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MONTANA

WOMEN'S RESOURCE

Spring 1985

MIDWIFERY in MONTANA

by Pamela Shore

Pregnancy and birth are emotionally and physically complex processes. In our technological society, the child-giving woman is often isolated from familiar others--her sister, mother or long time friend--who have passed through the birth experience before. She most often learns about her pregnancy and birth in once-a-month visits to an oppressively busy, often male doctor.

Doctors spend many dollars and years in specialized training learning about multiple complications and the remedies available in the technological medical world. As consumers, women amass huge debts to support this training and medical technology, most of which they don't need. Furthermore, as a result of long years of studying the abnormal, the doctor's perspective becomes skewed; the woman is seen as a potential complication, not as a normally pregnant woman.

The progressive consumers' health care movement and the women's movement have combined to demand the alternative type of care that midwives provide. Midwives do not have that huge investment in technical medical training. They devote more time to each woman and view her pregnancy as normal, not as a complication waiting to happen.

Midwives are not a safe alternative for all women. Complications in pregnancy and birth may arise which require a doctor's expertise. Society must insure that those calling themselves midwives are able to give quality care and diagnose problems which may require another's expertise. States have addressed this need differently. In New Hampshire, all who wish to be licensed as midwives must take a test to assure minimum competency. In Washington, only those who graduate from a one year school of midwifery may practice. In Texas, a midwife must only register herself at the county clerk and recorder's office to practice legally. In California, as well as in most states, only nurses may become licensed, and may practice after attending further schooling and/or passing a competency test.

The Montana legislature has not acted to settle what type of training will assure good basic care for women in Montana. However, both nurse and lay midwives are available in Montana for women who prefer their services to those provided by the traditional health care system. The following is a written interview with two Montana midwives. Dolly Browder is a lay midwife practicing in Missoula. Debbie Jessup is a nurse midwife practicing in Billings.

Q: What services do you provide?

Dolly: I provide childbirth education and homebirth midwifery care. I teach several classes for pregnant women and their partners including: natural childbirth classes, prenatal exercise classes, and prenatal classes covering topics surrounding the pregnancy, such as how the placenta works, prenatal massage, herbs in pregnancy, nutrition.

My midwifery homebirth care includes: monthly prenatal exams, birth counseling, labor support for those women who want a hospital birth but want a midwife with them to help them make decisions in a hospital setting, telephone consultation and a check-out library on birth, midwifery and parenting (both are for pregnant women and the community at large).

At least one (and most times more than one) of my prenatal exams are done in people's homes. I am at the woman's home during labor, and after the birth I do 2 or 3 postnatal house visits to check mother and baby.

Debbie: My partner, Laurie, and I provide a full range of obstetrical and gynecological services. These include: prenatal, delivery and postpartum care, family planning, breast and pelvic exams, infection screening, sexuality counseling.

continued on page 2



Q: How are you received in your community?

Dolly: I am received very well in the Missoula community. I've been working for 8 or 9 years with lots of changes in that time. Several doctors do hospital back-up for my clients birthing at home. However, I'm sure most physicians would not miss me if I left town.

Debbie: We have been received very well by the consumer component of the community. I am sorry to say that we still have difficulty receiving acceptance from the medical community.

Q: What impact does the midwifery alternative have on the dynamic between women and traditional health care services?

Dolly: The biggest impact is awareness of birth options and a realization of how little information women get from the traditional health care groups. Women really enjoy classes and the time to talk to other pregnant women. For most women, their faith in traditional health care becomes shaky and they start to ask a lot of questions. Actually, this process helps women become more assertive and aware of their needs. In the long run, the relations between women and traditional health care providers becomes a healthier, more informative give and take process.

Debbie: I like to believe that the midwifery alternative has been responsible for many of the changes and updating of attitudes in the health care community. We were the first to introduce sibling participation in birth at the hospital here (in Billings); we pioneered the concept and development of a short stay (6 hour discharge) after birth; we've demonstrated and defended the fact that birth can be managed outside a hospital with safe and satisfactory results. I hope and believe that women who have been associated with Laurie and I, either as clients, friends, or through attendance at one of the many lectures we participate in, have come to view themselves as active consumers in the health care system, rather than as victims or passive recipients of medical care.

Q: What are the differences between nurse midwives and lay midwives? What common concerns do they share?

Dolly: Nurse midwives have an R.N. degree with further training, in a traditional medical setting, in midwifery. In Montana, nurse midwives work under a physician's supervision and usually in a hospital environment (although some nurse midwives attend home births if their physicians agree to it).

Lay midwives have varied educational backgrounds (some have an R.N. degree but usually not). Some were apprentices to other experienced midwives, some are self-taught with university classes and week-long workshops over a period of years, some went to midwifery schools in the U.S., and usually all midwives attend births at home with a non-traditional medical perspective.

All midwives share a respect for the birth process as a natural event and seek to help parents-to-be attain a positive and safe birth experience. They also share the struggle with the traditional approach to birth in the

hospital. And in most places, all midwives are seen as a financial and philosophical threat to obstetrical physicians.

Debbie: Nurse midwives and lay midwives are both defenders and promoters of natural, family-centered childbirth. They both strive to return the control of health care services, and in particular the birth scene, to the family involved.

But although their philosophies are very similar, there are some very basic differences. The first and foremost is in their level of training. Nurse midwives are registered nurses who have completed a nationally recognized program in midwifery. They complete a national certifying exam and are licensed to practice in each state. Lay midwives have no standardization of training or licensing; many of them have received no formal education in midwifery, but rather have learned their trade through apprenticeship. Because of this, nurse midwives are legally able to practice in a variety of settings: hospital, home, clinic, and birth center. Lay midwives cannot obtain privileges to practice within a hospital. Lastly, lay midwives only provide care to a woman during her pregnancy and birth. Nurse midwives continue this care throughout the woman's life cycle, providing a full range of well woman gynecological services.

Q: Imagine midwifery in Montana ten years from now. What would you like to see changed between now and then?

Dolly: I'd like to see legislative recognition of lay midwives as a legally practicing group which is self-organized and regulated. Hopefully all midwives, nurse and lay, would be united as one profession with cooperation between different practices, i.e., hospital, home and birth center. I'd like to see more educational opportunities for more midwives in the state and a massive educational project to inform the general population about alternative birth practices.

Debbie: In ten years I would like to see nurse midwives practicing in every city in Montana, such that women all over the state would have the alternative to receive midwifery services. I would like to see nurse midwives providing the care to the essentially healthy patient and physicians managing the complications, thus utilizing the expertise of each to the greatest degree. I would like to see midwives as a strong political force in Helena and throughout the state as defenders of maternal child health concerns and family-centered obstetrical care.



Amazon Women
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TEENAGE PREGNANCY: U.S. RANKS HIGHEST

by Judy Smith

What's the connection between high teenage pregnancy and abortion rates and teenagers' access to contraceptives and sex education? A study of 36 other developed countries suggests that the U.S. has the highest teenage pregnancy and abortion rate in the Western World because birth control and sex education are less available to teens here.

Part of the study examines teenage pregnancy in the U.S. and five comparable countries: Sweden, France, the Netherlands, England and Wales, and Canada. The results show reasons for the differences between U.S. pregnancy rates and those of similar countries and explore how the experience of countries with lower rates might be applied to the U.S.

WHAT THE STUDY SHOWS:

FACTS

- ★ U.S. teenagers are not more sexually active than teenagers in other developed countries. Our rate of teenage sexual activity is in the middle when compared to the other countries studied.

- ★ Developed countries with the most liberal attitudes about sex, the most readily accessible contraceptive services for teens and the most effective sex education programs have the lowest rates of teen pregnancy, abortion and childbirth.

Pregnancy Rate	15-19 year olds
Netherlands	14 per 1000
Sweden	35
France	43
Canada	44
England and Wales	45
USA	96

- ★ The teenage abortion rate *alone* in the U.S. is higher than the combined abortion and birthrates of any of those other countries.

Abortion Rate	15-19 year olds
Netherlands	10 per 1000
Canada	72
France	72
England and Wales	74
Sweden	90
USA	192

- ★ The U.S. is the only developed nation where teenage pregnancy is *increasing*.

- ★ High teen fertility is usually linked with several factors present in the U.S., but not in the other five countries.

- lack of openness about sex in the society
- an unequal distribution of income to the poorest 20% of the population

- a high degree of religiosity

- restrictions made on teen access to contraception and sex education

FALLACIES

- ★ Young teens are too immature to use contraceptives effectively (they manage to do so in other countries.)

- ★ Teen pregnancy in the U.S. is primarily a problem for the poor and minority population (since white rates alone far outstrip those of the other five countries, which themselves have sizeable minority populations).

- ★ High teen pregnancy rates can be attributed to teen unemployment (unemployment of the young is a very serious problem in all countries studied yet others have much lower teen pregnancy rates).

- ★ Low teen birthrates in other countries are achieved by increased abortion (on the contrary, all have much lower teen abortion rates than the U.S.).

- ★ The availability of welfare benefits and services contributes to a higher teen birthrate (all other five countries have more social services available to low income groups yet have lower teen pregnancy rates).

- ★ Teen pregnancy rates are higher in countries where birth control and sex education are available (the opposite is true).

SOLUTIONS: How Other Countries Have Reduced Teen Pregnancy

- ★ Families and governments have taken responsibility to provide contraceptive services to sexually active teens in order to minimize teen pregnancy, abortion and childbirth.

- ★ National policy encourages sex education in schools.

- ★ A social climate exists where teen pregnancy is considered undesirable and can be prevented.

- ★ Tolerance of teen sexuality and an open attitude about sex in general is practiced.

- ★ Confidential and free contraceptive services are easily accessible to teens.

- ★ The pill is accepted by the medical profession as the most appropriate method for teen birth control and is widely prescribed.

- ★ Free or subsidized abortion services are available to teens.

All information and statistics from the recent Alan Guttmacher Institute study, "Teenage Pregnancy in Developed Countries", *Family Planning Perspectives*, March/April 1985.

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Legislative Wrap-Up

The 1985 Legislative session was a highly successful one for women. The following is a summary of the outcomes on some of the most important issues:

Gender-Free Insurance

One of the most exciting victories for women this legislative session was the defeat of two bills which would have effectively repealed Montana's gender-free insurance law. The insurance industry lobbied hard to defeat this law (passed by the 1983 Legislature), but despite its efforts, the gender-free insurance law will go into effect on October 1, 1985 as planned. Montana thus remains one of five states which prohibit the use of sex as a factor in setting auto insurance rates. Moreover, Montana is now the *only* state which prohibits the use of sex as a factor in setting rates for *any* type of insurance. We should be proud of our state's progressive stand on this issue.

Domestic Violence

Marital Rape: Under Montana's old rape law, marital rape was not recognized as a crime. Women who were raped by their husbands had no legal recourse through the criminal justice system. Fortunately, the law has now been amended. The new law treats marital rape as a criminal act subject to prosecution as all other rapes are.

Presumption of Arrest: The original bill had a mandatory arrest provision for domestic abuse cases (police officers already have authority to make discretionary arrests if they have reason to believe that a person has committed an offense). The bill which finally passed, however, makes arrest the stated preferred response to a domestic abuse situation. Although a compromise, the presumption of arrest is an important step in stopping domestic violence. The bill also provides that police officers must file a written report stating the reasons why they did *not* arrest a possible abuser. When responding to a domestic abuse call, police officers must now give the abuse victim notice of her legal rights, which include information about available shelters and other community services.

Temporary Restraining Orders: A TRO is a court document which orders an abuser to have no contact with the abuse victim. A TRO can also be used to stop the abuser from disturbing the victim's children or to exclude the abuser from the victim's home. Formerly, victims usually had to hire an attorney to receive a TRO. With the passage of this bill, an abuse victim need only fill out a free form from the clerk of the court and obtain a TRO on her own. The new bill also makes TROs available to others besides the abuse victim herself and allows not only state district courts, but justice of the peace and municipal courts to issue them as well.

Minimum Wage

Montana's minimum wage is currently set at \$2.75/hour. Under the new law passed this session, the minimum wage will rise to \$3.05/hour by October 1, 1985 and to the federal level of \$3.35/hour by October 1, 1986. With Montana women making 50.5 cents for every dollar that a man makes, the new law means significant economic gains for many women.

Family Planning

There is both good news and bad news in this area. The good news is that, in a year when state funding for other social service programs was cut, family planning programs will be funded at their current levels. The

continued from page 4

bad news is that the Legislature refused to strike an amendment to the general appropriations bill which prohibits the allocation of family planning monies to programs housed in the same facility as an abortion clinic. The amendment, sponsored by Rep. Tom Hannah of Billings, is clearly directed towards Planned Parenthood of Billings, which is housed in the same building as the Yellowstone Valley Abortion Clinic. Planned Parenthood of Billings will now decide whether to bring a lawsuit to challenge the amendment or pursue other alternatives.

Compiled from Women's Law Caucus and
Women's Lobbyist Fund Newsletters.

Out in Montana For Gays and Lesbians

*OIM Resource Center

- Library
- Calendar of Events
- Meeting Room
- Hours: 4-10 p.m. daily
- Call 728-6589 for information

*Monthly Newsletter-local, state and national news

UPCOMING EVENTS

Special Summer Classes

Education and Sexual Assault (2 cr.)

June 10 12:00 - 2:00, June 11, 12, 13 9:00 - 12:00 and
1:00 - 4:00; Instructors Leiber/Blomgren

Becoming an Askable Parent (3 cr.)

June 17 - 28 MTWThF 10:00 - 12:50; Instructor: Isaacs

Human Sexuality for Teachers (2 cr.)

July 8 - 12 MTWThF 8:00 - 12:00; Instructor: Smith

Advanced Assertiveness Training

July 15 - Aug. 9; Instructor: Smith

Brown Bag Skills Sharing Workshops

- Auto mechanics
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Parenting Workshop

For more information on all upcoming events, contact the WRC
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What's A Women's Film Anyway?

A Conversation with Elizabeth Fernea

Elizabeth Fernea, feminist filmmaker and teacher at University of Texas at Austin, was the keynote speaker at the recent "What's A Women's Film Anyway?" workshop sponsored by the Women's Resource Center. She took time out from the workshop to discuss some of her thoughts about women's films and filmmaking for *Montana Women's Resource*. What follows are excerpts from that conversation.

Elizabeth: You asked me to speak a little bit about myself. Well, if anyone had told me ten years ago that I would stumble into film in middle age, I wouldn't have believed it. Before getting into film I was a teacher and a writer, a housewife, a mother. But in 1975 I got a letter out of the blue from Grenada Television in London. The director who wrote to me was a woman and she had been assigned to do a film in a series called "Disappearing Worlds." She wanted to do a film on Muslim women. I had written several books about Muslim women, so she wrote to me and asked me if I would be willing to work as a consultant on her film. Of course, I said yes immediately, thinking I would write this wonderful film that would change the world. At that time, you see, I was teaching at the University. I could never find any films for my undergraduate students in Middle Eastern studies that treated women with any sort of respect. So this film presented me with a very important opportunity.

When I got to London and started working on the film, I realized that film was a very difficult, complicated, aggressive medium to work in. Lots of problems arose.

Adele: How do you mean "aggressive"?

Elizabeth: Well, you're going into people's private lives, asking them questions, asking them to bare their souls before the camera. It's the most aggressive medium there is. But I also discovered that it's the most powerful medium available today. If I wanted to convey anything to my students or anyone else, this was the way to do it. A bestseller, serious book may sell 50,000 copies. The average PBS audience is 6 to 8 million viewers.

Adele: So one of your primary concerns was reaching as many people as possible.

Elizabeth: Absolutely. That's how I got into film. But as I said before we had lots of problems. I insisted to the director that we had to have an all women film crew. There was no possible way that we would be able to film in people's houses with strange men, whether they were Moroccan, Egyptian or American. We had to have women. And since she was a feminist filmmaker, she thought that was a wonderful idea.

Then she began looking around for technicians. Under the television corporation's law, in agreement with the unions, you couldn't work on a film without a union card. At that time--remember this was 1975--there was only one woman sound recorder with a union card and she was working as a researcher because there wasn't

enough work for her. There was only one cinematographer, but she was working in the United States. There was only one lighting person, but she wasn't registered with the union. So it took six months to find a crew. We found a cinematographer who was just graduating from film school so we grabbed her. We hired the sound recorder doing research. As for the lighting person, after a big fight with the union we got her a union card but only for the length of the shoot.

That was ten years ago. Things have changed since then, but they haven't changed a lot unfortunately. America has always been more open as far as working in film goes, but only within the last five or ten years have



there been any significant women directors or producers or cinematographers. I mean, in this country you can name the women cinematographers with any credits on one hand. There are practically none. Now women have always been editors, which is very important, but--

Adele: When you say "significant," how do you measure what significant is?

Elizabeth: Significant means someone who has credits in feature films as well as documentaries. Someone who would be hired by anyone for any project. In other words, significant means technically skilled to handle any project that anyone gave you, and not falter. That's a very difficult job. There are a lot of cinematographers out there, for example, who have with difficulty learned the trade, but as yet, there aren't many that you could call in and say "You can work on 'Star Wars' as well as on women's documentaries." A significant cinematographer is one who is professional, nationally recognized. And that's a problem, especially when you want to hire an all women film crew.

But I think it's changing. There is slowly becoming

continued on page 7

available a well-trained group of women who can do just about anything. But it's still a small group.

Adele: So, what is a women's film?

Elizabeth: A women's film, well, it's changing a lot. We're seeing women filmmakers who are making really interesting films, although I don't think they're as interesting in the United States as they are in Europe. A big problem with women's films today is the funds. I don't know if you've ever tried to raise money for films.

Adele: No, only for political campaigns.

Elizabeth: Well, it's like a political campaign, in the United States at least. I have some very good friends in England and Italy who are feminist filmmakers. Essentially, if they have an idea, they go to their nationally funded film company and say "What do you think of this idea?" If the company likes it, they'll fund it. Three times out of four the filmmakers might be turned down, but that fourth time, their project is fully funded and they don't have to worry about it anymore.

In this country, the *key* is raising money. Often you have to start shooting and then stop to raise more money, and then start and stop again. There is no state support for filmmakers per se. You have to go through the state arts councils or the NEA (National Endowment for the Arts) or the NEH (National Endowment for the Humanities). But these days, the NEH isn't interested in women's films.

Adele: No? Why do you think that is?

Elizabeth: I think a conscious decision has been made that the humanities doesn't include controversial modern

"The next stage we're coming to in women's film is to see the whole world from the point of view of women's involvement in the whole world."

history or the history of women or minorities. The decision has been made that the humanities include the "great works" of the past. Well, I think the great works of the past are marvelous, but only when they're seen in relation to what's going on in the world today. But what this all means is less funding for women's films.

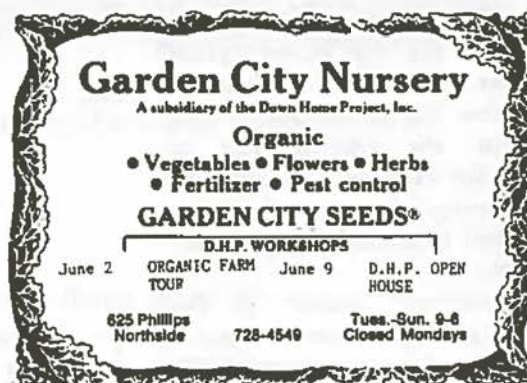
The other part of the problem is that films are terribly expensive. A one hour film costs about \$200,000 today. Who is going to contribute \$200,000 for *one* film? I have friends who make films on a shoe-string budget for \$40,000 or \$50,000, but they essentially work for nothing, they work out of their homes, they have someone else to support them. It's very difficult to work that way. But today women have to do it full time if they're going to survive at all.

Adele: When you're looking at a film and you say, "This is a women's film," what is it about the film that makes it say that to you?

Elizabeth: I don't think they all do say that to you. That's an issue that has yet to be defined really. I think

a women's film today means something very different than it did in the past. A women's film today has a didactic quality. It teaches us something, it explains something that's gone on in the past or redresses an injustice, something like that. But I think this is a period in the development of women's films that we're coming out of now, although we still do it. A women's film should certainly communicate a different sort of experience than what is usually conveyed on the screen. It should contribute to the general pattern of film, give it an extra dimension, an important dimension that often isn't reached in other films. That's done of course by having women involved in all aspects of the film process. Women see the world with a different eye . . .

The next stage we're coming to in women's films is to see the whole world from the point of view of women's involvement in the whole world. It's women's experience, but it's women's experience as it connects with other people's experience. We are social creatures after all, and our responsibilities to the rest of society are still very important. We need to mesh that in with the rest of the pattern. But we probably need to document our own experiences being women before we can get into those other things.



Visit the WRC Library!

The Women's Resource Center Library has a variety of books, periodicals, records and a vertical file available to both students and non-students. We have 1,200 books on topics ranging from women's history to abortion to career planning. We subscribe to 25 periodicals including "Signs" and "Quest." Our vertical file has information on over 150 topics.

Here's a sample of some of the good summer reading available at the WRC Library:

- ★ ★ *Woman on the Edge of Time* by Marge Piercy
- ★ ★ *The Edible Woman* by Margaret Atwood
- ★ ★ *To The Lighthouse* by Virginia Woolf
- ★ ★ *Meridian* by Alice Walker
- ★ ★ *The Collected Stories of Eudora Welty*

Located in the Women's Resource Center, Room 119, University Center. Hours: 9 to 4, Monday thru Friday.

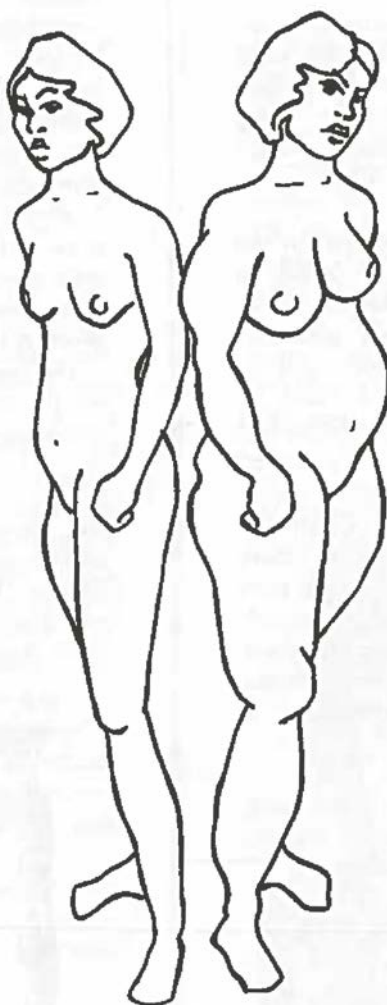
In Search of NIRVANA: Women and Their Bodies

Many times I have set out to change my body only to feel at war with it. After struggling with, resisting and hating my body for a good fifteen years of my life, I decided to give in--to let it teach me what it would even if it meant gaining 200 pounds in the process. Much to my surprise, gaining 200 pounds was not what it had in mind. Rather, it taught me that it was a medium through which my psyche communicated with me. I knew that that was where I needed to direct my energies as opposed to another diet.

The idea that women may communicate their psyches through their bodies is simultaneously empowering and frightening--empowering because now we have only to recognize and harness the power we have had all along, frightening because we have been taught to use this power against ourselves. A woman's body-image is the true link to her psyche. This is what she communicates to others. For example, if I don't fit the stereotypical model of beauty, but I feel beautiful, others will see that too.

Unfortunately, women in this society are programmed not to believe in their own beauty. We are taught to believe that we are never quite right, never complete. We are taught to believe that if we try hard enough to look different than we are, we might someday reach the elusive THERE--nothing short of Nirvana. What keeps us accepting these destructive messages when self-acceptance would be so much more comfortable? Why did I believe I was fat when I was skin and bones? Why does someone lose 30 pounds only to gain back 40?

The idea that a woman's body-image is a representation of her state of mind can be validated by a look at our body-image stereotypes. One has only to consider the all-too-familiar phrase, "I feel fat," to see this mechanism at work. At 5'5" and 108 pounds, I



used to say this myself when I was feeling asexual, sloppy, unattractive, undisciplined (you fill in the blanks). But I can think of heavy women who embody some or all of my "thin" qualities (sensual, athletic, shallow, controlled). Here we see that body-image has taken on a life of its own; it may have nothing at all to do with the actual shape of our bodies.

From another perspective, if we are feeling "fat" or "thin" at particular points in our lives, we may actually tend to close the gap between our insides and our outsides by changing the body to fit the psyche. In my experience, it is easier to make my body "unattractive" than to do the psychological work on why I might be feeling that way. Therefore, I had better come up with a good justification for it--how about gaining 50

pounds? Indeed, these stereotypes can be quite constraining if we believe we should feel only certain ways at different shapes. To free ourselves from these constraints, we must accept ourselves at any shape and size embodying any emotion.

One of the reasons this seemingly simple task is actually so difficult is that there are many people who have a vested interest in keeping us dissatisfied. We need only look through any checkout counter magazine to be told that we are expected to feed our families well, but not ourselves. The diet industry, the fashion industry, and so-called health products are designed to prey on our feelings of dissatisfaction. And if we are not already dissatisfied, they will create that for us too! These people's paychecks depend on our dissatisfaction.

There are more intimate reasons for self-rejection too. These reasons are scary and disconcerting. They are the personal payoffs we get from disliking ourselves. They include things like: handing the ultimate responsibility for how we think and feel about ourselves over to the bathroom scale or our partners or the TV; protecting ourselves from intimate relationships and pain; punishing ourselves for being "bad" people; and worst of all, refusing to live our lives until we look different.

It is easy to say that the media keeps us from developing as whole people. It is much harder not to let them have that power. But if we hold the rest of society responsible for our self-growth, then we must assume that we don't have the power to forgive and accept ourselves as we are right now. I, for one, choose not to give away that power. As more women realize the power within themselves to accept and love their bodies, we can channel the energy we now pour into hating our bodies into creating healthier environments conducive to women's self-growth.

Beth Biggs



WRC volunteers Susan Nose and MaryAnn Garrity at the opening of Judy Chicago's "Birth Project" at Paris Gibson Square, Great Falls.

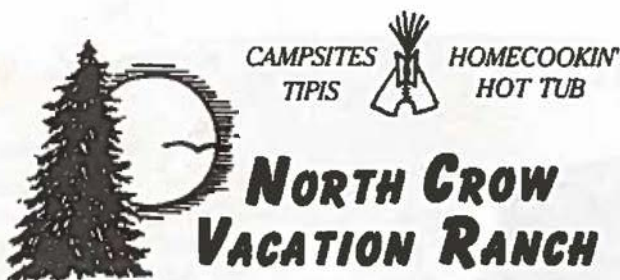
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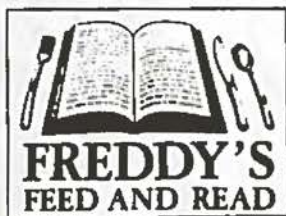


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