this re-search, as it is grounded in Australia - and many myths (Houston 1986) hint that the ‘new world order’ (the new myth) will arise in the great southern land (Australia). This shift could entail the new re-lationship between the two principles (feminine:masculine) and maybe seen in the light of polarities or constellations, rather than dualities - the re-turn of an ancient way of thinking.

However, as I am coming from the perspective of a woman and a feminist, and my understanding of gender re-lationships is so deeply inscribed in the western discourses of gender and patriarchy, I found the western myths, despite their denigration of the role of women, easier to approach than the myths of indigenous people. The Aboriginal mythology (the dreaming) demonstrates a complexity of attitudes towards the mythic story and its absolute re-lationship to the perceived world (and the land) that is difficult for the Western mind to truly comprehend. Aboriginal dreaming has specific characteristics of holism, and the women’s dreaming is very specific for women (and for women as healers); however my work has come through the Western scientific system of thought, and is therefore more aligned to European mythology than the Australian mythic systems. The myths I have utilised as the threads/themes of the re-search have therefore come out of a western cultural his-story.

I have however used an aboriginal story - ‘The Paper-bark Woman’ as the lead in to Chapter 4 - Re-flecting. This aboriginal story tells of a women’s journey to re-discover her long lost (ancient) stories and re-claim her rightful place with her people, a parallel story to the story of my journey with this re-search, and the journey we made as women in discovering our own stories. I have allowed this story to stand alone and neither critiqued nor discussed it.

I re-solved ethical difficulties re-garding appropriation of the story by speaking with an aboriginal woman and she advised that I could use stories that are already written (but not the oral stories), but I felt critiquing dreaming stories from a white perspective was inappropriate, and not necessarily true to the way they would be understood by the people who own the stories. There was also the difficulty of placing these in the Western medical landscape.

KB - I have some concerns about not having the Australian myths in this.

LB - Although we live here, we are really transplanted trees. We can't take the aboriginal stories. This land is already written, it is not ours to write. It is already sung. This land has its stories that are written in the land [for a different people] (9.11.98).

Tacey (1995) stated that many of the European myths are disassociating for the white Australian psyche (women doubly so). In Australia we live in a powerful mythic landscape that is very different from our European origins (Tacey 1995) - potentially creating this disassociation/dilemma; compounded by the fact that all the rituals and re-ligious ceremonies of Western myth are designed for a different hemisphere and a different timing (ie. Spring/Easter festivals). Ultimately all Australians will need to

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develop a mythology that both re-cognises and honours our place in this land, as well as acknowledging our roots.

The Greek Myths

I also re-searched the Greek myths but they held little interest for me at this stage - the women have lost their ancient power under the patriarchy. According to LB, the Greek myths have lost their potency because today we are the Greek gods - President Clinton lives like Zeus, he rules the world, he has many affairs and generally creates chaos. Feminist writers such as Spretnak (1981) and Stone (1979) have been re-writing the Greek myths from a more female perspective, but overall I felt something more appropriate (a more complete feminine - unchanged by the patriarchy) was needed.

**KB** - I have little/no interest in the Greek myths - they no longer have any juice in them, they have been so altered by the patriarchy. The women have been split into singular shadows of their former selves, and there is no strong unified feminine principle.

**LB** - We are the Greek gods now - we are rolling around on Olympus and creating chaos. We are up there with them and we know it - jealousies and murder are everywhere and there is nothing to stop us any more (9.11.98).

Women - essentialist or social construction?

Throughout this thesis I have used the term ‘feminine principle’ and in doing so, I have defined it as a universal ideal, an important symbol of the wise women: ‘... a woman who understands the hidden powers of the universe, who understands the language of plants and animals, is familiar with herbs that can cure or ease pain, especially in childbirth, and more over, can see into the past and into the future’ (Stone in Nicholson 1989:11). Studies of the wise women/witches/shape-shifters who were said to have vast stores of knowledge, magical powers and who were great, yet compassionate healers, offer a glimpse into this powerful image.

However, when talking about (and with) women, their her-story, their ways of knowing and working - I had a continual dilemma - whether I was discussing women in their reality, as their essential selves, or women as a social construction. In fact I have slipped from one - from women themselves - to the other - the social construction, quite frequently. Although I tried to make this distinction as clear as possible, the two overlapped so closely it was difficult to continually clarify these distinctions, and the dilemma remained unresolved.

The living prefix and ‘working the hyphens’21 - the space for shape-shifting.

The use of language was a major issue throughout this thesis, as language is vital in the way we construct our world and understand our experience. As I have critiqued the scientific ‘objective’ model, and looked at alternative ways of validating the human

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experience - the language I have used (and played with) re-flects this approach.

Emphasising the prefix ‘re-’ as a living prefix allowed the flow of movement from one idea to another, stressing the continuity, the re-cycling through the process, re-storing what has been lost and re-newing it. At the risk of ‘mixing my mythologies’, it provided the ‘golden’ thread, allowing me to find my way through the labyrinth.

‘Working the hyphens’ allowed a greater flexibility and congruency, ‘bridging’ the different voices/knowledges. Using the hyphen (in ‘re-’, in his-story etc) allowed me to work with the edges, the borders - working in the creative spaces between our ‘normal’ lives, working in the areas of transformation and possibility. These spaces are the spaces in our knowledge; the ‘cracks in the veil between the worlds’; the areas of transition where the old/new skills of female wisdom - the shape-shifting can occur.23 The story of Inanna was apt as she portrayed the female skills needed. She was the goddess who ruled the borderlands, symbolising the consciousness of transitions, the changing, transforming processes of life, the female who could cross the borders of life and death and return transformed - a very similar story to the shamanistic experience.

The stories told in this thesis were working the hyphens with the individual and the social. Stories are often apolitical (the making of meaning from experience), but these stories are political - they are stories of things that do not work and how to change them. By working the spaces in our knowledge, by making public that which has been silent, by weaving the stories (of the women) as politics all the way through the re-search, I have articulated how Western society/culture functions, but also how things could be different. By validating the female experience, these stories were also stories (in the spaces of science/medicine) that deconstructed the masculine science, to re-imagine a potentially different story.

Many of today’s women are living at the edges, the areas of instability where we will breakthrough or breakdown. Women are yearning for spirit and for change, to re-discover and re-claim the ancient skills, wisdom and powers of the whole feminine; to re-stor(y) the mythology. By re-searching her-story, and re-cording our stories, this thesis has begun to re-claim our heritage as healers - from a culture of strength and wisdom.

The Chapters of the Thesis

Overall the first three chapters of this thesis weave the threads that braid the context (and lay the foundations) of the re-search: critiquing the philosophy and practice of Western (male) medical science, and proposing a more caring (based on the feminine principle) model to re-balance our current patriarchal system; telling of women’s stories of identity and power struggles in paid work and leadership; and setting the context for validating our human experience by using stories to tell of that experience. The fourth chapter is these stories - the stories told by the women in the re-search groups - the data that informed and developed the knowledges of the women, subsequently threaded

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22 As mentioned in the footnote on pp 3.
23 I have used the myth/story of Inanna as the goddess of the borders/ the creative spaces of transition. See Chapter 6 - Re-cycling pp 191.
through and informing the re-search. The subsequent chapters tell the mythologies, the her-stories and conceive the visions for the future.24

**Chapter 1 Re-formulating** - The Critique of Science and Scientific Medicine - setting the context. We are culturally indoctrinated in the ‘scientific’ way of thinking, that despite being a valid world view, it is only one of the many choices we could have. To critique medicine and medical science as it is practiced today, I approached it from different aspects - for example that of medical education, the costs and safety of medicine, medical specialisation, re-search, etc. Options for change needed to be articulated, so I have presented more than one voice as I have discussed more diverse (holistic) ways of perceiving and acting in the healing/medical professions. This chapter braided critical reflexivity and contextual struggles into the re-search - ‘working the hyphens’ by ‘... unpacking notions of scientific neutrality, universal truths, and researcher dispassion’ (Fine 1994:71).

If change is being brought about, the strongly entrenched system of medical ethics also needed to be critiqued/challenged as this is based on the same his-story, the same scientific paradigm, framed by a system of strict rules, with ‘objectivity’ as its core value - distancing the observer/doctor from the situation (the ‘fair not care’ approach). I have suggested developing a model of a feminist/medical ethics of care, an alternative that encompasses more of the female experience - a care based approach to ethics, that may also end the social and political injustice of women. Doing this I have acknowledged the unique female perspectives, and shaped them into a value theory that is more spontaneous and creative.

**Chapter 2 Re-working** - Women - Identity, work and power.25

Having power in re-lationships is essential to make a difference. To claim power and make it more equitable, specific skills are needed. Women need: power - be able to make decisions, take control over their circumstances; skills to communicate effectively, to influence others, and to act effectively singly and/or as part of a group; and to be strong in themselves before they can take others with them. A critical mass of ‘others’ will change a culture more effectively than many individuals.

This chapter helps to set the context of women in working and leadership roles - essential knowledge for women in all professions, especially in these times of change. It initially discusses a re-cent his-story of the traditions of Australian society from 1880 to today, which have influenced the meaning of our femininity. It therefore articulates the contradictions and constraints that the (male) hierarchy, practised by Australian business (and medicine), imposes upon women.

Understanding the his-torical construction of women, will pave the way for expanding opportunities for all humans, so re-claiming the his-story of women, provided a path to re-dress the current imbalance of power re-lationships. I have tried to balance the documentation of oppression by also highlighting the successes of women - both are

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24 See Appendix 6A for a mind map (a visual) of the chapters and the process.
25 There was the dilemma in this chapter - in the definition of power - power as a possession, or power in re-lationships. Coming from a female perspective, overall my meaning of the word ‘power’ was that of power in re-lationships, that needed to be changed for women (and all people) to achieve their full potential. This chapter is about shifting the hierarchical nature of power re-lationships to something more egalitarian.

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necessary for understanding and ultimately for generating change - and for myth-making (the re-stor(y)ing). With the development of the multifaceted skills of women (flexibility - shape-shifting), different stories are needed for different situations.\footnote{26}

His-storically, balancing between political and cultural his-story has always been an issue - generally the political was understood as having ‘power’, and has been written as a his-story of powerful men. Women of the past were only mentioned when they had/used ‘power’ in similar ways to men - usually queens. These women have been more conspicuous to a male perception of the world (and therefore more often re-corded his-storically)\footnote{27} than the stories of the ‘power’ of those being ruled - women’s own understanding of their place in their society and culture.

Power can be used democratically or autocratically, but it is always changing, it never stays the same, or in one place for long. Denying that ‘power’ exists does not resolve the dilemmas, but tends to mystify and uphold it. Situating women’s work within power relationships was important to balance this process, as it ‘... transcends the victim/heroin, domination /resistance dualism and incorporates the varied experiences of women’ (Gordon 1991:78). In this thesis, I have not only challenged the current power structures (re-sistance) but also searched for new power re-lationships - re-constructing ideas and practices of power to be more positive experiences for women.

\textbf{Chapter 3 - Re-searching}

Using narrative (stories) carefully and creatively for the re-search, allowed a freedom of style, created the space for the individual voices to be heard, and allowed for the development (conceptually) of powerful (and changing) role models for women. Using story allowed two paths of inquiry: ‘... from experience through explanation to general theory, and from experience through expression to myth and archetype’ (Reason 1988:85), and a space was created for dialogue. (See diagram next page).

The story-telling was congruent with feminist re-search methods, giving a theoretical framework for valuing the experience of the women involved in the re-search, and here the focus is on voice, silence, power and imagining a different future. The re-search was generally a co-operative effort (with two groups of women), and while acknowledging myself as the author, it utilised cooperative re-search methods.

\footnote{26} This comes through clearly in Chapter 4 Re-flecting - in the stories of the women in the groups.

\footnote{27} Being in positions of power, perceived (by men) as ‘power over’ re-lationships (this being the dominant cultural understanding of power in his-storical times - and often today), they would be more noticed by the writers of his-story.
Chapter 4 - Reflecting - The Process (the Groups and the Stories).
This chapter is the collection of the letters that were sent to the women after each meeting - for their information and feedback, and is the continuing story of the experience of the re-search groups. The data for this re-search came from the transcripts of these meetings and has formed much of the text. This process clearly articulated the method and the time line of the re-search. As stated in the conclusion, these letters (from the transcripts) have not been ‘sanitised’, so parts of the them do not strictly conform to the usual academic criteria in areas such as referencing. I have chosen to do this to retain the freshness of the dialogue.

This inquiry involved several women - in two groups (with several individual interviews). It was re-search done with - not on - people. When sitting down with others to develop co-operative re-lationships there were immediate challenges, practical issues - almost immediately we came across power re-lationships that needed to be dealt with. We confronted - in ourselves and in others - issues of gender, of oppression, of our limitations and our rigidity. We may dream of a co-operative world view, but we also needed to learn the practice of participation. This chapter articulated some of the difficulties we faced, but also showed how we managed to work co-operatively on the specific task - the re-search, and the new possibilities that evolved. The aboriginal story of a woman searching for her stories (and therefore her identity) emphasises the broad nature of the loss of her-story. Her struggles to re-member her ancient stories and be re-united with her tribe, paralleled the story of our journey.
Chapter 5 Re-generating - Creating a Space for a New Mythology.

'... a myth may be acclaimed true when it faithfully expresses the meaning of human existence and when it recommends authentic action, sustaining and even furthering that meaning' (Martin Luther King in Ferguson 1990:230). As I started this process thinking about writing a new myth, it took the understanding articulated in this chapter, to realise the enormity of my task. The re-search was so immense that this thesis was only the ‘tip of the iceberg’ - as it attempted to ground women healers in their his-storical and mythological base - and to go on from there to develop a new mythic understanding of their role in medicine. As vital aspects of mythological understanding, the archetypes and the psychoid have also been defined briefly. Carl Jung and Joseph Campbell have featured prominently to provide the basic understanding of depth psychology and mythology, but I have focussed on the writing of women who are also making meaning (for women) from the study of myth - for example Sylvia Perera (1981) and Diane Wolkstein (1991).

Chapter 6 Re-cycling - The cycles of women in the re-cycling of his-story/her-story.

With the rise of the women’s movement, women particularly have been re-examining the symbols and myths. By challenging the current patriarchal meaning of the feminine, and re-flecting on the symbols of our culture, the myths were re-stor(y)ed in a way that is appropriate for the new millennium. In this re-search, rather than conducting an extensive in-depth study of a single myth, I have chosen instead to look briefly at two myths - to provide a direction for the theory and for the making of meaning. These two myths/stories weave different threads into a pattern for women - to emphasise skills that I believe we will need to change our society (and provide a path for women in medicine in particular) into one that is more egalitarian and more concerned with social justice.

LB - Inanna is the new myth for women of today (6.6.99).

Using mythology as a tool, the pre-patriarchal myth of Inanna was the basis for re-claiming a powerful feminine principle. Inanna tells of a different, more whole feminine, one that has not been appropriated by the patriarchal cultures. Inanna - the return of the transformed women, is a positive mythic story about the female, going through crisis and tragedy to re-gain her rightful power - the female myth of the ‘hero/ine’. The story of Inanna going into the underworld re-minded me (in a global sense) of the his-story of women healers and of the Inquisition (a time travelling through the underworld, facing death) - and today coming back into their own power and wisdom (strengthened by the tragedy). This story also mirrored individual journeys, as told in the stories of the women.

For the ancient female aspect of the healer, I was fascinated by the mythology of the Egyptian healer and shape-shifter, Isis, who was re-vered as the major healing force over much of the world for thousands of years. She embodies many of the ‘strengths’ women need to generate change, and provides a vision of what women today can achieve. The story of Isis is also re-levant to this story - as she re-membered the body of her husband - her male consciousness - re-developed a new re-lationship with the masculine.

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28 There are many titles by Jung and Campbell re-searched for this thesis, all of which were integral to this work - See Re-sources - the Bibliography.

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Together the stories of Inanna and Isis - because they show archetypal patterns for the courageous transformed women, the woman as healer and shape-shifter - weave a tapestry of powerful change for women. Unlike the Greek myths, where I found the individual goddesses (each re-presenting a single dimension of the larger feminine principle) needed to be pieced together to glimpse the whole, the myths of Inanna and Isis showed the all the multifaceted aspects of the feminine principle in each 'woman'. Mythologically Inanna and Isis did not necessarily represent a female person as such, but rather were symbols of the organic processes, transitions and transformations that women have always gone through. If there is a ‘tradition’ of women, it is that of embracing and accepting continual growth and development.

Chapter 7 - Re-membering - The his-story (her-story) of women in medicine.

'The status of women healers has risen and fallen with the status of women ... to know our history is to take up the struggle again' (Alexander-Berghorn 1989:91). As healing, life and death are basic and profound aspects in the struggle for human meaning, the role of women as professional healers has been intimately linked with shifts in the ecology, the economy and the politics (and the re-ligions) of the cultures and areas in which they lived. Having discussed the general issues around women and work, power and leadership, this chapter is more specific, looking at the ancient her-story of women in the medical/healing professions. The issues are the same for women regardless of the profession - the context is specific.

To generate change in society, in the dualities that generate and perpetuate the current power re-lationships, there was a need to re-claim the his-storical, political and theoretical process of constituting ourselves as subjects (the makers of his-story), as well as the objects (those who have been written about - or not). The her-story needed to be written and re-claimed along with the his-story - re-membering the 'life-story' of all humanity.

Chapter 8 Re-cognising - Women in Medicine today.

Following from Chapter 7 (as a time line), in the late nineteenth and early twentieth centuries was the first wave of women re-claiming the ancient her-story, but this also was largely suppressed and forgotten. ‘Because of the hiatus in the feminist political tradition, the new wave of women’s historians had to regain some lost territory. For a second time we had first to render the invisible visible, the silent noisy, the motionless active’ (Gordon 1991:74). This (more re-cent) her-story also had to be re-claimed.

Challenging the old paradigm of women healers as ‘witches’, as incapable, hysterical, irrational or at the mercy of their hormones, gave leads to what is still happening in medicine today. With the huge increase in women entering the medical profession, despite being educated in the old ‘male’ paradigm in medicine, a change is starting to occur, and the women are challenging long entrenched ideas and ways of working. Also challenging scientific medicine is complementary medicine - a more ancient, gentle and more female healing medicine - with its thousands of years of documented knowledge, and greater numbers of women (than men) as professionals. This chapter gives the ‘statistics’ (the numbers) of women generating change (and how they are doing this).
Chapter 9 Re-creating - Developing role models for women in the professions, and creating a vision of the future that will transform those on the margins as well as in the centre. Without female role models and the her-story of medicine (along with the his-story) we have no vision of what we can achieve. A re-newed sense of possibility pervades this chapter, as the women re-discover skills and attributes we have brought from the past, and will carry into the future. Major themes re-rolled around the skills of ‘shape-shifting’, and of the ‘honouring of difference’. A feminist approach was discussed.

Chapter 10 - Re-balancing - Concluding the re-search. This story was also my story. In this chapter I have concluded by briefly looking at where this journey has taken me and what our visions are for the future.

Chapter 11 - Re-stor(y)ing - Developing the new myth. The new beginning? I have told the his-story, and re-balanced the her-story, now a new story (a ‘life-story’) is needed. We are the women living the myths of today - we need to tell our stories.

Re-sources - Bibliography. The re-sources that re-filled some of the spaces in our knowledge.

This thesis was re-searching, re-membering, re-writing and re-creating the stories of women’s lives in medicine - to re-dress the imbalance, and to make a different way of being, possible. It eventually evolved a picture/role model of a confident, professional woman and healer of today, and the skills she needs to generate change in the strongly patriarchal profession of medicine, the same skills women need to generate change in the society at large. Despite this being focussed on medicine, the story crosses many boundaries, and is for all women in Western society who are wanting, and working for change.

The challenge was maintaining the tension between the practical/political, ‘objective’ aspects, and the story; maintaining the tension between ‘accuracy’ and mythic power. By weaving the stories of women healers throughout the thesis, I have woven the mythological and the mathematical, the his-storical and the heretical, the statistics and the stories, into a healing tapestry honouring women’s experience.