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**GYN/ECOLOGY: THE METAETHICS OF RADICAL FEMINISM**

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## CHAPTER SEVEN

### American Gynecology: Gynocide by the Holy Ghosts of Medicine and Therapy

John [my husband] is a physician, and *perhaps* – (I would not say it to a living soul, of course, but this is dead paper and a great relief to my mind) – *perhaps* that is one reason I do not get well faster

...

There comes John, and I must put this away, - he hates to have me write a word.

Charlotte Perkins Gilman, *The Yellow Wallpaper*

Psychological testing ... had revealed him as a boy with violent instincts, a fact that had at least partly determined the choice of both rugby and medical study for him; the demanding physical contest and the practice of surgery, it was thought, would help to channel his aggressive tendencies.

Piers Paul Read, *Alive: The Story of the Andes Survivors*

I will simply claim for myself the rights of the gynaecologist ...

Sigmund Freud, *The Case of Dora*

I have shown in the earlier chapters of this passage how women in various cultures – which are merely multi-manifestations of the overall culture of androcracy – have often been lulled/lobotomized by the myths and habits of their particular social context. Drugged by the prevailing local dogmas and disabled physically, they have not always seen the intent behind the vicious circle of maiming and murder of mothers and daughters. In twentieth-century America, women are lulled by the myths and rituals of gynecology and therapy, believing that “doctor knows best”. (\*) We have entered the Ice Age of Gynocidal Gynecology.

#### A BRIEF CRONE-ODOLOGY

Many feminists have noted the significance of the fact that the massacre of the wise women/healers during the witchcraze was followed by the rise of man-midwives who eventually became dignified by the name “gynecologist”. (1) Gynecology was slow to rise. Man-midwives of the sixteenth, seventeenth, eighteenth, and nineteenth centuries were under fire from woman midwives, such as Elizabeth Nihell, who described their instruments as “weapons of death”. (2) Nevertheless, the nineteenth century witnessed the erection of gynecology over women's dead bodies. By 1883 – the year of the death of J. Marion Sims, the “father of gynecology” (known as the “architect of the vagina”) - gynecologists could “apply their knives at will to the whole range of women's being, reduced as it was to sex.” (3)

As G.J. Barker-Benfield shows, the more notorious mid-nineteenth-century gynecologists were bent upon reducing women to their sex organs. (4) Sexual surgery became The Man's means of restraining women. J. Marion Sims, known for his hatred and abhorrence of female organs, remedied his problems (becoming very rich in the process) by ruthlessly cutting up women's bodies. He began his life's work “humbly”, performing dangerous sexual surgery on black female slaves housed in a small building in his yard, but rapidly moved up the professional ladder, becoming the “moving spirit” behind the founding of the Woman's Hospital in New York, which provided him with bodies for his brutal experimental operations. It also provided him with a theatre, in which he performed his operations upon indigent women used as guinea pigs before an audience of men.

In his private practice, where he charged enormous fees to the rich, Sims used the “knowledge” gained through the pain and mutilation inflicted upon the poor patients at the Woman's Hospital. (\*) There were plenty of victims for Sims and his ilk, for there were women suffering from fistulae and general bad health who were desperate enough to reach for any hope of help. The historical evidence suggests strongly that their “helper”, Sims, did not differ essentially from his gynecological colleagues in intent, attitude, or method. He simply was more monomaniacal and ambitious than most men. Internationally famous, honored by his peers, he was an object of adulation at Harvard Medical School, where “the students recognized 'divinity' in Sims and counted him 'one of the immortals'.” (5) As Peggy Holland has remarked, such men are “immortal” in the sense that they pass on death and fear, their only true offspring. (6)

Such gynecological “holy ghosts” as Sims now haunt the history of women from generation to generation. The seeds of such ghostly/ghastly presences are iatrogenic diseases, and the daughters of women infected by such “divine” doctors carry in their bodies and minds the cancerous cells hidden there by these “helpers”. (\*) It is helpful for Hags to recall that one definition of the verb *to doctor*, given in Merriam-Webster, is “to conceal the real state or quality of by deceptive alteration (as with chemicals)”.

Doctor Sims et al inspired through their work certain essential qualities of American gynecology which, as I shall show, have metastasized during the march of modern medical progress. Barker-Benfield wrote of that field as it was defined and congealed in the nineteenth century:

“The spate of gynecological activity in America and America's international prominence in gynecology were characterized by flamboyant, drastic, risky, and instant use of the knife.” (7)

As we shall see, the pattern has not changed. Rather, the doctored diseases have spread. The seeds which Sims and his colleagues sowed in the minds of their simian sons, the professional cultivators of that field, have ripened in a rich harvest of medicinally manufactured carcinomas, “cured” by the cutting edge of advanced sexual surgery. The mutilations and mutations masterminded by the modern man-midwives represent an advanced stage in the patriarchal program of gynocide. The supremely sterile, infinitely impotent “immortals” have brewed their final solution. Unable to create life, they are performing the most potent act possible to them: the manufacture of death. This production is a last attempt by these holy ghosts and hospital hosts to erect a fitting temple/tumor for themselves, an appropriate embodiment for their word-made-flesh, a womb-tomb dedicated to the worship of Nothing.

It is essential for Crone-ologists to see that the specialized treatment for women known as gynecology arose in the nineteenth century as a direct response to the first wave of feminism. Significantly, the attempts of nineteenth-century urologists to constitute an “andrology” specialty, in contrast to gynecology, were abortive. For of course the purpose and *intent* of gynecology was/is not healing in a deep sense but violent enforcement of the sexual caste system.

Keeping this intent in focus, we can uncover the significance of some outstanding events in the history of gynecology. Thus, in 1848, the year of the first Women's Rights Convention, Dr Charles Meigs was advising his pupils that their study of female organs would enable them to understand and control the very heart, mind, and soul of woman. Clitoridectomy, “invented” ten years later by the English gynecologist Isaac Baker Brown, was enthusiastically accepted as a “cure” for female masturbation by some American

gynecologists. In 1852 Dr Augustus Kinsley Gardner let out a battle cry against “disorderly women”, including women's rightists, Bloomer-wearers, and midwives. In the 1860s Dr Isaac Ray and his contemporaries proclaimed that women are susceptible to hysteria, insanity, and criminal impulses by reason of their sexual organs. The year 1873 marked the publication of Dr Robert Battey's invention of “female castration”, that is, removal of the ovaries to cure “insanity”. (\*)

For the next several decades ovariectomy became the gynecological craze; it was claimed to elevate the moral sense of the patients, making them tractable, orderly, industrious, and cleanly. “Disorderly” women were handed over to gynecologists by husbands and fathers for castration and other forms of radical treatment. Such doctors as S. Weir Mitchell combined anesthesia and knife, forcing a “rest cure” upon the castrated victims. (8) Only after the establishment of body-gynecology did psychoanalysis (the earliest form of mind-gynecology) take over. As Ehrenreich and English point out:

“Under Freud's influence, the scalpel for the dissection of female nature eventually passed from the gynecologist to the psychiatrist ... It [Freudian theory] held that the female personality was inherently defective, this time due to the absence of a penis, rather than to the presence of the domineering uterus.” (9)

As we shall see in the course of our study, mind-gynecologists (\*) and body-gynecologists have been playing “musical chairs” ever since, combining and conniving to repress and depress female be-ing. Moreover, our Crone-logical analysis will show that the current escalation of murderous gynecological surgery (and of chemotherapy and psychotherapy) is no chronological coincidence. There is every reason to see the mutilation and destruction of women by doctors specializing in unnecessary radical mastectomies and hysterectomies, carcinogenic hormone therapy, psychosurgery, spirit-killing psychiatry and other forms of psychotherapy (\*) as directly related to the rise of radical feminism in the twentieth century.

## CHRISTIAN PARADIGMS FOR GYNECOLOGICAL GYNOCIDE

We have seen that in the West, the European witchcraze signaled the arrival of a new age of gyncidal processions. During that era the personifications of the Second Divine Person – the sons of god representing the Son of God – appeared on stage, forming the professional and corporate mystical mergers that required the massacre of “indigestible” women. In nineteenth- and twentieth-century America (and in other nations following American leadership) a further phase has been reached. This is the Age of the Holy Ghost and his ghostly representatives. The multiple holy ghosts of the Age of Gynecology (body-gynecologists and mind-gynecologists) follow the mythic model of the “Third Divine Person”. We have seen in the First Passage that the original christian holy ghost was a mythic male mother, the spiritual single parent who impregnated Mary, the Totaled Woman. The latter was a reversal of the parthenogenetic goddess, who was thus reduced to a brainwashed receptacle/rape victim.

In studying the sado-rituals of the gynecological holy ghosts, it is useful to recall some of the theological lore associated with their christian theological archetype. The holy ghost, the feminine member of the divine trinity, was known as “the Spirit” - the one who inspires, or breathes into the souls of the chosen. In the ideal transsexual world of christian myth, “he” manages not only to impregnate Mary physically, producing the “Incarnate Word”, but also to fecundate the souls/minds of the faithful, engendering “supernatural life” and inspiring them with “divine” ideas and images. It is important to realize the interconnection between these two aspects of the myth, for they are reflected in the

emergence of the two classes of specialists “devoted” to women, that is, the body-gynecologists and the mind-gynecologists.

The various types of psychotherapists are the theologians of gynecology. These theologians and the specialized “ministering” physicians whom they legitimate represent the two complementary functions of the holy ghost. Both function to keep women supine, objectified, and degraded – a condition ritually symbolized by the gynecologist's stirrups and the psychiatrist's couch. By their combined efforts, these specialists keep many women in the state of perpetual patients whose bodies and minds are constantly invaded by foreign objects – knives, needles, speculums, carcinogenic hormone injections and pills, sickening self-images, festering fixations, debilitating dogmas. (\*)

It is significant that certain male-defined feminine qualities are attributed to the holy ghost of christian theology. Thus he is called Helper and Healer – which makes him an appropriate paradigm for the “helping professions”. He is also known by the name Gift. (10) The deceptiveness of such appellations is apparent to victims of theological/psychiatric/gynecological “help”, who have learned the truth of the slogan: There is no such thing as a free lunch.

Finally, he is called Love. (11) In emulation of this model, spiritual pseudolove has been practiced by christians in the name of charity and is presently perpetuated by the therapeutic establishment in the name of psychological help. This detached, objectifying model of “Love” is also mirrored in the fetishism and genital fixations of body-gynecologists as well as mind-gynecologists, who symbolically and ritually make love lovelessly. To the extent that they are successful, their female patients are paralyzed by lack of Self-respect, for these doctors engender the debilitating disease of self-hatred.

All of this takes place on a deeply mythic level, in re-enactments of christian theological paradigms. (12) The medical and therapeutic establishments' adaptation/adoption of these mythic models is illustrated in their translation of the doctrines of “supernatural life” and of the virtues into their own ideology and practice. Thus, according to medieval theology (and contemporary roman catholic theology), the faithful receive from the holy ghost a whole new level of supernatural life known as “sanctifying grace”. (\*) Together with grace, the baptized are believed to receive the virtues of faith, hope, and charity. In this belief system, faith makes it possible for the “reborn” christian to will to believe whatever is revealed by god. Hope is essentially for fulfillment in the afterlife. Charity allows the supernaturally reborn to love god above all things, including themselves.

In modern times, this doctrine of grace and virtue is reflected in the so-called helping professions, in which the gynecological holy ghosts infuse New Life into victim marys. The new supernatural life may be technological (for example, prostheses replacing breasts), or psychological (as when a woman is subjected to any of the various forms of behavior modification intended to replace deviancy with role-defined femininity). Hence, there is actually no natural (wild) state of femaleness that is legitimated/allowed in the Gynecological State, and this denial of female be-ing is the essence of its gyncidal intent. There are only two possibilities. First, there is a fallen state, formerly named sinful and symbolized by Eve, presently known as sick and typified in the powerless but sometimes difficult and problematic patient. Second, there is the restored/redeemed state of perfect femininity, formerly named saintly and symbolized by Mary, presently typified in the weak, “normal” woman whose normality is so elusive that it must constantly be re-enforced through regular check-ups, “preventive medicine”, and perpetual therapy.

This man-made femininity, the normal state of feminitude, grows and swallows up the

remnants of naturally wild femaleness by its supernatural/unnatural “life” (undeadness). It is force-fed by male foster mothers, the omnipresent holy ghosts. These healers help Unnature along by constant injections of the modern secular supernatural virtues, the vitamins of victimization. They instill ever greater faith in the doctor/god, increasing the woman's will to believe (that is, inability to disbelieve) whatever he “reveals”. After more and more injections, she willingly accepts not only all the standard doctored dogmas but also all the latest miracles of modern medicine. Her faith in the mind-gynecologist enables her to acquire ever greater faith in the body-gynecologist. There are, after all, only different masks (persons) of the same divinity. Moreover, all of these gynecological gods give her unnatural hope. This is not merely false – that is, unrealistic – hope. It is *wrong* hope, for it is warped. Its energy is dispersed into the blind alleys of the Masters' Maze. It is deeply distorted “hope” for Self-destructive solutions. Finally, the ghostly givers bestow upon their patient a remodeled version of christian charity, which inclines her to love them – god's ghosts – above all things, including herself. Under their tutelage she learns that she is lovable only to the extent that she can conform “to the image of god”. In other words, she must allow herself to be modeled after their ghostly image of “woman”.

### THE SHRINKING OF FEMALE BE-ING

In the atrocities of this age of gynecological holy ghosts, the gynocidal intent of androcracy is acted out religiously, but more subtly and subliminally than in the sado-ritual sacrifices of “other” societies. The methods are refined to achieve ultimate ownership of female being and power. The techniques are devised to achieve the final solution – *prepossession*. This is possession before a woman's original movement in be-ing can break through to consciousness. It involves depths of destruction that the term *possession* cannot adequately name. For someone to be possessed, she must first *be*. But the point here is precisely that the process of be-ing is broken on the wheel of processions. Prepossession means that be-ing is condensed to a static state, that is frozen.

The condensation and freezing of female be-ing is nothing new. In the foregoing analyses of ancient and modern atrocities we have that gynocidal intent is endemic to patriarchy and its processions. However, in the new Ice Age of Gynocidal Gynecology, the methods are “evolved” to execute this intent with maximum efficiency. One method used to reinforce the prepossession of women is *preoccupation*. The prepossessors invade and occupy a woman, treating her as territory before she can achieve autonomous, Self-centering process. Thus, the DES daughter whose mother had taken “harmless” drugs ordered by a gynecologist during pregnancy to prevent miscarriage has been preoccupied with cancerous (or potentially cancerous) cells. Her mind is preoccupied with anxiety – a preoccupation which increases with frequent check-ups, prescribed by “preventive” medicine, which function to increase anxiety and predispose her to sickness. Likewise, a woman subjected to compulsive breast examinations is preoccupied. So also is a woman preoccupied who obsessively examines herself in a mirror, seeing herself as a parcel of protuberances. She is looking through male lenses. Filled with inspired fixations, she checks to see if hair, eyebrows, lashes, lips, skin, breasts, buttocks, stomach, hips, legs, feet are “satisfactory”. Thus the craving for cosmetics, including cosmetic surgery, should not be seen in isolation from the syndrome of gynecological preoccupation.

Gynecological/therapeutic/cosmetic preoccupation conceals the patient's emptiness from her Self. It drives the splintered self further into the state of fixation upon the parts that have become symbols of her lost and prepossessed Self. Reduced to the state of an empty vessel/vassal, the victim focuses desperately upon physical symptoms, therapeutically misinterpreted memories, and “appearance”, frantically consuming medication, counsel, cosmetics, and clothing to cloak and fill her expanding emptiness. As she is transformed

into an insatiable consumer, her transcendence is consumed and she consumes herself. This is enforced female complicity in gynocidal fetishism – the complicity of those programmed to repeat: “Let it be done unto me according to they word.”

Clearly, gynocide in the Age of Gynecology has deep roots in fetishism. Although fetishism has been a consistent feature in the sado-rituals of patriarchy (most obviously in Chinese footbinding and in African genital mutilation), it assumes omnipresent yet less obvious forms in the age of the holy helpers/healers of modern medicine. A-mazing the Sado-Ritual Syndrome as it manifests itself in American gynecology will require a preliminary analysis of this dis-order.

A feminist Searcher who reads definitions of fetishism in psychiatric encyclopedias and “studies” will find ejaculations of bias and self-contradictions everywhere. The authors of the entry on fetishism in the *Encyclopedia of Aberrations and Psychiatric Handbook*, for example, begin by discussing this as “a form of sexual deviation in which the *person's* sexual aim becomes attached to something that symbolizes that person's *love-object* [emphases mine]”. (13) These sages go on to explain that the “something” may be an article of clothing or a non-genital (!) part of the body. (\*) It is only later in the article that we find their admission that the fetishistic “person” is male and the “love-object” female, when we read that: “... the fetishist is attempting to escape from women. When he cannot do so he compromises by depreciating them ... he can then consider [his mate] superfluous.” (14)

It would be a mistake for women searching for clues about fetishism to stop reading the article at this point, for we would be left with the knowledge that fetishists are male but might still assume that these constitute a perverted minority of males. Moving further into the maze of this analysis we come upon their admission that fetishism is so widespread in its implications that it includes acoustic stimulation, such as the pleasure obtained by listening to sexual stories. Immediately the processions of professional Peeping/Listening Toms appear before the feminist's mind's eye, as we recall the parade of priestly, psychiatric, and ob/gyn Toms, whose main interests and concerns are sexual stories. By now we are ready to handle the concluding sentence of the article:

“Fetishism is quite often a *normal* and *necessary* component of the sexual lives of *all individuals* [emphases mine].”

A-mazing, we see not only that “individuals” means males, but that the “sexual deviation” described at the beginning of the article is considered “normal and necessary” for all males.

Searching for further clues concerning the nature of fetishism and its motivation, we can consult Rycraft's *A Critical Dictionary of Psychoanalysis*. The following description deserves some scrutiny:

“*Fetishists* can be said to regard their fetish as being 'inhabited by a spirit', since the fetish is clearly associated with a *person* without being one, and as having 'magical powers', since *its presence gives them the potency they otherwise lack* [emphases mine].” (15)

Lest there still be any doubt concerning the sexual identity of the fetishist and of “the person” whose fetishized presence gives him the potency he otherwise lacks, one can consult other sources. The *Encyclopedia Britannica*, in its segment on psychiatric usage of the term *fetish*, is quite explicit:

“The condition occurs almost exclusively among men, and most of the objects used

relate to the female body or female clothing.” (16)

The question that arises, then, is: How do men within patriarchy manage to gain “potency” from fetishized female presence? Returning to Rycraft, we find the following helpful hint: “... the fetish has multiple meanings derived by CONDENSATION, DISPLACEMENT, AND SYMBOLIZATION from other objects.” (17)

These three aspects of fetishism are threads to be traced through the analysis of the sado-ritual of American gynecology. At this point it is sufficient to note that the be-ing of women is condensed into particular parts/organs of her mind/body. A woman thus shrunken/frozen is manipulable/manageable. Her fetishizers feel potency/power which they otherwise lack, and exercise this negative and derivative potency to dis-place her energy further and further from her center, fragmenting her process, devouring her. Displaced, she becomes a consumer of re-placements, as in estrogen replacement therapy, cosmetic surgery, and psychiatric re-placement of her Self-identified natural history by man-made misinterpretations. These misinterpretations are magnified into a powerful symbol system which contains women, keeping them condensed and displaced, reducing them to replaceable replicas of the standardized Symbol: the Total/Totaled (fragmented) Woman, made and remade after the image projected by her god.

In order to see why the condensation, displacement, and symbolization syndrome has so important a function in the arsenal of ghostly gynecology, it is useful to consider Ernest Becker's statement that fetishism “merely encapsulates the general problem of making reality come alive for an organism with limited powers who must yet make contact with the world.” (18) We should note that the fetishist, “the organism with limited powers”, is by Becker's reluctant admission, male. (19) By wrenching this analysis out of Becker's context and applying it to gynecological fetishism, we can see that the fragmentation of female be-ing into condensed, displaced, highly charged symbolic parts is the method by which all the diverse gynecologists vampirize their feelings of effectiveness/potency from women.

I

Keeping the foregoing analysis in mind, I will discuss the rituals of American gynecology in relation to the pattern of the Sado-Ritual Syndrome. The obsession with purity is evident, and it is multileveled. There is, first of all, the obvious level of “cleanliness”, or more precisely, asepsis (freedom from pathogenic microorganisms). Adrienne Rich has pointed out the stunning reversal which gynecological historians have inflicted upon our minds by referring to the “filthy” midwives who were replaced by antiseptic ob/gyns: “The midwife, who attended only women in labor, carried fewer disease bacteria with her than the physician.” (20) Indeed. As Rich documents: “In the seventeenth century began a two centuries' plague of puerperal fever which was directly related to the increase in obstetric practice by men.” (21) The hands of physician or surgeon often came directly from cases of disease to cases of childbirth. Hospitals were horror shows. Not until the second half of the nineteenth century, when doctors finally began to wash their hands, did the two hundred years of deadly blood-poisoning, euphemistically called puerperal or childbed fever, gradually come to an end. (22)

The current fixations upon asepsis, as they are manifested in the gynecological professions, are rooted in a much deeper level of obsession with purity. In the Gynecological Age, as in the past, women are identified as filthy and impure beings in the most radical sense. That is, we are stigmatized as ontologically impure and are therefore targets of hatred on this fundamental and all-pervasive level. Since this mythic mind-set controls the theories of



doctors who “doctor” female flesh, these professional helpers continue to be carriers of iatrogenic disease. They still frequently bring the same sorts of “gifts” to their patients as their predecessors: infection, mutilation, and a slow, painful, degrading death. Thus, iatrogenic disease is *the* radical impurity endemic to the medical profession itself.

Ultimately, the intent of The Gynecologists is to purify women and society of our Selves. In other words, their intent is to castrate, that is, to deprive women of vigor and vitality, and finally of life itself. As I have noted, the term *castrate* is from the same root as the terms *chaste*, *chasten*, *chastise* and *caste*, namely the Sanskrit *sasati*, meaning “he cuts to pieces”. A powerful and indispensable means by which gynecological purification/castration of women is accomplished is the fetishization of female parts. The gynecological holy ghosts, themselves faded and faked copies of the “Holy Ghost”, who is the inverted mythic Copy of Female Divinity, cannot bear to stand respectfully before earthly manifestations of female creative power, that is, of the Goddess within women. Thus they put women *beneath* them, supine, on examination tables, delivery tables, psychiatrists' couches. Clearly, women should be in upright positions in order to be *agents*, helping themselves. From their lewd, lofty positions the frustrated gynecological fetishists attempt to wrench from female power of be-ing a *feeling* of potency which they pervert into the negation and destruction of women.

In 1897 the *Encyclopedia Britannica* (as cited in the *Oxford English Dictionary*) explained: “If the wishes of the worshipper be not granted ... the fetish ... is kicked, stamped on, dragged through the mud.” Applying this to the gynecological worshipper and would-be Goddess, we see that his wishes for female creativity are inevitably frustrated, since he cannot *become* female. (\*) He then expresses his rage and frustration by technologically, chemically, and verbally kicking, stamping on, and dragging his fetish (fragmented parts of the female anatomy and psyche) through his medicinal and mind-molding muck.

And example of this fetish destruction is the recent hysterectomy epidemic in the United States fostered by the medical male mothers. Deborah Larned has pointed out that for several years gynecologists have been promoting this operation, which is major surgery, as “a simple solution for everything from backaches to contraception.” (23) To legitimate this form of castration, well-known gynecologists resort to describing the uterus by such expressions as “a possible breeding ground for cancer” (24) and as “a potentially lethal organ.” (25)

In this rapist society, which grants the hysterical hysterectomy advocates license to practice medicine, we must ask just *who* are the possessors of “potentially lethal organs”, both biological and technological? This reversal is consistent with the symbol system of the world of holy ghosts fixated on technological and spiritual male motherhood. Under the tutelage of this system, doctors frequently bully women into believing that they “need” a hysterectomy, failing to tell their patients “that the death rate for hysterectomy itself ... is, in fact, *higher* than the death rate for uterine/cervical cancer.” (26)

Since, as we have seen, there is a lecherous link-up between body-gynecology and mind-gynecology, it is not surprising that in 1977 the executive vice-president of the American Medical Association opined that hysterectomy is a cure for unmanageable fear. Dr James Sammons told a congressional hearing that while tubal ligation (a minor operation) often will not relieve “pregnophobic” anxiety, hysterectomy will. He announced that “the absence of a uterus is *prima facie* evidence that pregnancy is impossible”, and added that “the same anxiety relief justifies a hysterectomy for a woman with an extreme fear of cervical cancer.” (27) Of course, the AMA official speaking for all the gynecologists who

favor cutting out fear neglected to point out that the fear is to a large extent caused by doctors themselves. The doctors' doctrine that women should be purified even of anxieties by radical surgery is an important and deadly practical application of the murderous myth of female ontological impurity.

Yet another application of this myth is the medically masterminded maze of lethal "choices" among surgical, chemical, and mechanical solutions to The Contraceptive Problem. It is obvious to Hags that few gynecologists recommend to their heterosexual patients the most foolproof of solutions, namely Mister-ectomy. It is women who choose to be agents of be-ing who have pointed out that tried and true, and therefore, taboo, "method". The Spinsters who propose this way by our be-ing, liv-ing, speak-ing, can do so with power precisely because we are not preoccupied with ways to get off the hook of the heterosexually defined contraceptive dilemma.

However, all females, from four-month-old babies to octogenarians, are potential victims in a rapist society whose male members function as "lethal organs". (\*) It is therefore necessary for Spinsters/Lesbians to provide the most lucid analysis possible in this State of Siege. Precisely as defiant deviants, as Daughters of the healers burned as witches because they were "indigestible", we can take on the label Impure as a badge of honor, for we defy the pure image of perfect femininity. As Anti-Marys whose prehistoric sources are the ante-Marian Goddesses, we are in a position to see Mary, Eve, Athena, the Total Woman as fetishes formed from fragmented female divinity. The Total Woman is the Total Fetish. Be-ing implies deviating from this fetid model, reclaiming independent female divinity. Spinsters who are choosing be-ing are ecstatically moving outside the space of the patriarchal holding pattern. From the vantage point of Journeymen into the natural Background of our Selves, we can expose and judge all pseudo-choices and pseudo-solutions foisted upon women by the foreground fetishists. In order to do so effectively, we must analyze the legitimating logic as well as the techniques employed by the purifiers/castrators of women.

### *The Mystique of "Moral Purity"*

Clearly the project of purifying society of women has been problematic for gynecologists, since all women are ontologically impure according to the implicit assumptions of patriarchal myth. To follow through too rapidly on the logical conclusion of these assumptions – that is, the Final Solution – would mean premature extinction of women before technological replacements for us could be "discovered". Not surprisingly, therefore, the Planners (eg physicians, theologians, ethicists) formulated a flexible concept of impurity which functions to justify the *partial* cutting out of women from society through the magic of labeling. The concept of "moral impurity" (with variations on this theme) has served their purposes. In 1866, Dr Isaac Ray stated:

"In the sexual evolution, in pregnancy, in the parturient period, in lactation, strange thoughts, extraordinary feelings, unseasonable appetites, criminal impulses, may haunt a mind at other times innocent and pure." (28)

Since "sexual evolution" takes place throughout the life-span (including fetal development) one wonders when the "other times", that is, of female innocence and purity, might be. Obviously, since according to such views all women hover on the edge of madness and crime, their self-appointed caretakers must be ready with knives at all times.

Ray was not an isolated case. We have already noted that in 1848 Dr Charles Meigs had informed his gynecological pupils that the female organs exert "strange and secret

influences” even on “the very soul of woman”. He concluded from this that gynecological study must not be purely medical, “but psychological and moral”. (29) The gynecologist as priest, guru, omniscient Understander and Guide of the female soul (condensed and displaced into her sexual organs) is thus given his Holy Orders and Great Commission to go forth and cut. Gardner and other gynecologists of his age saw masturbation, contraception, abortion, and orgasm as sexual transgressions which were in the ultimate analysis functions of faulty sexual organs. Their theme song and panacea was “cut it out”.

Cutting it out has taken a number of lucrative forms, rewarding not only financially but also psychologically to sadistic surgeons. Clitoridectomies were approved among the doctors as their cure for female masturbation. Of course this functioned also as a basic cure for orgasm. This operation, wholeheartedly endorsed and practiced by such nineteenth-century male-factors of women as J. Marion Sims, was still performed well into the twentieth century. (30) Another operation, known as “female castration”, or “oophorectomy” or “normal ovariectomy” (removing of ovaries), was a widespread medical mania between 1880 and 1900 and began to decline during the first decade of [the twentieth] century – although “women were still being castrated for psychological disorders as late as 1946”. (31) Naturally – that is, unnaturally – this mutilation provided a solution to the problems of contraception and abortion. It was also a way of “taking care” of women deemed unfit to breed. Castration, like impregnation, functioned as a way to control women's sexuality and to punish them, causing pain and disablement.

In an astonishing article published in 1906, entitled “The Fetich of the Ovary”, Ely Van de Warker, MD, bemoaned the epidemic of unnecessary removal of ovaries, pointing out that this had become a “stock operation”, and claiming that he had yet to see a woman made better in health by this procedure. His criticism of the practice reflects the ideology of purity in yet a different dimension. This doctor/savior of ovaries gave the following rationale:

“A woman's ovaries belong to the commonwealth; she is simply their custodian. Without them her life is stultified. Making a guess at figures I believe it to be within the mark to say that the one hundred and fifty thousand physicians of the United States have sterilized one hundred and fifty thousand women. Some of this large number have openly boasted, when the lunacy was at its height, that they have removed from fifteen hundred to two thousand ovaries. Assuming that each of these women would have become the mother of three children, we have a direct loss of five hundred and fifty thousand for the first generation and one million six hundred and fifty thousand in the second generation.” (32)

This “benefactor” of women had indeed fetishized ovaries, as had the physicians whose “lunacy” compelled them to castrate thousands of women. Unlike the castrators, whose intent was to condense female be-ing into ovaries and then obtain a sense of power by purifying society of these unwanted “objects”, this fetishist wanted condensed female be-ing to serve a single pure purpose: breeding huge numbers for the “commonwealth”. In both cases, that of the fanatic castrators of women and that of fanatic impregnators like Van de Warker, the intent is to keep women morally pure – that is, purified of an autonomous Self: Selfless. The pain inflicted upon women, both as mutilated “objects” and as professionally controlled breeders, is not even mentioned by these skilled practitioners of sado-ritual. (\*)

The same fetishistic fixations on moral purity characterize contemporary gynecologists and the legitimating -ologists, who write about the “moral problems” posed by women in “society”. Thus it is interesting to compare the 1906 statement cited above with the

following statement concerning abortion, published by biologist Marc Lappé in 1975:

“If the mother's right to privacy overrides the fetus's right to survive prior to its ability to exist outside the womb, then it would seem that *the state has seriously reduced its prerogative to regulate other forms of maternal behavior* which may compromise fetal development, such as allowing her fetus to be subject to experimentation, or smoking, or taking harmful drugs or abortifacients, during the same period [emphasis mine].” (33)

The author of this statement is of course concerned with protecting the “rights of the fetus”. The context of his discussion was the US Supreme Court's declaration that the fetus need not be considered a person in the whole sense prior to viability. Like Van de Warker, this contemporary caretaker of women's organs openly declared the (male-controlled) commonwealth/state to be possessor and regulator of women, whose being is displaced and condensed into the function of breeding for the state. As in the case of the earlier author, his intent is to purify women of our autonomous Selves. Thus, forced fertility, like forced sterility, is used to break the wills of women, destroying vigor and vitality. That is, it is a means of castrating women.

We have seen that the ovariectomy mania was superseded by the hysterectomy mania. The earlier practitioners of female castration were followed by bolder butchers. Ovariectomy, described by its critic Van de Warker as “ridiculously easy” (easy for whom?) has been replaced by a bigger castration business. This is given support and legitimacy by the psychiatric castrators, who, drawing upon their inexhaustible reversal reflex mechanisms, manipulate their female patients into believing that they, their mothers, and women in general are castrators of *men*. This reversal rivals the story of Eve's birth from Adam for top rank among the Great Hoaxes of history.

Contemporary gynecology is not content with purifying women of their uteruses. It is obvious that there is a breast surgery craze, and that this is connected with the breast fetishism of the entire culture. Sadistic surgery is targeted at that which symbolizes the female to the fetishist. It keeps women pure, that is, terrified, victimized, docile. However, this is not enough, for women thus mutilated must conform to the image of pure femininity by attempting to look “normal”. Hence the market for specialists in “postmastectomy reconstruction of the breast”. (34) Moreover, in the telling words of one plastic surgeon: “Plastic surgeons have wandered into the field of tumors of the female breast.” (35) The same author, who opposes unnecessary mastectomies, offers the following cancer-promoting advice:

“Self-examination, regular examination by a qualified breast surgeon, mammograms, xerograms, and thermograms still remain the best defense against breast cancer.”

This is, of course, an effective formula for keeping women in a state of prepossession and preoccupation.

While the Gynecological State requires that women be purified of their fetishized female “parts”, it also frantically forces the possessors of such parts to labor at their assigned role of “reproduction” (a mechanical term which anticipates the ultimate in androcentric “motherhood”: xerox cloning). The point here is not essentially whether an individual woman does or does not have babies, but that the True Parent, the holy ghost, represented by his reproduced xerox copies, the gynecological ghosts, maintains absolute control over her “choice”. Women, particularly nonwhite and other low-income women, are the

unwilling victims not only of sterilization but of forced motherhood – a fact demonstrated repeatedly, as in the 1977 US Supreme Court decisions following Congress and state legislatures to ban funds for elective abortions. (36) Forced motherhood, like forced sterilization, is essentially female castration, for it means domestication and deprivation of female vitality, both physical and spiritual. As we have seen, this “cutting to pieces” of women's autonomous wills is deeply related to the perverse patriarchal will for male motherhood.

### *Chemical Cures for Moral Impurity*

In recent decades, gynecology has further refined its methods for purifying women. Its High Priests have invented chemical cures for the disease of femaleness. High on the list of these is Diethylstilbestrol (DES), a nonsteroidal estrogen. Between 1943 and 1970, DES was widely prescribed in the United States to prevent miscarriage. Estimates of the numbers of women who received this drug range from 500,000 to possibly 2,000,000. (37) Although it was not effective for preventing miscarriage, in another sense it was horribly effective. It is now widely known that DES causes precancerous conditions and cancer in daughters of the women who took this drug during their pregnancies. Indeed, an estimated 90 percent of the young women exposed to DES have adenosis, the development of abnormal vaginal and cervical cells, a condition which may lead to cancer. It is not yet known to what extent those abnormal cells will be affected by pregnancy and menopause. Both the known effects of DES and the probability of further complications have been widely publicized. Thus pregnant women who were brainwashed into taking this drug to ensure having offspring are now chastised by the knowledge that they were unwittingly instrumental in the damaging of their daughters. Together with their daughters they exist in a state of anxiety.

The doctors whose fetishism took the form of fixation upon fertility (ensuring that women carried through on their pregnancies, conforming to the pure purpose of breeding) succeeded to some extent in “purifying” the daughters of these same women of their health, sense of well-being, and – in some cases – of life itself. All of the DES daughters have to a great extent been purified of their autonomy, for the anxiety implanted in their minds together with the abnormal cells implanted in their vaginas makes them dependent upon the godly gynecologists. Like the holy ghost, who was believed to inspire the faithful with the “Gift of Fear”, these motherhood specialists ejaculate fear and fearful disease into their dependent prey.

Writing of nineteenth-century gynecologists, Barker-Benfield notes: “There is ample evidence that gynecologists saw their knives cutting into women's generative tract as a form of sexual intercourse.” (38) In the mid-twentieth century, this sadosexual intercourse assumed also more subtle forms through the “miracles” of chemistry, penetrating through one generation of women into the next (and the next and the next?). The sickening symbolic “semen” swallowed by DES mothers “under doctor's orders” has penetrated the vaginas of their daughters, as a deadly poison, engendering death. Moreover, this disguised ejaculation of chemical semen is the fatal foreplay preceding surgical sexual intercourse, that is, castration. (\*) Ironically, many women cast into this chastened patient role feel gratitude to their professional “love-makers”. (39)

There is, of course, more than this to the irony of the DES syndrome. Diethylstilbestrol, originally ordered by the Master Mothers as an antimiscarriage pill, is widely used in the 1970s as a postcoital pill to immediately interrupt pregnancy. Kay Weiss points out:

“Although vaginal cancer in daughters exposed to DES in utero provided the clinical evidence to secure a Food and Drug Administration ban on DES as an additive to

cattle feed, the FDA approved a new use of DES as a “morning-after pill” contraceptive even though the contraceptive contains 833,000 times the amount of DES banned for human consumption in beef.” (40)

One of the excruciating twists in the history of the DES massacre is the fact that among the thousands of uninformed young women used as guinea pigs for the “morning-after pill” there were many DES daughters. (\*) This group of young women, of course, were/are, in the bland jargon of the professional journals, “at particular risk”. (41)

Yet another noteworthy feature of the DES destruction racket is the following fact: Women forcibly subjected to sexual intercourse, that is, rape victims, who go to hospitals in pain, degradation, and desperation after their experience of ultimate violation are “helped” with megadoses of this chemical. They are the beneficiaries of the treatment meted out to victims of a rapist society, receiving murderous medicine for the condition resulting from their “unchaste behavior”.

From the very beginning of the damaging DES history there has been more male moralism at work than immediately meets the eye. The DES mothers were ordered to take this carcinogenic “cure” to prevent miscarriage, that is, to prevent involuntary abortion. Some pregnant women were given DES routinely, without being informed concerning its alleged purpose. (42) That is, the doctors and not they decided that there be no “spontaneous” abortion. Moreover, there surely were subtle psychic consequences for the “expectant mothers” who *were* informed that this medicine was prescribed because they “threatened to abort”. As many women know, there is a subtle interflow of energy and intentionality between mind/spirit and body. It is highly probably that in many cases pregnant women who in the deep dimensions of their psyches do not want to bear a child (perhaps not at this time, perhaps never) solve their problem in a natural way, that is, through a spontaneous abortion, which requires no external act on the part of the woman – no “medicine”, no instruments, no “accident” (such as falling). (\*) In such cases, the degree of “conscious” intentionality is not measurable or even relevant. When, however, the DES-dosing doctors named the condition (“threatening to abort”) and prescribed “medicine”, they preyed upon the false conscience/consciousness embedded in women by patriarchy's institutions, eliciting feelings of guilt and of “desire for a child” which such women “should” have.

Another variation on the theme of chemical cures for female impurity is the ritual of estrogen replacement therapy, contemporary gynecology's response to the threat presented to males by menopause. As Emily Culpepper has shown, the history of attitudes toward menstruation from ancient times to the present demonstrates male fear, envy, and hatred of women. (43) The menstruating woman is called filthy, sick, unbalanced, ritually impure. In patriarchy her bloodshed is made into a badge of shame, a sign of her radical ontological impurity. It is consistent with the logic of the women loathers' doublethink that the cessation of menstruation is also horrifying. Since every woman's entire be-ing is fetishized by men, that is, condensed, displaced, and symbolized in her sexual organs and functions, the cessation of any of these functions implies Female Power of Absence. Since the frustrated “worshipper's” desire for control is threatened, fetishized menopausal and postmenopausal women must be “kicked, stamped on, and dragged through the mud”.

When women become free of the possibility of impregnation, one of the time-honored means of imprisoning females is removed. What frustrates the Jailers is the fact that freedom is attained not by the “divine” acts of sadistic surgical castrators but by natural processes of female biology. Freedom from pregnancy is evil/impure in the Gynecological State if it is not “created” by the surgeon's knife or by the doctor's chemicals. The

postmenopausal woman is a potential escapee, deviant, Crone. Therefore, she must be cured.

The woman perceived as threatening to become a free/wild Crone is inundated with propaganda to convince her that menopause is a sickness which must be “treated”. However, in order to be adequately convincing, the persuaders must first persuade themselves. Thus an editorial in the *New England Journal of Medicine* pontificates that “the unaltered hormonal state of the *untreated menopause* [is a] possibly contributory factor in the causation of cancer [emphasis mine].” (44) Implying that menopause is carcinogenic, the medical messiahs neglect to mention that this is a universal and natural process in women, found in areas of the globe where cancer is unknown. These physicians, who are themselves “contributory factors in the causation of cancer”, use a malignant misconception of menopause to support the idea that more “knowledge” (ie experimentation upon women) is needed to find a “safe type of hormone replacement therapy”.

Of course most of the women who are the gynecologists' guinea pigs do not read medical journals. Instead they are given patronizing bad advice and moronic reading material. A physician-authored booklet entitled *The Menopause: A New Life of Happiness and Contentment* is a typical example of such idiot-ology. (45) The booklet, illustrated with cartoons of middle-aged women, asks such questions as: “Does estrogen cause cancer?” The professional response, accompanying a cartoon of a woman happily popping a pill from a bottle marked “Estrogen”, is “Only in mice.” To the question, “How long should a menopausal woman take hormones?” the doctor responds to the smiling woman: “For the rest of your life.” If the woman follows doctor's orders, this will probably not be long.

The pamphlet just cited was published in 1969. It might be objected that the major medical admission of the carcinogenic nature of estrogen replacement therapy did not occur until 1975, with the publication of “findings” in the *New England Journal of Medicine* linking the use of exogenous estrogen and endometrial carcinoma. However, it had long been known that estrogen replacement therapy was very risky. (46) Moreover, the response of gynecologists to the 1975 “findings” demonstrates that their views remained unchanged. Particularly interesting was the comment of Dr Donald C Smith in the *New York Times* (December 4, 1975). He is reported to have said: “This is an extremely valuable drug and I hope they don't take it off the market, but we have to start using it more cautiously.” *Dr Smith had directed one of the studies revealing the carcinogenic properties of the drug and had co-authored one of the NEJM articles exposing it.* (47)

The *New York Times* (December 5, 1975) also reported views of other gynecologists around the country. All of the doctors contacted after the estrogen exposé refused to change their attitudes, despite the evidence. Moreover, all emphasized that every patient treated with estrogen should be thoroughly examined every six months. The ultimate aim, the purification of society by eliminating “indigestible elements”, that is, potential Crones, is revealed (that is, both veiled and unveiled) in the following statement attributed to Dr Rubin Clay:

“I think of the menopause as a deficiency disease, like diabetes. Most women develop some symptoms whether they are aware of them or not, so I prescribe estrogens for virtually all menopausal women for an indefinite period.”

It is important for Crone-ologists to note that this false chronology is manufactured and inflicted upon women by the gynecological time-keepers.

It is also of obvious significance that other lethal purifying medicine is working to ensure an even earlier extinction of women. Now that the model of female moral purity has been converted into pure sexual availability, the Purifiers have produced The Pill. This is known to increase risks of thrombophlebitis, pulmonary embolism, cerebral thrombosis and hemorrhage, myocardial infarction, gallbladder disease. The Pill also causes a decrease in glucose tolerance and serious depression. There is every reason to suspect that it increases the risk of cancer. (48) Estrogens are now also offered to American women for a wide variety of other uses, including treatment of acne, excess facial hair, menstrual tensions, depressions, and excess breast milk. (49) Premenopausal Pill-popping thus prepares the way for premature death, the ultimate purification.

### *Purification by the Mind-Gynecologists*

This syndrome of Male Motherhood and female castration – rooted in patriarchal myth, specifically in christian myth – is re-enacted in the sado-rituals of the mind-gynecologists, which I shall call by their common name, “therapists”. In order to see how the first element of this syndrome – obsessions with purity – is acted out by the therapists, it is helpful to call to mind some essentials of the christian sacramental system.

The first of seven sacraments officially recognized in the roman catholic system was baptism, or rebirth to supernatural life. As we have seen, the church taught that this sacrament caused the infusion of sanctifying grace and of the supernatural virtues, and this mythic paradigm is re-enacted in the various forms of gynecology. At this point in our Crone-logical analysis, it is important to understand how the “cleansing waters” of baptism have been translated into therapeutic ritual.

According to this belief system, although original sin is washed away by baptism, and sanctifying grace (New Life) is infused, the faithful thus redeemed are still in a precarious state. Baptism cannot wash away the remains of sin, that is, darkness of intellect, weakness of will, and inclination to concupiscence. Thus the faithful are by no means finally cured by this one treatment; they must remain under pastoral care throughout their earthly lives. They require continual fixes of actual grace (\*) through reception of other sacraments, such as penance (confession) and holy eucharist, through prayers, and other good deeds. If they commit a mortal sin, they can be restored to the state of sanctifying grace through penance. Even if such a serious lapse does not occur, they require injections of actual grace as a spiritual preventive medicine.

Applying this paradigm to psychiatry and the various therapeutic professions, we see that a woman's initial surrender of her private Self to the mind-gynecologist is the condition for his cleansing of her original sin, that is, of her original Self-moving Self. This Self-denial places her in a state of therapeutic grace, purified of Originality. She is reborn as a therapeutic creation, a nonself to be perpetually serviced by the holy ghost. She must return to him regularly because she still (as long as she is alive) has the “remains of original sin”, that is, of her original Self. Thus she still has “darkness of intellect” (read: occasional glimmers of insight), “weakness of will” (read: some potential to choose freedom), and “inclination to concupiscence” (read: inclinations to Self-identified integrity of sensuality). Thus she cannot be cured by a single treatment but must be strengthened – that is, debilitated – by constant infusions of therapeutic “actual grace”. After her initial baptism into therapy, therefore, she must go to the secular holy ghost for repeated confession/cleansing, that is, erosion, of her soul. In connection with her ritual cleansings, she is fed the eucharist of her therapeutic host – deceptive words which are transformed into her own body and blood. If she responds well to these treatments, she expresses gratitude to her “helper”. She is taught prayers (formulas) and good deeds (conditioned



responses and behaviors) which will bring peace (death) to her soul.

Since no penitent/patient is thoroughly cleansed so long as she is living, there is always the possibility that she will lose therapeutic sanctifying grace through “mortal sin”. According to the Angelic Doctor, Thomas Aquinas, most mortal sins can be forgiven, but there is one sin which is essentially unpardonable, that is, the sin of blasphemy against the “Holy Ghost”. However, even in the cases of those who commit this “unpardonable sin”, an all-powerful and merciful god “sometimes, by a miracle, so to speak, restores health to such men.” (50) Blasphemy against the holy ghosts of gynecology, especially of psychiatry and psychotherapy, is also almost unpardonable. Yet we can be sure that the brain-scrubbing merciful Mister Cleans of these professions will try every miracle-cure, so to speak, to restore spiritual health to such women. (\*) In their efforts to work such miracles they enter into the sacrament of holy matrimony, the State of Holy Wedlock/Deadlock with the priests whose superstitious beliefs they openly despise and secretly embrace. The product of their union is the re-born robotized woman.

In order to effect this re-birth – that is, castration – of women, the therapeutic “mothers” know that it is essential to discredit real mothers. All Hags are familiar with the omnipresent “blaming the mother” syndrome among psychotherapists from Freud downward. C.G. Jung, whose theories are pernicious traps which often stop women in the initial stages of mind-journeying, displays with arresting arrogance another way of discrediting women who are mothers. He simply flattens them into projection screens. We read:

“My own view differs from that of other medico-psychological theories principally in that I attribute to the *personal mother* only a limited etiological significance. That is to say, all those influences which the literature describes as being exerted on the children do not come from the mother herself, but rather from the archetype projected upon her, which gives her a mythological background and invests her with authority and numinosity [emphasis mine].” (51)

Having reduced women to nothing, Jung blames them for everything. The reader is subliminally led to accept the idea that mothers and not men (such as Jung) are the castrators of women. This renders invisible the fact of female castration by males. Thus, describing a daughter who has a “mother-complex”, Jung writes:

“The daughter leads a shadow existence, often visibly sucked dry by her mother, and she prolongs her mother's life by a sort of continuous blood transfusion ... Despite their shadowiness and passivity, they [these daughters] command a high price on the marriage market. First, they are so empty that a man is free to impute to them anything he fancies. In addition they [these women] are so unconscious that the unconscious puts out countless invisible feelers, veritable octopus tentacles, that suck up all masculine projections; and this pleases men enormously.” (52)

Jung's reversals should be obvious to Hags. He frankly admits that the daughters' condition of being “sucked dry” is a male requirement for marriageability. Just as footbinding was required by the men of China, so is mindbinding a universal demand of patriarchal males, who want their women to be empty so that they will be forced to suck male projections/ejections, becoming pre-occupied, pre-possessed. This deprivation of vitality is required by patriarchal males who “*command* [this] high price” which “pleases men enormously”. On the level of body-gynecology we have seen what women are commanded to “suck up”: The Poisonous Pill, carcinogenic exogenous estrogens, DES, et cetera, ad mortem.

It is clear that the discrediting of the “personal mother” by the therapist is required for his baptismal cleansing of the daughter, which makes her also vulnerable to chemotherapists and surgeons. Since the sado-rituals of the psychotherapist are deeply mythic, it is not surprising that Jung names his mortal enemy in mythic terms. He writes of Demeter (and those of her kind) that “she compels the gods by her stubborn persistence to grant her the right of possession over her daughter.” (53) Thus the threatened therapeutic god expresses his horror that Demeter can *compel* the male divinities. At the same time he misnames the situation, calling her righteous wrath “stubborn”, and her right to authentic relation to her daughter a “right of possession” which the gods grudgingly “grant her”. Identifying with the gods, particularly with Pluto, who had abducted Demeter's daughter, Persephone, Jung says of the divine rapist husband that “he had to surrender his wife every year to his mother-in-law for the summer season.” (54) With this semantic sleight of hand, the Divine Daughter is re-born as “his wife” and the Divine Mother is baptised as “his mother-in-law”. Thus the therapist proclaims his solidarity with the rapist, identifying himself, as many women have noted, as the/rapist.

A primary goal of gynecology, as we have seen, is to purify society of Crones, that is, to prevent the becoming of Crones. This Compleat Castration requires a conspiracy of holy ghosts, a mating of body-gynecologists and mind-gynecologists. We have noted that the body-gynecologists were the first to institute the Great Castration Operation, arriving on the scene just in time to thwart the threat posed by the “first wave” of feminism, and later enlisting the aid of the specialized Mind Cleaners. The Body Men however, have never fully relinquished their early self-appointed prerogatives over “the very soul of woman”, illustrated in the late nineteenth century by S. Weir Mitchell's combination cure for disorderly women, consisting of castration (ovariotomy) and “rest-cure”. (\*) Barker-Benfield's description of the latter is arresting:

“Mitchell's 'rest-cure' consisted of the patient's descent into womb-like dependence, then rebirth, liquid food, weaning, up-bringing and reeducation by a model parental organization – a trained female nurse entirely and unquestioningly the agent firmly implementing the orders of the more distant and totally authoritative male, ie the doctor in charge. The patient was returned to her menfolk's management, recycled and taught to make the will of the male her own.” (55)

This “rest-cure” aspect of Mitchell's work has, of course, been assumed in large measure by the Mind Menders. But the point is that the division of “labor” between these two classes of gynecologists is not altogether clear and distinct. The holy ghosts can separate and blend their shadowy forms according to the requirements of expediency. As shadows and reflections of each other, they perform the same purifying rites on different altars. Mitchell & Sons counsel and advise, enforcing various forms of rest cures. Psychotherapists, in their turn, follow the example of Freud, who wrote: “I will simply claim for myself the rights of the gynecologist – or rather much more modest ones.” (56) Obviously, the “modest” rights claimed by Freud were in fact even more exorbitant than those claimed by gynecologists. His aim was to invade women's minds, exposing their deepest secrets.

Both sorts of gynecological ghosts function as confidants for women, purifying them of their privacy. Since many women confide to their gynecologists and therapists private matters which they do not share with any woman, the team of holy ghosts keeps women from sharing secrets with each other and thus purifies society of female bonding. This team thus constitutes a modern secular church, blocking the way to feminist movement/communication. While the body doctors offer their faithful The Pill as daily holy communion, the mind doctors offer weekly confession.

As shadows of each other, the two branches of gynecological ghostdom trick the mind in parallel ways. We have seen that the Body Men offer a variety of bad choices to women within the maze of The Contraceptive Problem. Similarly, the mass proliferation of “schools” and forms of psychotherapy, many of which are in apparent contradiction to each, offers a variety of choices among therapies, but not the option to opt out of therapy altogether. So also, both convert the masses to their belief system, encouraging what theologians call a “leap of faith”. The Pill-users, estrogen-takers, and surgical patients *will* themselves to believe the doctor. So also, the patients/clients of therapists *will* to believe the Mind-Molders. Both types of gynecologists encourage a false risk, the pseudorisk of always saying yes to the professional, rather than the risk of saying No to such authority and going on to find woman-identified solutions.

The mythic archetype of the psychotherapist is the feminine god Dionysus, the boundary-violator who invaded women's minds, driving them into the madness of forgetfulness and frenzy. These Dionysian doctors purify women's minds of their real history, fragmenting speech into frenetic babble. On the material plane their physician cohorts also coerce women into forgetfulness of their own Self-interest. Such coercion is exemplified in the forcing of harmful drugs upon women in labor – drugs which are described as pain relievers but in fact block memory. (Scopolamine, for example, erases the memory of pain while inducing frenzied behavior during labor.) The women thus drugged vow that they experienced no discomfort and continue with more pregnancies without knowledge of the pain – their pain and frenzy having been kept secret from themselves. The use of such Dionysian drugs is both legitimated and reflected by the therapy/theology of deep boundary violation.

## II

The second aspect of the Sado-Ritual Syndrome – total erasure of their own responsibility by the ritual destroyers – is evident in both species of gynecologists. I shall begin by examining some self-absolutions of body-gynecologists. One obvious form which this takes is violent denial that physicians are agents of destruction. Thus Adrienne Rich discusses the brutal treatment meted out to such medical critics as Oliver Wendell Holmes and Ignaz Philipp Semmelweis when they exposed the fact that puerperal fever was carried from physician to patient to patient. The response of their profession was outrage at the very idea that the hands of the physician could be unclean. (57)

Another familiar method of erasure of responsibility in professional language is the tactic which Julia Stanley has named “agent deletion”. (58) This can be achieved through the use of deceptive adjectives. For example, “*untreated menopause*” implies a need for treatment. Again, gynecologists apply the term *necessary* to a forceps delivery which becomes “necessary” only within the context of anti-woman ob/gyn practices. They also deceptively use constructions such as the passive voice. Thus the physician who proclaims that “estrogen replacement therapy is required” neglects to explain *by whom* it is required.

The gods of gynecology also erase their own responsibility by obliterating women's own words and their context, and recording lies. Thus it is not unusual, in cases of patients who have been told that they “need” a hysterectomy, that their medical chart announces: “Patient requests hysterectomy.”

The ideology which justifies such methods has several important threads, which I shall begin here to unsnarl. The most essential thread, to which all others are tied, can be simply

summarized in the maxim: "It's God's will." In the judeo-christian tradition this mystification/mythification of sado-masochism is expressed in the biblical words of Yahweh (Genesis 3:16):

"I will multiply your pains in childbearing,  
you shall give birth to your children in pain.  
Your yearning shall be for your husband,  
Yet he will lord it over you."

By now the reader is aware of the identity of god, both generally speaking, and specifically in the Gynecological Age.

Naturally, when the use of anesthesia in childbirth was introduced in the nineteenth century, there was great opposition, arising largely from the clergy, who represented Yahweh & Son. They claimed that it would "rob God of the deep earnest cries which arise in time of trouble for help." (59) Rich points out: "The lifting of Even's curse seemed to threaten the foundations of patriarchal religion; the cries of women in childbirth were for the glory of God the Father." (60) As the church of the fathers faded and the gynecological ghosts moved into the foreground, more subtle drugs were found for women in labor. Thus the new drugs, by producing afteramnesia, satisfy god's representatives by nonstoppage of pain, while deceiving women.

The god-identified desire to see women – particularly feminists – suffer was expressed by the Reverend Richard Polwhele concerning Mary Wollstonecraft's horrible death from septicemia. Adrienne Rich notes, he "complacently observed" that "she had died a death that strongly marked the distinction of the sexes, by pointing out the destiny of women, and the diseases to which they were peculiarly liable." (61) It would be difficult to find a more precise expression of the essential christian attitude toward feminists. We can note here also that the explicit use of god's name is not needed when the wording shifts to "destiny of women". Similar god-deleting "destiny of women" rhetoric is of course used also by anti-abortionists.

In contemporary times, "god" rhetoric and "destiny of women" rhetoric have been largely superseded by more lethal legitimations. Thus the rhetoric of re-search justifies the use/abuse of patients with such seemingly innocuous but profoundly ominous refrains as: "Further studies are needed." This bland statement legitimates the use of women as uninformed guinea pigs for such drugs as The Pill and the morning-after pill. The temptation might be to imagine that such destructive experimentation is confined to a particular time (the past) or to particular segments of the female population (eg low-income and nonwhite). While the latter are victimized in a special way, their "higher-class" sisters are taken care of in a different manner. Thus well-educated (miseducated) upper-middle-class women who "willingly" subject themselves (are subjected) to mutilating surgery and estrogen replacement therapy are uninformed objects in a refined sense; they are the victims of knowledgeable ignorance conforming to the model of the mentally raped and castrated Mary. The point is that experimentation on women's bodies is standard and universal gynecological practice and that it is legitimated by the divine right of professionals to "study". Even the more critical medical journal articles almost invariably call for "further research". The potential object of such studies is Everywoman.

To understand the highly effective erasure of professional responsibility in gynecology it is helpful to look at the ways in which erasure has been accomplished in all the sado-ritual atrocities studied in earlier chapters. Since in all of the other instances, we were analyzing events in other segments of patriarchy (temporal and/or spatial), it was possible to see that

women's minds were dulled/hypnotized by the prevailing beliefs of their time and place. Since American gynecology is the here-and-now atrocity, it is both more obvious and more elusive. In order to gain distance/clarity concerning it, we can use insights already gained in the course of the voyage through this Passage.

We have seen that the religious legitimation for *suttee* involved blaming the widow for her husband's death. This may shed some light upon the unspoken justifications behind the gynecological crusade to shorten women's lives. Since women on the average survive men by a significant number of years, it should not be surprising that gynecology is functioning to remedy this unacceptable situation. (62) In both the Indian and the American cases there is an ideology of blaming the victim. In India, the husband's death supposedly resulted from his wife's wickedness. In American society it is claimed that men are worked to death to support parasitic women.

Another parallel to the Indian situation: Widows in that country have been described as "choosing" to be consumed by fire, when in reality Indian society makes life untenable for women left alone. Similarly, American women show signs of "willingness" to be consumed, in this case by gynecological "treatment". The doctors claim that women "ask for it" (without of course mentioning the lethal nature of the "it"). What is not mentioned is the fact that the patriarchs of this society also attempt to reduce women's potential for long and full living to (at best) merely not dying, and that their institutions especially militate against the survival of Cronos.

In studying Chinese footbinding, we noted that the sadism and sexual arousal of the males who perpetrated the "curious exotic custom" was disguised as compassion for the possessors of tiny feet, the objects of male fetishism. The "compassion" of the gynecological helpers, particularly since it is linked with fetishism, should of course be suspect. As one member of that profession stated:

"I wouldn't want most of my patients to realize what an ego trip I get from taking care of them, because there's something selfish about enjoying the fact that a lot of women are dependent on you.  
... I think there are some in this specialty who like to punish women. Some doctors really get a kind of unconscious kick from seeing a woman in labor. There are doctors who are very sadistic." (63)

The doctors have plenty of material for ego trips and fanciful fetishism, as did the Chinese males surrounded by tiny-footed women whose maimed feet were meant to resemble vaginas and to make them totally dependent.

Another interviewee among gynecologists stated:

"My sex life hasn't changed but sometimes I get numb. I see thirty pelvises in a day. My cousin wants to know about all the pussy, but it really doesn't affect me. After a day's work I'm blown out." (64)

And another:

"That part of her body loses its identity. I could be examining a mouth. But I'm not. Now *it doesn't bother me at all* [emphasis mine]." (65)

Having studied the footbinding ritual, we are in the privileged position of being able to see the significance of such numbing and of such denial of identity to the parts of a woman's

body. We have seen that psychic numbness and sadism are deeply interconnected. Thus it should come as no surprise to find that the numb/fetishistic physician turns to violent and violating surgery to obtain a sense of potency/aliveness. And all of this in the name of the compassionate virtues: “helping” and “healing”.

The legitimations used to erase male responsibility for African genital mutilation of women also can enable Hags to focus more sharply upon the justifications for gynecological genital mutilation. In Africa, clitoridectomy and infibulation are alleged to be justifiable because they are ways “for teaching women to endure pain”. As we have seen, pain – and the dread of it – is also the Great American Gynecological Way of teaching women to be pre-occupied and pre-possessed. Other reasons given for mutilation in the African situation are religious belief and “custom”. American women, like their African sisters, are also lulled into painful captivity by the prevailing beliefs and “customs”.

African women, moreover, are mutilated for “aesthetic reasons”, since the men of the tribes practicing these sado-rituals do not want their women to have anything “hanging down”. Maiming for the alleged purpose of enhancing female beauty is standard practice in American cosmetic surgery. An example is mammoplasty, defined in *Dorland's Illustrated Medical Dictionary* as “plastic reconstruction of the breast, as may be performed to augment or reduce its size.” A variation on this is mastopexy, which is performed to “correct a pendulous breast.” This involves removal of breast tissue and filling the space with a silicone bag-gel prosthesis, often with additional maneuvers to reshape the breast so that it points upward. Women shocked by the pain and danger of infection inflicted upon millions of African women for “aesthetic” reasons should consider the parallels with the increasingly popular American way of deadly beautification.

Another illuminating argument given to erase male responsibility for African mutilations is that excision of the clitoris controls the female sexual appetite. We recall that the spate of clitoridectomies performed in the United States in the late nineteenth and early twentieth centuries was also justified on these grounds. If we look at other manifestations of the gynecological syndrome, we can see that controlling women's sexual appetite is still a strong element in the hidden agenda of justifications, although it is covered by deceitful reversals. The gynecologists are doing “everything possible” to make women “correctly” sexual – that is, Supersexy according to male-identified terms. Like the African sorcerer cited in Chapter Five who praised excision of the clitoris and the consequent alleged transferral of erotic feelings of the woman to “deep inside”, the gynecologists also are true believers in the myth of the vaginal orgasm; that is, their treatments also are totally controlled by heterosexual suppositions, particularly by the idea that all “normal” women should think/live only in terms of sexual relations with men. The horrors of The Pill, the morning-after pill, estrogen replacement therapy, and cosmetic surgery all center around this controlling heterosexist supposition. Thus, although they parade themselves as being in the vanguard of “sexual liberation”, the American Professional Castrators have as their deep intent to control women's sexual appetite, to cut it down to the dimensions required by male-identified sexuality.

We have seen that the “primitive” African castrators of women believe that the clitoris causes impotence among men. The “sophisticated” gynecologists share this belief. The fact that their founding father, J. Marion Sims, performed clitoridectomies is significant. The fact that his ghostly heirs do not, merely means that so obvious a method as clitoridectomy is not the most efficacious means to achieve their purposes in the contemporary Ice Age. With the assistance of their psycho-therapeutic colleagues, they need only make the option of woman-identified sexuality appear “sick”, or, better still, to render it invisible. By leaving women genitally whole (with clitorises) while castrating them in other senses (both

physically and psychically), they perform a more refined “female circumcision” - ie, ritual initiation into patriarchal femininity (called “womanhood”). Like the Bambaras, they believe that a man who sleeps with a nonexcised woman risks death from her “sting”. The professional solution/resolution is deep psychic removal of the “sting” in women, that is, of the vitality and vision needed to pierce through the thick veil of phallogocentric myth and ritualized control of our lives. This is indeed the Ghostly Excision, appropriate to the time and space of the reign of the holy ghosts.

Finally, we should note that the familiar tactics for silencing criticism of African genital mutilation – ie, accusations of “racism” and of “interfering with the fabric of another culture” - are not without their counterparts here. The best legitimation is, after all, enforced silencing of critics. I have pointed out that in christian theology the almost unforgivable sin is “blasphemy against the Holy Ghost”. So also in the Gynecological Culture it is blasphemous to criticize the deep mythic dimensions of the professional sado-rituals. Women who dare to criticize on this deep level are labeled “paranoid” by the mind-gynecologists.

The ultimate irony occurs when a woman-identified woman who dares to counterattack these “helpers” of women is made to appear hostile to women. (\*) This is most likely to happen when she pierces the whole fabric of Gynecological Culture by exposing its underlying connecting thread of imposed totalitarian heterosexism. By doing this, she risks seeming not only anti-gynecological (which she is) but anti-woman (which she is not). The risk of being caught in this maze of reversals is comparable to that of the white woman who risks being called “racist” for exposing the ritual atrocities which victimize women in Africa. However, the stakes are higher, for the battle is in *this* segment of patriarchal space. The courage to be and to speak, in the age of the holy ghosts of gynecology, is, in the final analysis, the Courage to Blaspheme.

In Chapter Six we have seen that the legitimating theology of the witchburners, which erased their responsibility for the murder and torture of the witches, was Demonology. The witches were named victims, not of their torturers, but of the Devil, god's enemy. Since the Devil was the “real” enemy, the Inquisitors, as god's agents and representatives, were clearly acting for the good of the women they tortured and killed, for the good of other women (who were being given a bad example by the witches), for the good of men and children (the victims of the witches), and for the good of the church.

All of these elements shed light upon the gynecologists' erasure of their responsibility for gynocide. Gynecology is of course streamlined Demonology, and the Devil is Disease, to which women are especially susceptible. Patients are named victims, not of the physicians, but of Disease, the doctors' enemy. The “fact” that the patients are under the influence of Sickness is built into the very phrasing of “problems”. Thus modern witch-hunters speculate about the “untreated menopause” as “a possible contributory factor in the causation of cancer” and about the uterus as “a possible breeding ground for cancer.” Since Disease is the “real” enemy, the gynecologists, as god's agents and representatives, can present themselves as acting for the good of the women they torture and kill, for the good of other women (who will benefit from the re-research done upon uninformed/misinformed patients), for the good of men and children (who must endure the effects of these “sick” women's inability to perform their proper functions), and for the good of the state.

### *The Mind-Menders' Self-Absolutions*

I shall now consider the basic threads in The Therapists' snarl of self-absolution for their

responsibility in the psychiatric/psychotherapeutic ritual destruction of women. Two basic strands in this legitimating ideology are blaming the mother and blaming the patient/client. These are simply variations on the theme of blaming the victim.

A glance through one volume of *Psychological Abstracts* (Vol 52, 1974) is sufficient to give searching Spinsters clues to the omnipresence of blaming the mother and to the vast array of “disturbances” alleged to be caused by mothers. A typical article describes the case of a thirty-two-year-old businessman who was treated for “profound fears of maternal engulfment”, supposedly manifested in fantasies of homosexuality, voyeurism, exhibitionism, sexual masochism, transvestitism, and transsexualism. According to the abstract:

“During the course of psychotherapy, the patient exhibited repetitive, involuntary body contractions, interspersed with screaming, shrieking, and barking noises, apparently symptoms of Gilles de la Tourette syndrome. It is suggested that these phenomena represented the conflict between succumbing to the devouring mother and an attempt to ward off this event ...” (66)

All because of Mother. To this list of mother-caused symptoms, the Searcher can add many others, gleaned from the same volume. These include schizophrenia, identity diffusion, auditory hallucinations, delusions of persecution and grandeur, trichotillomania (abnormal desire to pull out one's hair), suicide, feminine identification in males, hypermasculinity in males (exhibited in tough behavior such as drinking and weapon-carrying, and in emphasized sexual athleticism), delinquency, school-phobia (the result of maternal overprotectiveness), and heroin addiction. (67)

Thus the therapeutic holy ghosts continue to follow their mother-blaming inspirer, Freud, expanding the lists of maternally caused symptoms. They also continue to multiply tests which will prove their foregone conclusions. Thus, for example, mothers of hair-plucking children were given the “Rosenzweig Picture Frustration Test”, which “proved” that these mothers induced such disturbed behavior in their children. (68) Of course, such tests are not necessary to legitimate mother blaming for most people, since nearly everyone has been indoctrinated from infancy in the mother-hating myths of the controlling religion: Patriarchy. Fairy tales (for example, “Snow White” and “Cinderella”) teach that the only good mothers are dead ones, thinly disguising living mothers as “evil” stepmothers. Folk “wisdom”, the officially recognized religions, literature, and the media carry on from there, forming a firm platform for the processions of the therapeutic -ologies.

The other basic thread in the therapeutic snarl, that is, blaming the patient, is illustrated in one of Freud's “classic” works: *The Case of Dora*. In his disgusting discussion of Dora, who suffered from “hysteria”, he re-lays her experience of being sexually assaulted at the age of fourteen and pontificates upon what she *should* have experienced. He describes the scene in which Herr K, an older man and friend of the family, having managed to get Dora alone, “suddenly clasped the girl to him and pressed a kiss upon her lips.” Freud's profound analysis follows:

“This was surely just the situation to call up a distinct feeling of *sexual excitement* in a girl of fourteen who had never before *been approached*. But Dora had at that moment a violent feeling of disgust, tore herself free from the man, and hurried past him to the staircase and from there to the street door [emphases mine].” (69)

Clearly, Freud assumes that any woman who “is approached”, that is, sexually accosted, should respond with uncontrollable visceral desire for the male who mauls and violates



her. Thus Dora's normal reaction of disgust and Self-salvation is negated. Freud drones on:

“In this scene ... the behavior of this child of fourteen was already entirely and completely hysterical. I should without question consider a *person* hysterical in whom *an occasion for sexual excitement* elicited feelings that were preponderantly or exclusively unpleasurable; and I should do so whether or no the person were capable of producing somatic symptoms ... Instead of the genital sensation which would certainly have been felt by a healthy girl in such circumstances ... Dora was overcome by the *unpleasurable feeling* which is proper to the tract of mucous membrane at the entrance to the alimentary canal – that is, *disgust* [emphases mine].” (70)

In this maze of obscene babble the great mind-shrinker announces that any woman who does not enjoy rape is hysterical. He reduces deep existential disgust to an “unpleasurable feeling” in the mucous membrane. Freud's identification with Herr K, who seems to have been an *unextraordinary* dirty old man, is displayed in his note describing that child molester as “still quite young and of *prepossessing* appearance [emphasis mine]”. (71) Indeed, any Hag can recognize here a description of a true pre-possessor presented by one who could easily recognize his own kind. Pre-possessor Freud's psychoanalytic babble is a paradigm of the/rapists' erasure of male responsibility for rape on all levels. The patient is not merely blamed for being a victim who “asked for it”. She is blamed for being a victim who did *not* “ask for it”, and who did *not* love being violated. This is the Disease of the Female Spirit which must be cured.

Thus Freud qualifies as Earthly Representative of the Divine Spirit-Eraser and as model for the procession of therapeutic erasers who have succeeded him, erasing as deeply as possible the pre-possessed patient's Self. By the very fact of misnaming and misdefining her reactions, he obscures his own active role in the repetition of her violation. This love-maker is centuries beyond the stage of the Dear Sons of Pope Innocent, authors of the *Malleus Maleficarum*, who merely accused women of insatiable carnal lust. Freud's refined technique negates female pride, warping his patient's disgust at male lechery into sickening feelings of shame for her own healthy, Self-assertive behavior.

### III

The third element of Sado-Ritualism – an inherent tendency to spread – is also manifested in American gynecology. I shall first consider the expansion of body-gynecology. Although the patterns of spread are complex, the familiar thread of diffusion from an “elite” class of women to those in the lower echelons of society is not absent. It is enlightening to recall the history of the man-midwife, who began to appear on the scene in the seventeenth century, and of whom Rich writes:

“He appears first in Court, attending upper-class women; rapidly he begins to assert the inferiority of the midwife and to make her name synonymous with dirt, ignorance, and superstition.” (72)

Indeed, in seventeenth-century France, the few physicians “qualified” in obstetrics profited from this fad among the upper classes, and limited their practice to this specialty and to those who could pay their high fees. (73)

Ehrenreich and English point out that in nineteenth-century America it was convenient for physicians to see working-class women as inherently healthy and robust, and to regard

affluent women as inherently sick. In reality, of course, the poor suffered far more from contagious diseases and complications of childbirth:

“Sickness, exhaustion, and injury were routine in the life of the working-class woman. Contagious diseases always hit the homes of the poor first and hardest. Pregnancy, in a fifth or sixth floor walk-up flat, really was debilitating, and childbirth, in a crowded tenement room, was often a frantic ordeal.” (74)

In this social context we can see the calloused deceptiveness of the physicians who fostered the cult of invalidism among the upper classes:

“But doctors reversed the causality and found the soft, “civilized” life of the upper classes more health-threatening and medically interesting than hard work and privation.” (75)

Indeed, the economic motive behind this medically “interesting” focus upon rich women is obvious.

It is important for Hag-ographers to emphasize the fact that from the inception of their profession, gynecologists have used black, immigrant, and other poor women as guinea pigs, experimenting upon them without their informed consent, in order to later use the “expertise” thus gained in lucrative private practice. Yet a class analysis is inadequate here, for it falls short of explaining all of the dimensions of androcratic atrocities. The fact is that experimentation is part of the routine procedure of gynecology for women of all classes. As I have already indicated, poor and nonwhite women are usually totally uninformed of how they are being used for “study”. So also middle- and upper-class women are often simply not told anything, or when they are given “information”, their miseducation gives them the illusion of informed consent. There are, then, varying ways in which women serve as unwitting/unwilling “material” for gynecologists.

There are also varying ways in which women are targeted. Thus poor and nonwhite women are particularly singled out for sterilization. As Judith Herman pointed out, in a recent survey: “Ninety-four percent of gynecologists polled in four major cities said that they favored *compulsory* sterilization for welfare mothers with three or more ‘illegitimate’ children.” (76) It is obvious that the concern here is not for the health of the women involved. In the mid-1970s HEW announced that states would pay 90 percent of the costs of sterilization for poor women, but only 50 percent of the cost of abortion. As Herman writes:

“This gives hospitals and clinics an incentive to promote and irreversible birth control method and to discourage the method which gives the individual woman the greatest amount of flexibility and personal control.” (77)

Poor women, then, are seen as compulsive breeders who must be castrated for the good of “society” but denied abortions when they need and choose to have them.

It would be simplistic, however, to conclude that poor women are the essential targets of the *intent* of gynecological gynocide. Barker-Benfield observes that in the nineteenth century “the chief targets of gynecologic surgery aimed specifically at sexual discipline were the wives and daughters of rich, or at least middle-class, men.” (78) Nor can this be explained solely by an economic motive. Such gynecologists as Augustus Kinsley Gardner “realized that the fashion-conscious, *leisured* woman was becoming the model for all women [emphasis mine].” (79) It was leisure (read: potential freedom) of these women

that deeply threatened the gynecologists, who feared that the model of freedom might catch on. Barker-Benfield concludes that the essential issue was “the surgical discipline of women deemed deviant, rather than simply considerations of class.” (80)

“Surgical discipline” (combined with psychiatry and psychoanalysis) is the specific means of castrating/killing deviant women in America in the Age of Gynecology. However the *agents* of this punitive castration participate in the universal patriarchal ethos. Their intent does not differ from that of the Sado-Ritualists of other cultures. Their primary and proximate target is the woman who appears to be on the verge of breaking free and threatens to be a model of freedom for other women. Their essential target is Self/Spirit in all women. It is essential, therefore, to see in the Atrocity of Gynecology the basic and familiar pattern of victimization, which focuses upon an elite body of women and extends to the women caught in the ranks of the upwardly aspiring lower echelons of society.

### *The Metastasizing of Gynecology*

In studying the sado-ritual of American gynecology, we must recognize a specific form of spread which is endemic to the atrocity proper to the age of the holy ghosts. I refer to the burgeoning of iatrogenic disease among women. We have already seen evidence of this in the discussion of such disasters as DES and preventive medicine. At this point I shall cite a few statements from medical journals which cautiously admit some hazards of gynecological medicine. The examples which follow illustrate both the content and style of such admissions. The Searcher will have to peer closely through the fog of deceptiveness which their authors emit by the guarded, self-protective style of their writing.

An article entitled “A Biostatistical Evaluation of Complications from Mastectomy” states:

“Hospital death, chest wound infections, and some loss of skin graft were significantly higher when patients received preoperative or postoperative radiation than when they received none [in connection with mastectomies].” (81)

The same article discusses “the morbid consequences of such a radical operation”, and admits that sometimes “tumor cells [are] dislodged into the blood and lymph during surgical manipulation”. They state rather quaintly: “The problems are ubiquitous.” (82)

Another article (typically only four pages long but having three authors and written in computer-speak) discloses the following information: “Using a more sensitive statistical technique, this risk [of endometrial cancer] was calculated to be 7.5 times higher among estrogen users than among non-users.” (83) Ominously, the same article ends with the following statement: “Estrogen-exposed women should have periodic cancer screening examinations.” (84)

Yet another group of re-searchers admit that gynecologists have been *culpably* ignorant for many years of the known connection between the taking of estrogens and the risk of cancer. They write:

“That systemic estrogens are associated with excess risk of uterine cancer should not be surprising. Gynecologists through the years have been concerned with the effects of estrogens in mullerian tissues and have been aware that estrogens may either initiate or promote growth of tumors of the uterus. Forty years ago Novak warned of the carcinogenic possibilities of estrogenic substances. A few papers have reported cases which associate exogenous estrogens with endometrial carcinoma.” (85)

Thus the recently publicized evidence of the carcinogenicity of estrogens, which drew great attention in the press in 1975, should have come as no surprise.

The same article abounds with clues which are available to the Searcher who can break through the obscure language. Thus we read:

“It has been estimated that in the near future 50% of women in the postmenopausal age range will have had a hysterectomy and therefore no longer be at risk for this disease.” (86)

Here is a typical gynecological solution to gynecological iatrogenic disease: major surgery, which can have serious consequences, including death. The authors also reassure their colleagues with a comment upon the “high cure rate of this cancer” (which turns out to be not very high, and would be little consolation to the woman with cancer).

A gem of an article (illustrated) entitled “Use of Dermal-Fat Suspension Flaps for Thigh and Buttock Lifts” proposes a solution to the problems commonly associated with surgical procedures for establishing “desirable contours of the hips and thighs”. The author points out that the prolonged bed-rest and lack of activity which are still prescribed “to minimize the risk of dehiscence [the parting of the sutured lips of a surgical wound] increase the risk of thrombophlebitis and pulmonary embolism.” (87) What he is obliquely saying is that patients (referred to throughout the article as “she” and “her”) may die as a consequence of such operations. The unspoken fact, buried in the interstices of professional jargon, is this: These women, seduced into surgery through implanted fear of unfashionable fat, risk death. Naturally, the author does not advocate exercise and a healthy diet to alleviate the “deformity”, but rather a complex surgical procedure.

Another team of re-searchers published an article on “second cancers” in patients with ovarian cancer indicating that the use of certain drugs (in a procedure referred to as “alkylating-agent therapy”) causes acute leukemia in some cases. In the course of their discussion they say: “Although the carcinogenicity of alkylating agents in laboratory animals is well established, the effects in man are poorly defined.” (88) The possible ominous implications of this might not become evident to the Searcher until she reaches the last sentence:

“Further studies are also needed to evaluate the carcinogenic effects that may result from interactions between different types of treatment, including radiation and alkylating agents.” (89)

One distinctly has the impression that human beings will become the “subjects” for these “further studies”.

In glancing through a one and one-half page article authored by four re-searchers, entitled “Maternal Death Resulting from Rupture of Liver Adenoma Associated with Oral Contraceptives”, the Searcher will read that in July 1976, data was collated on sixty-seven cases of liver lesions associated with oral contraceptives.(\*). There is a Catch-22 in the article: Women taking The Pill who as a consequence of this have a liver adenoma (“benign” tumor) are warned to stop taking it. However, it is by this time very dangerous for them to become pregnant (\*Any Spinster/Lesbian could point the way out of the Catch-22, but it is too much to expect that the medical establishment would propose such a clear and direct solution.):

“... the potential effect of a subsequent pregnancy on a liver adenoma remains *unanswered*. The high levels of sex steroids and increased vascularity of the liver during pregnancy *seemingly* would increase the chance for liver rupture [emphases mine].” (90)

Despite the insipidity of the style, despite the self-protective terms, *unanswered* and *seemingly*, the ominous implications are clear.

Such documentation can go on and on. The destruction wrought by gynecology is on display in medical journals. Moreover, so is the fact that it assumes the shape of continuing processions. Thus the plight of DES daughters, itself a manifestation of iatrogenic disease, is an invitation to further gynecological molestation. There is evidence that radiation directed at the vagina for treatment of adenosis can cause uterine cancer. (91) Moreover, local progesterone therapy is reported to have exacerbated growth of tumors. The processions of necrophilic medicine are endless.

### *The Multiplying of Mind-Menders*

The tendency to spread is of course inherent also in mind-gynecology. It is clear that the ritual of psychotherapy has followed the pattern of diffusion from an “elite” group of victims to a wider circle, and that this sado-ritual spreads in the manner of iatrogenic disease. The proliferation of “schools” and types of therapy has fostered its spread in both of these senses.

I shall first look at the spread of psychotherapy from well-to-do women to a wider segment of the female population. The progenitor of modern therapy was, of course, Freud. The fact that Freudian psychoanalysis as an institution has now been relegated to a minor role in actual therapeutic practice does not alter the fact of his mystical “mother” role in relation to all of them. As psychiatrist Joel Kovel acknowledges:

“It is striking to see work after work, new method after new method, define itself by reference to Freud, usually as an alleged breakthrough past his limits. Through the years, a thousand commentators, mostly long forgotten, have labeled Freud passé. Buried countless times, just as perpetually resurrected, the spirit of Freud continues to brood over contemporary therapy.” (92)

Like the holy ghost, Freud multiplies himself, continuing to breed – and especially – to brood over his progeny, who resemble him even in their reactions “against” him. For in such re-actions they move, yo-yo-like, back and forth on his apron strings, eternally fixated upon his Word. The source of their movement/“life” is his breath, for he is their spirit, their basic re-source, whom they must constantly re-search, re-visit, re-fute, re-cover, and resurrect.

Freud focused upon females who “belonged” to the well-to-do classes, and so did the seemingly very divergent therapists who followed him, such as Jung, Adler, Rank, Reich, Fromm, and Perls. Gradually, the proliferation of clinics and development of various forms of group therapy has made Mental Help and Healing available to Everywoman. The sheer volume of therapy has multiplied approximately fivefold since 1960. (\*) Hags should note that the increase in volume has been accompanied by a multiplication of forms. The following partial list may assist the haggard imagination to glimpse the dimensions of the “Triumph of the Therapeutic”:

behavioral-directive therapy  
behavior therapy  
biofunctional therapy  
encounter therapy  
est (Erhard Seminars Training)  
existential analysis  
family therapy  
game therapy  
Gestalt therapy  
hypnotherapy  
mysticotrascendent therapy  
primal therapy  
psychoanalytic therapy  
rational-emotive therapy  
reality therapy  
script therapy  
sensitivity training  
sex therapy  
somatic therapy  
transactional analysis (93)

This proliferation of therapies, which are like shadows, distorted reflections and resurrections of each other, has the effect of including everyone not only as patient but as mini-therapist. Thus, “virtually everyone who is touched by psychoanalysis identifies with it and soon wants to become a therapist himself.” (94) The result is that therapy has spread not only from the “elite”, selected for “the best” psychoanalytic treatment, to the poor who are offered “budget” or government-dispensed therapies, but even to those who do not go to therapy sessions but who are friends with or even casual acquaintances of those who do. Thus the contemporary religion of therapy has produced its own “priesthood of believers”.

It is easy to recognize here an ominous resemblance to the proliferation of christian churches and sects, and to the consequent witnessing by the “born-again” laity. After the death of Jesus, the holy ghost started inspiring more and more “converts”. These eventually formed different and seemingly opposed churches, and this doctrinal and structural variety functioned to seduce more and more into membership. These in turn profoundly affected the environment of nonmembers.

The diffusion of therapy, then, like that of religion, has been downward and outward, affecting all women. However, the contagion of mind-gynecology cannot be understood in socioeconomic or numerical terms only. Just as body-gynecologists spread iatrogenic disease, so also do therapists create a market for their “healing”. A woman seduced into treatment is “inspired” with dis-ease she had never before even suspected. As she becomes more fixated upon her surfacing “problems” she becomes more in need of Help. The multiplicity of therapies feeds into this dis-ease, for they constitute an arsenal for the manufacture of many forms of semantic bullets used to bombard the minds of women struggling to survive in the therapeutically polluted environment. The bullets of “psychobabble” invade the ears of Everywoman, informing her in a thousand tongues of her Sickness and Need for Help. This invasion continues unchecked because it fixes women's attention in the wrong direction, fragmenting and privatizing perception of problems, which can be transcended only if understood in the context of the sexual caste system.

## IV

The medical employment of women as token torturers is evident in the use of nurses, physiotherapists, and token women doctors. In the field of body-gynecology, the nurse, trained to be totally obedient to the Olympian Doctor, functions as the proximate and visible agent of painful and destructive treatment. Nurses shave women about to give birth and give enemas to women in labor. It is they who give injections and it is they who withhold pain medication begged for by the patient. Programmed not to answer women's questions, they sometimes magnify suffering by unreasonable silence and degrading nonanswers. Hags should note that most unpleasant procedures which nurses perform (for example, changing of dressings after surgery) are done while the woman is awake and aware of being hurt, whereas the deepest wounding – cutting in surgery – which is performed by doctors, is done under anesthesia. Thus, as Peggy Holland has noted, within the hospital situation most procedures *experienced* as painful are done by women, whereas the doctors' actions – prescribing drugs which often have harmful effects, issuing orders from on high – are often not directly perceived. (95) The nurse, then, functions as a token torturer in the primary sense of the term *token*, that is, as an outward indication or expression. She is both weapon and shield for the divine doctor in his warfare against The Enemy, Disease, to which the woman as patient is susceptible by her nature [*sic*]. Likewise, physiotherapists (most of whom are female) assume the token role, often forcing women to do excruciating exercise after surgery, for example, after mastectomies.

There are, of course, some women gynecologists, many of whom are far more sensitive to women's needs than their male colleagues, and some of whom (like some nurses) act in a genuinely healing manner despite the obstacles presented by their training and by the institutional set-up in which they participate. However, they have gone through the same indoctrination as male doctors (the same texts, instructors, internship), read the same medical journals, and continue to be subjected to pressures to conform. Paraphrasing a discussion with Dr Mary Howell, Gena Corea summarizes the situation: “Female doctors who are 'honorary white males' don't defend female patients against harmful obstetrical practices, unnecessary surgery, unsafe contraceptives, and forced sterilizations.” (96)

We have seen that in the other sado-rituals mothers are forced to function as token torturers of daughters. Clearly, this aspect is perpetuated in gynecology, in ways that are not only more refined but also more complex. The “cooperation” of the DES mothers in the mutilation of their daughters was elicited from them in a state of ignorance. Also to be counted among well-intentioned victimizers are those mothers who urge and even command their daughters to go for frequent, unnecessary gynecological check-ups and treatments. Such women are educated to be unaware that “any idea, seriously entertained, tends to bring about the realization of itself.” (97) It is ironic that these mothers, whose insights have been blunted by fear and heavy bombardments of medical propaganda, display a less accurate awareness of the sources of danger than Joseph Chilton Pearce, author of *The Crack in the Cosmic Egg*, who writes of the cancer epidemic among females in his family:

“Few people understood my fury when the medical center that attended my wife requested that I bring my just-then-budding teenage daughter for regular six-monthly check-ups for ever thereafter, since they had found – and thoroughly advertised – that mammary malignancies in a mother tend to be duplicated in the daughter many hundred percent above the average. And surely such tragic duplications *do* occur, in a clear example of the circularity of expectancy verification, the mirroring by reality of a passionate or basic fear.” (98)

The mothers who are pre-possessed and pre-occupied by instilled iatrogenic fears have a difficult time saying no to this circularity, precisely because they are themselves mesmerized both as victims and as token torturers. They function in the victimizer role ignorantly and often ambivalently by socializing daughters to be “popular”/sexy on male-identified terms, thus setting them up to become Pill-users, teenage mothers, or abortion candidates. (\*) Likewise, from the very inception of mind-gynecology, women as token torturers have had an important role. Outstanding more-freudian-than-Freud women analysts included Helene Deutsch and Marie Bonaparte. Deutsch, whose morbid outpourings are continually reprinted and are often sold in the “Women's Studies” sections of bookstores (right next to de Beauvoir) was trained by Freud, having worked under him for years. A haggard Searcher will not expend too much energy unsnarling Deutsch's opinions. The following sample should suffice as a re-minder of the methods of her research:

“The theory that I have long supported – according to which femininity is largely associated with passivity and masochism – has been confirmed in the course of years by clinical observation.” (99)

Certainly. And blackness has long been “associated” with the same qualities in racist societies. The point is brought up, re-hashed and re-futed in Sociology 101 at Everycollege every year. The problem is not simply that the argument is impeccably fallacious but that it came from a woman. Deutsch sustains her circularity to the bitter end of her work, *The Psychology of Women*. Writing of the “climacterium”, she faithfully copies the tradition of the *Malleus Maleficarum*, when she says:

“The suggestibility of women in this life period increases markedly, their judgment fails, and they readily fall victim to evil counsellors.” (100)

In the Age of Gynecological Holy Ghosts, however, the situation is more complex than it was in the days of Pope Innocent and his Dear Sons, Kramer and Sprenger. For the ranks of truly evil counselors have been expanded to include such Dear Daughters as Deutsch. Since the witches were Wise Women/Healers, it is particularly appropriate that the androcratic usurpers who erased them should later replace them with man-made women, legitimated as “counselors” and therapists. Nor need these adopted daughters of pathological patriarchs be as blind as Helene Deutsch or Marie Bonaparte. (101) There have been female adlerians, rankians, reichians, frommians, and – ad nauseam – jungians. Particularly seductive is the illusion of equality projected through Jung's androcratic animus-anima balancing act, since women are trained to be grateful for “complementarity” and token inclusion. Tokenism is embedded in the very fabric of Jung's ideology – in contrast to the more obvious misogyny of Freud's fallacious phallocentrism. 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 cause.

Moreover, since the Age of the Holy Ghosts is a time of Dionysian boundary violation, it is predictable that the mantle of male motherhood will be shifted to the shoulders of more and more women deemed worthy by Dionysian men. The same incongruities that are inherent in the role of females who would be christian priests and ministers are ingrained in the functions of the newly ordained female priests of therapy. Moreover, the downward spread of therapy itself inevitably renders it more accessible as a respectable occupation for upwardly mobile women in male-monitored society. Thus the lower ranks of token victimizers multiply.

Nor is this all. For it is also inevitable that the monodimensional Great Sponge Society will



soak up into its interstices women with a genuine desire and native ability to heal. Thus the Thoroughly Therapeutic Society must not only castrate potential witches as victims/patients. It must craftily con some of its stronger potential deviants into the role of unwitting token victimizers, in the name of Feminist Therapy.

I am *not* saying that genuinely woman-identified counseling cannot and does not take place, nor am I denying that, given the state of alienating structures in which we live, there is an urgent need for drop-in centers and other places for women to go *in crisis situations*. My criticism concerns therapy as a way of life, as an institutionalized system of creating and perpetuating false needs, of masking and maintaining depression, of focusing/draining women's energy through fixation upon periodic psychological "fixes". My criticism concerns the emotional, economic, and intellectual hooking of women into a perpetual procession of cyclic re-turning, which provides false security and prevents independent risking/questing. It concerns the woman-crippling triumph of the therapeutic over transcendence. (\*)

There are many arguments that can be made for and against the variety of situations which generally are listed under the heading of "feminist therapy". Those who argue in favor of "feminist therapy" maintain that it departs entirely from the old freudian presuppositions. I suggest that this assumption be closely examined by A-mazing Amazons, for behind the more obviously misogynistic presuppositions of patriarchal psychotherapy (eg, "penis envy" and blaming the mother) there is a more subtle agenda, which is difficult to uproot and which seems to be endemic to the therapeutic situation in its various forms.

This agenda contains, as a basic element, dependency upon agendas – in other words, addiction. The term *therapeutic* is from the Greek *therapeuein*, meaning "to attend, worship or treat medically". Just as roman catholics feel obliged to attend mass regularly and to worship the god of the church, and just as patients are regularly treated medically, the therapeutized return. I suggest that the god of therapy is therapy itself. Moreover, as in the case of all religions, there is a fixation upon the act of worship itself, which tends to function as a shelter against anomie, against meaninglessness. For this reason, any criticism of therapy threatens/terrorizes the therapeutized.

A clue to the fact that this addictive quality is present in "feminist therapy" is the reaction of some readers/listeners who fixate defensively upon "feminist therapy" rather than expanding their vision to comprehend a long and complex analysis of androcratic atrocities and tactics. This limitation of focus is itself symptomatic of the fetishization and fragmentation inflicted by mind-gynecology. It suggests that the very concept of "feminist therapy" is inherently a contradiction. I hasten to add that gynergizing, en-couraging, healing communication among Hags/Crones is not a contradiction. Therefore, when this is taking place it should *not* be called "therapy". Moreover, I suggest that Hags dispense with the trappings of therapy.

Among these trappings/traps is stale therapeutic jargon, which arrests thinking, neatly labeling/limiting every impulse toward re-considering Original Movement. For example, we are told to "deal with" the issue of "feminist therapy". One who strives for Gyn/Ecological vision may be accused of "not dealing with" therapeutic problems (just as Lesbians/Feminists generally are accused of "not dealing with" men). Yet to satisfy the accusers' often insatiable need to "deal with" this issue would require falling into the very therapeutic trappings/trap which Gyn/Ecology transcends. It would mean settling for settling down in one blind alley of the Masters' Maze, putting on the blinders of tunnel vision. While there are sometimes needs for tunnels on our Journey, Journeying itself is not tunneling. Since Gyn/Ecological Journeying is not "feminist therapy", but rather is

itself an entirely Other Way, Revolting Hags refuse the therapeutic society. We re-fuse our gynergetic Selves.

Refusing the triumph of the therapeutic is essential for the affirmation of our transcendence. It will be objected that “feminist therapy” can be a means to transcendence. Without a doubt it does function at some times and in some cases to remove obstacles and to provide clues to transcendence. Yet the same can be said for the catholic church. Although Hags might want to evaluate these institutions in different ways, the fact is that both have the agenda of dis-couraging women into the state of dependency. While the symbol system and institutional intent of the catholic church is overtly oppressive, “feminist therapy” as an institution is covertly dis-couraging.

The point is that Hags should not have to resort to taking back from such institutions as religion and therapy the powers and tactics which were rightfully our own to begin with, and which have been warped and watered down after having been stolen by patriarchy. The situation is parallel to that of a woman who begs a robber to return her stolen and damaged possessions – except that women who turn to religion and therapy usually do not realize that they are attempting to reclaim stolen goods from thieves.

It will be objected that “feminist therapy” is a step toward re-claiming women's own healing powers. This is partially true, but I suggest that there are serious inherent difficulties (comparable to the difficulties inherent in the idea of “feminist religion”). For therapy, including the institution of “feminist therapy”, resists being relegated to the role of a “step”. Like religion, it tends to replace transcendence, assuming/consuming all process, draining creative energy, eliminating Originality, mislabeling leaps of imagination, shielding the Self against Self-strengthening Aloneness. The Self becomes a spectator of her own frozen, caricatured history. She is filed away, mis-filed, in file-cabinets filled with inaccurate categories. Thus filed, she joins the Processions of those who choose downward mobility of mind and imagination.

Symptomatic of such pseudo-feminist downward mobility is the Soap Opera Syndrome, whose one basic Program can be entitled, “How to Deal with Relationships”. Like the heroines of 1940s radio soap operas and 1970s television soap operas, the therapeutized actress deals with her programmed problems before an audience of dealers. Like the radio and television heroines, she rehearses but does not create the script. She may try out for different roles, since everything can be coopted by therapy. Thus writing is therapeutic, swimming is therapeutic, painting is therapeutic, demonstrating is therapeutic. The script-follower forgets that writing is writing, swimming is swimming, painting is painting, demonstrating is demonstrating. Instead of creating, she deals and deals, struggles and struggles, relates and re-lates. She finds that her problems are endless, having the infinity of a closed circle. Everything becomes a problem. The situation of being Feminist and/or Lesbian adds to the problems but does not break the circle. Only Journeying breaks the circle. In Journeying/process, therapy is not the priority.

V

The fifth element common to the androcratic atrocities – compulsive orderliness, repetitiveness, and fixation upon details – is familiar to anyone who has been near a hospital or a doctor's office. In the case of physicians specializing in women's “diseases”, the orderliness is obviously associated with fetishistic “worship” of female organs. Under the aegis of Professional Help, detachment and prurient interest are righteously combined in the rituals of examination and treatment. One gynecologist summed up his condition

rather neatly:

“You have to be kind of crazy to go into the field, because it's a difficult, physically demanding residency. I had to be extremely obsessive-compulsive to get through it.”  
(102)

To many women these words will ring absolutely true.

To understand the intent behind the specific forms of orderliness peculiar to gynecology, we should recall the historical origins of this profession in the nineteenth century. We already know that gynecologists saw themselves as having a mission to control the increasing “disorderliness” of women through such methods as clitoridectomy, ovariectomy, and “rest cure”. The castrating doctors saw themselves as reimposing order upon women whose disorder consisted in deviation from the female role of subservience to their husbands and dedication to household duties. Thus it is appropriate that the Gynecological Guardians of Housekeepers should themselves exhibit extreme symptoms of obsessive compulsive orderliness, repetitiveness, and fixation upon detail. Since they are the Good Housekeepers in charge of housekeepers, since they are the liturgists and celebrators of genital fixation, they must themselves be caught up in routinized, ritualized behavior, riveted to the targets of their own fetishistic fixations.

The same components are evident in the psychotherapeutic syndrome. The therapeutic curers of disorder impose a false order (meaning ) upon the histories of their patients/clients. Vying with the unnaturalness of the lithotomy (supine) position, of The Pill, of exogenous estrogens, of cosmetic surgery, this psychically dis-ordering order decomposes and dismembers women's personal histories, recomposing them to match the monotonous beat of the Masters' metronome. To achieve this disordered dominance of their Higher and Holier Order, the therapists routinize their patients, subjecting them to a false need for regular appointments and for repetitive reconstruction of their past. Perpetually pushed into this revised past, the patient patiently re-learns her history, which is reversed and rehearsed for the therapist's records. The patient learns to fixate upon herself as an object, to objectify and label happenings in her process until process is re-processed into processions of thoroughly impersonal, explainable events. She becomes the therapeutic watcher of her reinterpreted self. Her history repeats itself. Her sense of transcendence/wildness/adventure is tamed. She mistakes her convoluted gropings through this man-made maze for progress. To the extent that therapy mutes the call of the wild Self to transcendence, she fixates more and more upon the observation of details. If totally “cured” she is “terminated”. Otherwise, she is maintained in her state of depression, reciting the litanies, novenas, and rosaries of her therapeutic salvation history. She participates in the Masses of Encounter Groups, hoping to receive the Spirit from those who function it is to dis-spirit her.

## VI

Medical/therapeutic practices which in another age would have been unthinkable have become acceptable (“normal”) and even normative, and this adaptation has been effected with sublime refinement. Examples abound. Concerning hospitalized childbirth, Suzanne Arms demonstrates the case: “A woman opting for the hospital may have asked for a normal birth, but she is going where she should know normal birth is least likely to occur.” (103) Moreover, as Kathleen Barry points out, not only regular hospitalized childbirth but also “‘natural childbirth’, as we know it now, is nothing more than a romanticized means of helping women to better adjust to the abnormal and intensely painful delivery process

mandated by men.” (104) The gynecological profession and the popularizing media have combined their efforts to make the poisoning of women appear acceptable. Just as popping The Pill is both “normal” and normative for younger women, so is estrogen replacement therapy for their mothers and older sisters. Elaborating upon the latter form of chemotherapy, medical re-searchers have obscurely revealed a particularly odd twist, namely that it is most dangerous for healthy women: “Our data also indicates that the exogenous estrogen-related risk is highest for women classified as normal – ie, those with none of the 'classic' predisposing signs.” (105) They explain that the risk of endometrial cancer “associated” with estrogens is highest in patients *without* hypertension and obesity. The horrifying message is that precisely the asset of good health in women is warped by these wonder-workers into a predisposing condition for iatrogenic disease. The uncalled for “treatment” of such healthy women is but one illustration of the massive abnormality of the medical system, in which experimentation on healthy women has become normal. The routinization and normalizing of the mutilation of women has peaked to the point of glamorizing such mutilation.

This was first evident in the wonders of cosmetic surgery. In the mid-seventies, mastectomies became popularized when not only First Lady Betty Ford but also “Happy” Rockefeller had them. The prosthesis business has boomed. Symptomatic of the shift in controlled popular opinion was an article which appeared in 1977 in *People Weekly* entitled “Barbie Doll Developer Ruth Handler Offers a New Look to Mastectomy Victims”. Ruth, whose last name unbelievably is Handler, is described as the woman who, “nearly 20 years ago, dared to put bosoms on the Barbie Doll.” Since then, much has happened. She has lost a breast and is described as “back in the breast business” with her new product, the prosthesis, “Nearly Me”. The article begins tantalizingly with the following statement:

“She unbuttons her blouse to expose her brassiere and says, 'Put your hands on both breasts, then give a good squeeze. Can you feel the difference?' she asks.

Apparently the handlers cannot, for: “Wherever Handler has introduced Nearly Me ... women have flocked in by the hundreds.” (106) Indeed, if some gynecologists have their way, the flocks will multiply, and it will soon be abnormal for a woman over fifty to have her own breasts and/or uterus. (\*)

We have already seen abundant evidence that the therapeutic game also consists largely in legitimating “normal”, that is, lobotomized and tame behavior which is in fact indoctrinated, artifactual, man-made femininity. Thus Freud reversed the meaning of Dora's healthy reaction of disgust at sexual assault by naming it “hysterical”. So also Jung slyly legitimates punitive measures against strong women, implying that strength of mind is abnormal. Writing of women who express strong arguments (women “ridden by the animus”), he states:

“Often the man has the feeling – *and he is not altogether wrong* – that only seduction or a beating or rape would have the necessary power of 'persuasion' [emphasis mine].” (107)

Women who have been seduced by jungian ideology might do well to consider the implications of this attitude.

Moreover, women who have been seduced, brow-beaten, and mind-raped by individual therapists or by gangs of mini-therapists in marathon encounter sessions should reconsider the meaning of “normality” in such a setting. A clue is to be found in the fact that whereas only a few decades ago anyone was stigmatized who was discovered going to a

therapist, today the stigma is inflicted upon any woman who does *not* go to a therapist. Any institution which could so rapidly reverse its status, gaining power and prestige in the most “advanced” nation of a patriarchal planet, clearly must be serving the interests of patriarchy.

## VII

The seventh component of the gynecological sado-ritual, that is, the meta-ritual of its legitimating re-search and scholarship, has been indecently exposed throughout this analysis. There are two points of particular importance to be emphasized here. The first is that gynecological re-searchers (like all ghosts) love the dark. The second is that they have a propensity to hook their prey with professional renditions of *Catch-22*.

### *Love for the Dark*

The author of an editorial on “Risks and Benefits of Estrogen Use”, which appeared in the *New England Journal of Medicine* in 1975 concluded:

“Unfortunately, questions regarding long-term drug safety can rarely be resolved in a short time. Despite the urgent need for answers, there is little choice but to remain in the dark for a few years more.” (108)

In the same issue, the re-searchers who were credited with uncovering the evidence for the causation of cancer by exogenous estrogens boldly assert: “To the best of our knowledge, conclusive studies are unavailable.” (109) The authors of another article on estrogens and endometrial cancer, after admitting the probability that one case of cancer would be expected to develop from among every nine women treated with estrogens, extinguish the light of this knowledge with the following gust of hot air:

“It must be evident that this type of estimate is only speculative based on the best information currently available and that there is no means to determine with certainty at present whether this is a cause-and-effect association, and, if so, the precise magnitude of the problem.” (110)

Medical ethicists are also often engineers of intellectual blackout. Benjamin Freedman, writing on “A Moral Theory of Informed Consent”, snuffs out the lamp with the following conclusion (which the editors found so illuminating that they emphasized it in large italics):

“Our conclusion, then, is that the informing of the patient/subject is not a fundamental requirement of valid consent. It is, rather, derivative from the requirement that the consent be the expression of a responsible choice.” (111)

By the obscurity of this statement the author deliberately shifts the focus from a patient's clearly informed choice to vague willingness to be experimented upon while being kept essentially in the dark.

### *Catch-22: Caught Coming and Going*

The gynecological patient is frequently in a no-win situation, once she has been hooked.

The authors of an article on breast cancer provide a strikingly usual example of this kind of set-up:

“At present, prophylactic removal of nearly all the breast tissue appears to be the only way of preventing breast cancer in the obviously vulnerable woman.” (112)

As another doctor put it:

“Some advocate this approach as the most effective prophylactic procedure to high-risk patients, to say nothing of obviating the diagnostic radiation hazards.” (113)

An article on “Giant Uterine Tumors” which reports the “management and surgical removal of a 65 lb uterine tumor” begins with the sentence: “Surgery for massive abdominal tumors is interesting and challenging.” (114) This professional piece placidly lists a series of hideous “procedures” to which the woman (described as a sixty-year-old, black, gravida 1, para 1) was subjected. We are informed that the patient was “afraid of the hospital and surgery”. The woman, whose healthy fear had kept her away from the hospital, had lived with the tumor for fifteen years, but had suffered from low-back pain and had trouble “ambulating”. After treatment, she had not only the same problems but others, infinitely more serious. She was subsequently hospitalized at a nursing home, where she died approximately seven months after her original admission to the hospital. It is safe to conclude that the surgery was not “interesting and challenging” for her. (115)

In the field of mind-gynecology, Catch-22 is the name of the game. Wolfgang Lederer, in a chapter entitled “Planetary Cancer?”, writes with horror of overpopulation, leading to “the extinction of personality in a human glut”, and savagely blames this entirely on women. (116) He writes of the “uterine hunger” in feminine (read: normal) women which renders birth control as futile as dieting, and describing motherhood as an “ominous inevitability”, which results from the fact that “archaic woman [is] monomaniacally bent on nothing but the best breeding stock, faithful only to her biological mission, unbound by any man-made, father-made law.” Lederer drones on that he is *not* only talking about women who are “pathologically fertile”. Rather:

“In an overpopulated world, ordinary, “normal” woman may yet become the sorceress who inundates man with ever new creation, who keeps pouring forth a stream of children for whom there is neither role nor room, whose procreative instinct, irresistible, keeps producing like a machine gone mad ...” (117)

Lederer consistently conforms to the contorted logic of Catch-22, asserting just two pages later that:

“... there is hardly a woman, *not terribly sick*, who does not wish for at least one child, even though she be a Lesbian and intolerant of men [emphasis mine].” (118)

Thus women who want children are called “normal” (in quotation marks) and those who do not are called terribly sick. The quotation marks around “normal”, moreover, may be an unintended admission of his deception. Lederer leaves out of his absurd picture a few realistic details, such as the fact that women have always waged a fierce struggle against unwanted pregnancies. He leaves out the fact that men have constantly oppressed women by impregnating them against their will through legal and illegal rape and by denying access to safe abortion and birth control. He also neglects to mention that patriarchy attempts to enforce motherhood by bombarding women with propaganda that this is their inevitable destiny.

The lie embedded in Lederer's language about women also lies exposed in his babble about ecology. Thus we read:

“And in the end the balance of this globe may yet again have to be redressed by the Great Mother herself in her most terrible form: as hunger, as pestilence, as the blind orgasm of the atom.” (119)

Just as this thoroughly therapeutic reverser blames the “planetary cancer” of overpopulation upon victimized women, so he falsely attributes patriarchally planned disasters to the “Great Mother”. In reality, world hunger is to a large extent managed, and not merely accidental. Pestilence is largely the result of iatrogenesis and of environmental pollution. The sickening use of nuclear energy, that is, the rape of the atom, is preparing the way for a man-made holocaust, which Lederer blindly labels “blind orgasm”. The reversal in this image is comparable to labeling the agonized screams of a rape victim “cries of ecstasy”.

The final and ultimate Catch-22 of the therapeutic justifiers is their legitimization of psychosurgery, frequently known by such names as *cingulotomy* and *amygdalotomy*. Such operations are done far more frequently on women than on men. Jan Raymond has shown that they attempt a final solution to the patient's problems by irreversibly removing her capacity to confront and transcend problems. (120) This mentality is demonstrated in a journal article by Vernon Mark, Frank Ervin, and two of their colleagues, in which they report that psychosurgery performed on a woman patient was successful, despite the fact that she killed herself. Her suicide was interpreted as a sign that she was getting over her depression, a “gratifying” effect of the operation. (121)

The very title of Mark and Ervin's well-known book on psychosurgery – *Violence and the Brain* – is a specimen of doublethink. The feminist social critic who is at all aware of the horrors perpetrated in the name of psychosurgery could imagine this to be the title of a work on psychosurgical criminal violence. Of course, when she realizes the identity of the authors and looks through the (illustrated) book, she realizes the reversal that has been pulled off. These brain mutilators do not name themselves as perpetrators of violence, but rather brand their patients/subjects as “violent”. They do not brand/blame the powerful planners/controllers of the War State who perpetrate mass murder and ecological disaster, but rather support them by destroying deviants.

The Catch-22 of the psychosurgeons' reversing logic hooks their prey into irreversible destruction. These holy ghosts represent the familiar blend of body-and-mind gynecology. They have gone far beyond the “nerve specialists” such as S. Weir Mitchell, however. In all probability, few of their victims can yet match the articulate criticism of Charlotte Perkins Gilman, after her escape from Mitchell's “cure”. Still, like Connie, the mental patient in Marge Piercy's novel, *Woman on the Edge of Time*, some can find the deep Sources to know that “this is war” and to fight back. As Crones/Furies find again our new and ancient wisdom and psychic power, we can communicate the gynergy that will save our sisters from being captured and killed. This creation of Self-identified sense of reality is our most potent safeguard against the mind/body violators who offer the “gift of peace” at the price of living death.