

Women Gathering

A literature review



WOMEN'S HEALTH
GOULBURN NORTH EAST

Women's Health Goulburn North East (WHGNE) was established in July 2000. Previously known as NEWomen, Women's Health Goulburn North East is the government funded, specialist women's health service for the Goulburn Valley and north-east Victoria.

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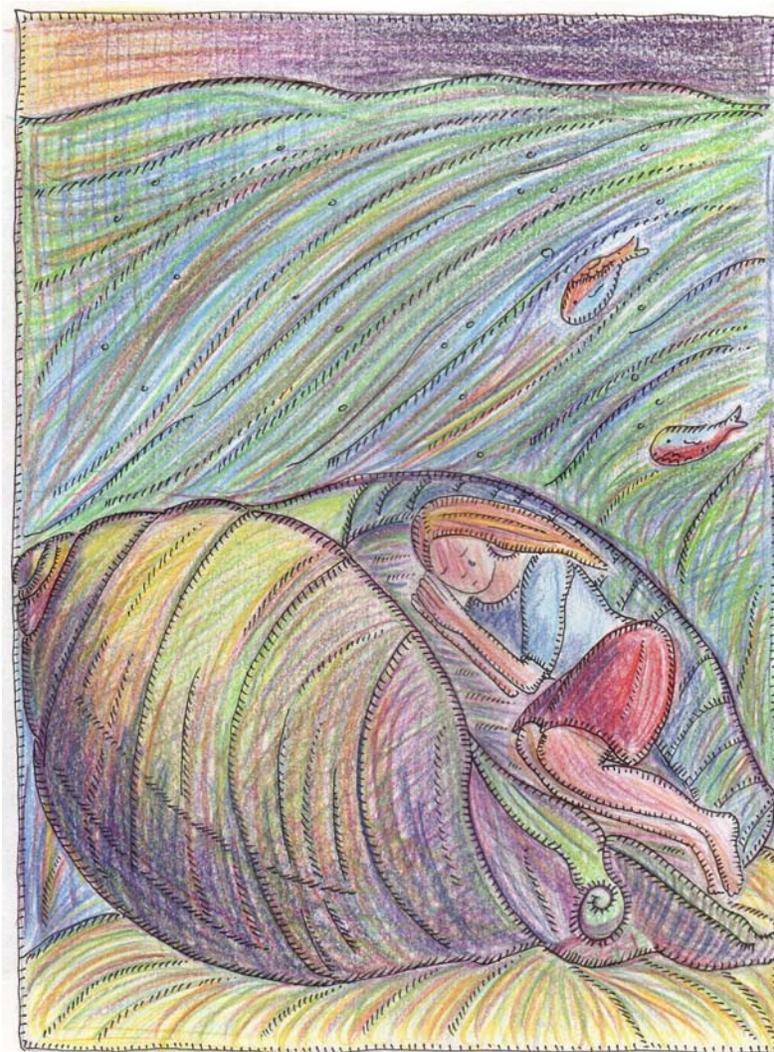


Social isolation - a low level of interaction with others plus loneliness...as well as being distressing, it also makes it harder for people to cope.

SANE 2005

In the developed countries there is a poverty of intimacy, a poverty of spirit, of loneliness, of lack of love. There is no greater sickness in the world today than that one.

Mother Teresa



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Preface

As a society we have become very clever at building fences. A vacant block next to my home recently had a sign erected on its ragged barbed wire perimeter. "Trespassers will be prosecuted" was sprawled with ugly black spray paint. I watched from my window as late winter made the lonely block bloom with jonquils and daffodils and realized with regret that the flowers were out of bounds. What a pity when they could have graced many a home with perfume and beauty.

Often the way we do things in society is simply a reflection of our inner lives. At different times, most of us have armed ourselves with brick and mortar, palings and nails, and spent industrious days slapping together fences on the inside of ourselves. We erect "Keep Out" signs on a fence surrounding our heart, and those around us do keep out, walking by us with their eyes to the ground, until we have forgotten how to look at each other properly any more.

We cheer ourselves with the thought that the fences are doing what they are meant to do. They keep us safe from attack and pain. The world is a dangerous place and all of us have been hurt by it. In the most cases fellow humans have been the ones to deliver the painful blows. With distressing realness, we have all experienced living in a sort of Little Red Riding Hood nightmare. We were the little girl going to visit our soft comfortable Grandma, but Grandma was really a hungry wolf. Better to realize this now than when it's too late! So we comfort ourselves, glancing fearfully over our shoulders, saying, 'We'd be crazy *not* to be build fences, when a wolf lurks outside'.

But there is a problem. As human beings we need each other. Some people even believe we are created for relationships. And the evidence is packed against us: Social isolation is a moist breeding ground for mental and other health struggles. What a tragedy when we realize that isolation isn't really a matter of geography, but is mostly an emotional and spiritual separation from each other.

Through this review, Women's Health Goulburn North East is proposing that rural women can be leaders in creating a new and healthier society of deep sharing and connectedness. Our project 'Women Gathering' aims to equip women with the skills to go beyond each other's fences through mutual invitation and into each other's lives. In some contexts, this may take the form of structured support groups around a shared theme, in others it may be celebrating the natural networks between women and learning how to go deeper within these networks. In all contexts it is developing an organic approach of sharing, listening and participating in each other's lives.

However, this project is not without risk. We need to unlearn past patterns of fence building in place of learning the skills necessary to become safe and kind companions to each other. This means that, in the beginning at least, we will make mistakes. In our new vulnerability, we may hurt others and they may hurt us and we will rush to the wood shed to drag out the old fence palings, only to feel the pangs of loneliness even more strongly as we hammer in the nails.

The challenge will be to remember this wise saying: *If a thing is worth doing, it's worth doing badly- for a start, and while you're improving* (GROW 1957). The model proposed by Women's Health Goulburn North East is actually very simple. It will simply take practice and commitment. And consider what could be achieved: Instead of erecting fences, women have the opportunity to flex their muscles on a different building project - that of building a healthier society through the spirit of friendship. Perhaps then, as the gates creak open, women can invite one another to gather the flowers growing there.

Sally Nansen

Winter 2006



A Woman's Load

In 2004, Women's Health Goulburn North East (WHGNE) published statistical data relating to the demographic and health experiences of women in the Goulburn Valley and North East of Victoria (Hume region). With sharp clarity the evidence painted a picture of rural stoicism for women forced to carry more than their fair share. Pressure-cooker factors such as rural remoteness, single mother parenting, low levels of bulk billing, shortage of female GPs, high levels of intimate partner/domestic violence, sexual assault, disease, disability, mental health difficulties, poverty, lack of public transport, high cost fuel considerations, ageing, and ageing parents are real and are experienced daily by many women in this region (see Women's Health Handbook, WHGNE 2004 [d]).



These factors ultimately impact on health. For example, the experience of intimate partner violence remains the “top ranking cause of preventable disease and premature death among Victorian women age 15-44...this burden is greater than high blood pressure, high cholesterol, obesity or illicit drug use” (VicHealth, 2004, cited in WHGNE, 2004 [d], p.31).

The impact of rural remoteness and poverty on women's health is another example. Studies have shown that there are links between health, poverty and proximity to regional centers. The Hume region covers about a fifth of Victoria and is speckled thick with clusters of small remote populations. Sometimes these populations are 70km or more from the ‘local’ regional city where GP services are generally located. With rising fuel costs this becomes a considerable factor.

Two out of the three Hume electorates have the lowest bulk billing rates in Australia (at less than half the national average) – a reality which touches women intimately as the statistics show that rates of poverty are higher for women in this region than for men. One North east health professional observes that some women will neglect their own and their children's health because of the cost of doctors (WHGNE, 2004 [d], p. 28). Add to this the chronic shortage of female GPs (many of whom only work part time and do not take on new patients), lack of public transport, and fewer health services generally, and it is no wonder that women's health is compromised (WHGNE, 2004 [d]).

In 2004 feminist Cathy McGowan gave a speech to North east women and reminded the community that the health statistics are real women. She cautioned against viewing the statistics in a way that might distance us from their immediate reality: “Health Stats are ‘out there’”, she said “but in fact they are our neighbours and our friends, the kids we work with and the people we live with” (McGowan, 2004). Health Promoter, Victor Sidel, stressed the emotional reality of this when he wrote: “Statistics are people with the tears washed off” (Sidel, cited in Labonte, 2005, p.1).

There is a concept known as ‘burden of disease’. Initially created by the World Bank for their Global Burden of Disease Study, the concept has since been employed by the Victorian Public

Health Division. It refers to the individual and societal impact of health related difficulties. In light of this literature review, it seems apt to stretch the notion of 'burden' to cover all the factors above mentioned. Literally, the term suggests an image of a heavy sack thrown over the back of someone as they stumble with the weight. Perhaps if we saw someone struggling under such a load our natural instinct would be to offer some help. However most of the burdens carried by women in the North east are invisible and secret and they are often hard to see with our eyes.

Carrying the Burden Alone

There are reasons for the secrecy. Rural women have generally learnt to keep their burdens private because of culturally constructed fear, shame, rural values of a 'stiff upper lip,' and because of an individualistic and impersonal society where space is not given to discuss the more difficult things in our lives. One aim of this literature review is to bring these elements to light. Firstly though, it is important to consider that while carrying their burdens women can find themselves playing battle with a silent foe. It is a foe that is easily overlooked if we do not consider the overall effect of a woman stoically shouldering her burdens secretly and quietly on her own. Yet for many women it is always in the background, tugging on the shirt of an exhausted mother, waiting in the farmhouse of a widowed woman or leering in the car of a woman fleeing her violent partner. Some women call this foe loneliness. Others call it isolation.

The theme of the November 2005 edition of the *Rural Women's Network* newsletter was 'Weathering tough times'. The edition drew from the contributions of real women where "isolation and/or connectedness resonated in many of the candid stories about strength from adversity" (Network, 2005, p.2). In her editorial, Editor Margo Northey referred to 2005 figures from SANE Australia that related to the calls made to SANE's national help line over the past year. The figures showed that almost half of the 16,000 calls received came from rural or remote areas of Australia, where only 14% of the population live (Network, 2005, p.2).

To make sense of the high proportion of calls to their helpline, SANE Australia points to the prevalence of mental health struggles linked with social isolation. SANE describes social isolation as a "low level of interaction with others, plus loneliness" (SANE, 2005, p.1) and considers its impact on the lives of people devastating. Hearing rural experiences of social isolation for women can be heartbreaking. Take, for example, this personal account of a young teenage woman grappling with the burden of rural remoteness in a small North east country town:

"I guess I never really had many friends in Primary School - there wasn't much choice by way of people to hang out with. I think this had something to do with there being only about 40 people in the school. I graduated primary school with only three other people, all female. I thought going to High School (in the closest regional city 50km away) would change things, but it only got worse. I was once again left out. Being an insecure and shy Year Seven did not advance me socially. I knew only the three girls I had gone to primary school with, and so equated being popular and having lots of friends with coming from (the local regional city) school and knowing lots of people. I also blamed my inability to make friends on the fact that it

was so hard to hang out with people after school and on weekends, because I lived so far out of town.”

Anonymous, 'A Young Rural Woman's Story', in possession of the author, 2006, p. 1

Consider, also, this young woman's attempts to fit into her small town's dominant culture:

“At 6pm I turned up at the netball courts...and we threw balls around for an hour then went up to the hall to have free sausages. Of course, I got into the C grade. It was hardly a tryout as everyone who turned up got put on the team. Otherwise there wouldn't have been enough.

...I live (close to) the footy and netball grounds, yet I might as well live in another country. I played netball with the team and tried my hardest, I got prettied up and went to the (local netball and footy) ball...I even scored for B grades some weeks, as was my duty. But it didn't change anything: I still felt like an alien in this land.”

Anonymous, 'A Young Rural Woman's Story', in possession of the author, 2006, p. 2

In a 2002 focus group, one rural woman commented this way about her multiple burdens of poverty, rural remoteness, lack of public transport and rural parenting:

“Male health professionals don't understand. They can't know, they can only think they understand and be sympathetic. Like a man saying “I know what you're going through” [in childbirth]. They wouldn't know what its like to be isolated, especially in a young family with the one car. And then the husband takes the car to go to work. It's a bigger problem in the country where there's no public transport.”

WHGNE Focus Group, 2002

Another woman moved to a small country town after significant physical and emotional hardships. Battling with the burden of mental health issues, she found the shortage of services and support in a rural setting very difficult:

“I felt lost, isolated and disconnected and had struggled with a number of emotional issues for a long time. I thought that moving to the country would give me a warm and caring community, but in many ways it was more difficult to get support. It was hard to connect in a small rural community where people had their set groups and followed patterns that are generations old...suicide rates are very high in rural Victoria. This is extremely sad. I personally know a few people who have taken their own lives because the pressure of feeling disconnected was too much to bear.”

Network , 2005, pp. 4-5

The burden of domestic violence for women in a rural setting is compounded by the lack of support services available in the country, as well as traditional gendered expectations of remaining in the partnership. One rural woman escaping from violence described her experience this way:

“No one helped me to move. I had made my own inner decision even though I was encouraged by others to look at ways of trying to make it [the relationship] work. I had fundamentally changed the way I looked at things. I saw no way of resolving things. No one encouraged me to go. I had nowhere to go. We lived in the car, moving from friends' homes for two weeks. I literally pulled the plug. ... To begin with I had few friends, I cut all ties with his friends, I had nothing to do with them, which meant I was on my own totally. I didn't really have anyone. I remember thinking I haven't seen anyone for days, as opposed to a household

where people were always coming and going. It was hard setting up a house. I was pregnant and had two other children. It was an extremely difficult time.”

WHGNE, 2004 (a), p.19

Rural women are not immune to societal patterns either. For example, of the experience of parenting and motherhood, the literature tells us that over the past 50 years, childbearing and childrearing have become increasingly privatized and individualized. Today, in both an urban and rural context:

“People parent in much greater isolation and lead busier, more complex lives ...Many women struggle on alone, telling no one of their difficulties or making light of tough situations. This reinforces the conspiracy of silence or the mask of motherhood. Silence and pretence is greatly damaging to women’s health and mental health. One in seven women in Australia experience postnatal depression; many more talk about isolation, lack of support and troubled relationships.”

WHGNE, 2004 (b), p. 1

For reasons this review intends to relay, it is rare for rural women collectively to name the burdens they are carrying in their lives. However, the following example of a migrant woman’s concerns about age and menopause shows that by someone naming a personal problem, other women may feel the freedom to admit to having similar concerns. This positive example highlights the fact that at any given time, in any rural setting, many women are carrying similar burdens quietly on their own:

“When I was having trouble with menopause I felt I needed to read something so I asked the health centre and they gave me a video. When I was in church I said I had this video and I was going to watch it in the afternoon, - if anyone was interested they could watch it with me. I was shocked – nine women turned up and I hadn’t even baked a cake!”

Jigsaw Research, 2004, p. 19

Social Isolation and Health

In a 2005 paper compiled by VicHealth and entitled *Social Inclusion as a determinant of mental health and well-being: Research Summary 2*, studies drawn from both Australian and International research give conclusive evidence of the impact of social isolation on people’s health. According to 1998 Australian figures:

“Young people reporting poor social connectedness (that is, having no-one to talk to, no-one to trust, no-one to depend on, and no-one who knows them well) are between two and three times more likely to experience depressive symptoms compared with peers who reported the availability of more confiding relationships.”

Glover et al, 1998 cited in VicHealth, 2005, p. 3

One study claims that people who are socially isolated or disconnected from others have between “two and five times the risk of dying from all causes, compared to those who

maintain strong ties with family, friends and community" (Berkman & Glass, 2000 cited in VicHealth, 2005, p. 3).

The World Health Organisation confirms these figures:

"The benchmark Whitehall study demonstrated the link between social exclusion and ill health, and social isolation has been linked to unhappiness, illness and shortened life...Vulnerability for depression includes the lack of confiding relationships, unemployment and low social status all of which can derive from a breakdown in social cohesion...Socially isolated elderly people have a relatively greater risk of developing Alzheimer's disease."

Whiteford et al in press, cited in Vichealth, 2005, p. 4

In 2003 the Australian Bureau of Statistics reported that while living alone can be a positive choice for many, studies indicate that rates of mental and behavioural problems and psychological stress are higher among adults who live alone than in adults living in a household with at least one other person (ABS 2003, cited in Vichealth, 2005, p. 3).

The Answer

To put it bluntly, social isolation makes us sick. Women's Health Goulburn North East prescribes to the social model of health which states that people's health experiences are related to their social context and their social relations. Consider the implications of a social model of health, as outlined by the 1998 South Australian Health Commission:

"A social view of health implies that we must intervene to change those aspects of the environment which are promoting ill health, rather than simply deal with illness after it appears, or continue to exhort individuals to change their attitudes and lifestyles when, in fact, the environment in which they live and work gives them little choice or support for making such changes."

Farrell, 1999, p. 3

So what can we do? Though every woman has her own burdens to shoulder in life, something *can* be done to lessen the fear, pain and shame that comes when a woman thinks she is alone in her experience and to target the negative health effects of isolation. We *can* intervene to change an aspect of the environment that is promoting ill health. The 'how' is obvious: "Belonging to a social network of communication and mutual obligation makes people feel cared for, loved, esteemed and valued. *This has a powerful protective effect on health*" (Wilkinson & Marmot, 2003, cited in VicHealth 2005, p. 3 [Italics added]).

To further support this, Kawachi and Berkman state:

"Social networks may have a beneficial effect on mental health regardless of whether or not the individuals are under stress; social networks may also improve the well-being of those under stress by acting as a buffer or moderator of that stress."

Kawachi & Berkman, 2001 cited in Vichealth, 2005, p. 3

Because of this knowledge, Women's Health Goulburn North East is promoting the idea of women gathering together to reduce social isolation. However, we are not ignorant as to the

nature of human relations. The reality is that social relationships are fraught with danger. In fact, there are some rather sizable obstacles to overcome before rural women will truly benefit from gathering together in mutually supportive ways.

Obstacles to Women Gathering

In a 2005 Sunday Life article, social researcher Hugh Mackay quoted research from WA's Edith Cowan University that reveals only 35% of Australians trust their neighbours (O'Dwyer, 2005 p. 30). While the literature shows that lower levels of social trust have been associated with higher rates of most causes of death, including heart attacks, cancer, stroke, unintentional injury and infant mortality (Kawachi & Berkman, 2000 cited in Vichealth, 2005, p. 6), it also makes clear *why* we find it hard to trust one another. For example:

"Social relationships have potentially health promoting and health damaging effects. Positive mental and physical health effects are associated with social interactions among older adults, including better recovery after disease. Critical and/or overly demanding social ties have however been correlated with increased stress and risk of depression among the elderly."

Seeman, 2000 cited in Vichealth, 2005, p. 4

In all contexts and societies, people can be deeply damaged by one another and the notion of 'trust' is the first thing to perish in the crossfire. When this happens, our natural instinct for self-preservation is to withdraw from each other (even from those who were not the original perpetrators of our pain) but this will often compound our isolation further. Also, living in emotional and/or physical isolation from each other actually encourages fear and a lack of trust of one another.

It has been suggested that one remedy, hard as it may seem, is to deliberately go beyond our fear into the world of others. Hugh Mackay says "what feels like an unfriendly or even unsafe place can be transformed by a bit of personal contact. Nothing makes streets, parks and trains safer than the presence of people willing to talk with each other" (O'Dwyer, 2005, p. 30). A community member's reflections on a successful street party which she organized proves this to be true: "The next day, I walked into the street and...people were waving and saying hello to me...I felt safer and I felt happier about being where I was" (O'Dwyer, 2005, p. 29).

However, in some ways the situation is more complicated for rural women. It has been suggested that rural women live in a heightened state of *emotional* disconnection from one another based on the unique cultural and social quality of small town life. A distinctive feature of rural regions is that they tend to have "low population density and high acquaintance density" (Lewis, 2003, p. 2). This means that there exists a close familiarity between residents, though it does not necessarily imply an intimacy with one another. In fact, the lesser degree of anonymity brings enormous pressure on relationships in the areas of trust and confidentiality.

Gossip undermines friendship and caring in devastating ways. Gossip is essentially the passing on of information about a person that that person would not pass on about themselves, or else without that person's consent. It is a clear breach of the confidentiality needed to create a safe environment for people to gather together and really share about their lives. Some

communities have built a habit or culture of gaining entertainment by talking about others (GROW, 2002, cited in GROW, 2006, p. 13).

In the rural context, small town gossip is a result of what many call the 'goldfish bowl' effect; that is, where rural people know each other, are interested in each other's lives and enjoy talking to others about them. Sometimes this can become threatening: One writer, Phil Bartle, suggests small rural communities often depend upon informal means of social control (upholding social conventions) that in turn relies on gossip. Under the subheading "Community Spirit can be Mean Spirited" he writes:

"Sometimes that gossip can be vicious and dysfunctional. Sometimes its victims are accused, judged and punished when they are innocent, because gossip does not have the same set of checks and balances as a formal court of law."

Bartle, 2005, p. 3

Kay Slama is a rural psychologist for three frontier counties in Western Minnesota, America. The demographics of Slama's region show parallels with the North east of Victoria. For example, in a 2004 article, where she refers to 'frontier' criterion, a link can be made to the North east's small town and remote communities (Slama, 2004, p. 9). Kay effectively argues the connection between small town gossip, the expectation on conventional behaviour, and the potential for social isolation. She writes:

"Population density is, by definition, lower in rural areas. Fewer people living in an area often means that they are more likely to know each other, and they have fewer choices of other people with whom to associate...There is...what I shall call a goldfish bowl effect, in which ruralities are aware that other people are very interested in their lives and in talking to others about them. This lack of anonymity or privacy results in certain conventional behavioural expectations, as well as pressure to conform to them. (As a consequence) people are less open about aspects of themselves and their opinions that are not conventional, such as sexual orientation and religious or political beliefs...There are many gay and lesbian people in rural Minnesota who are living quiet, desperately unhappy married lives and have never told another person about their sexual orientation.

...Another goldfish bowl effect is the magnification of the usual degree of stigma concerning mental illness...For example, a panic attack can seem a great deal more threatening if one is convinced, with a greater degree of reason, that if anyone sees the panic attack, "everyone" will soon know about it. Unusual behaviour rapidly becomes the subject of community wide gossip, so rural people tend to worry a great deal about how their actions will be perceived, which can exacerbate generalized anxiety. For the same reason, people do not want to be seen going to (mental health providers). Since people know the cars others drive, they do not even want their car to be seen in the...parking lot."

Slama, 2004, p. 10

Fear of disclosing problems of a personal nature is further illustrated with alarming clearness through literature discussing the incidence of sexual assault in rural communities. Because of high acquaintance levels, it is almost a certainty that the perpetrator will be known either to the survivor of the assault or to the survivor's family members and certainly to other members of the community. Tragically, reporting the assault has the potential to create discussion, gossip and conflict for the whole community, a fact that some survivors fear is worse than living, isolated and secret, with the effects of the crime. Susan Lewis' paper on sexual assault

in rural communities, published by the National Resource Center on Domestic Violence, describes the situation:

“The rural network of relationships means that most people have little anonymity. The lower population density in rural areas means a person is more easily noticed. There is an increased likelihood that the victim, or a friend or family member of the victim, may be acquainted with, or related to the perpetrator. Additionally, the victim may re-encounter the perpetrator, perhaps on a regular basis. Even rural law enforcement is likely to be part of the social network (Sims, 1998; Weisheit, Wells & Falcone, 1994). Sims (1998) explains that for police in rural areas, personal interaction occurs in two arenas, within the police department and within the community ‘because the two groups appear more integrated as one than segregated as two’ (p.13). Thus in rural areas where anonymity is rare, sexual assault victims may be especially concerned with a lack of confidentiality.”

Lewis, 2003, p. 2

Another dimension for rural women is that there are fewer services available in the country. This has created a cultural prototype. Referring again to Slama’s observations:

“Rural people, by definition, live in less populous areas. There are fewer services locally, and it is often quite a distance to opportunities and services that urban people take for granted. ...Independence and self-reliance are survival values when you live at distances from services and other people. These values are instilled in rural people so early that it is hard to modify them... I suggest that these values have produced rather conservative ways of approaching life-when you depend so much on yourself, you become more careful and considered in your decisions.”

Slama, 2004 p.10

The independent and self reliant characteristic of rural people is an obvious strength, but this characteristic quickly becomes a weakness if rural people (in our case rural women) do not also develop the skills to look for and receive support when they need it. According to Slama, “it is generally more difficult for rural people to share problems and feelings with strangers” (Slama, 2004, p.11). In this way, depending so much on ones self alone can be a hindrance to the development of deep and supportive friendships.

Where relationships of transparency and support are not being developed outside the home, greater emphasis on the family to fulfill this role takes place. However, ties of family support will often become confused with notions of protecting the ‘family reputation’ in a rural community for fear of gossip. Also, by keeping everything ‘in the family’, unhealthy intimacies can sometimes be born within the family structure, making it difficult for members to reach out to others. Slama reflects: “I see higher degrees of family enmeshment, often across the extended family, as well as greater multi generational care giving demands” (Slama, 2004, p.11).

In a more generalist sense, modern Australian society as a whole contributes its own set of obstacles to women gathering together to receive support. For example, often our ‘natural groupings’ in society do not offer the support we expect and need. Many women have experienced being involved in school communities, mothers’ groups, work communities, committees, community groups, spiritual/religious groups and even families, outwardly appearing connected, but inwardly feeling unknown. Their feelings are valid. In an important chapter ‘Groups for Interpersonal Renewal’ (which shall be referred to again in a later section of this review), O.H. Mowrer speaks of the “pervasive failure of existing ‘natural’ groups to

perform the ideological and therapeutic functions which they should have been performing” (Mowrer, 1964, cited in GROW, 1975, p. 218).

When casual discussion was taking place around the writing of this review, one North east woman nodded her head vigorously in the affirmative regarding this last point. Remarking on the often impersonal and superficial culture of her own primary school workplace she said: “Between the women we never get beyond staff room chat!” In the literature, another North east woman observes: “Workplaces are less rather than more family friendly and responsibility is given to the community to look after itself” (WHGNE, 2005, p. 34).

The clue for why this happens may lie in the natural groupings’ lack of commitment to create space for each other to really talk and share. A revolutionary chapter entitled ‘Listening for Change’ by social activist Katrina Shields explains our culture’s predicament:

“The simple yet powerful act of listening is relatively rare in our culture...to fully realize the inherent power of listening requires spaciousness- in the conversation, in a meeting or in one’s life generally...Western culture finds difficulty with space in every form, including the small silences and pauses that allow the unformed expression to emerge....”

Shields, 1991, pp. 45 & 46

Society can also close down a woman’s space with its own language and responses. In 2004, a WHGNE community worker did research on the experience of isolation for mothers. She found that many women talked about not having space or encouragement to talk about their real emotions and experiences:

“Often people close down space in well meaning ways. For example, when a woman says ‘I’m fat’ a common response is ‘You’re not fat!’ This well-meaning statement can have the effect of contradicting the woman’s feelings and maybe her reality. There’s no space for her to talk about what she thinks and feels.”

WHGNE, 2004 (b), p. 2

It is no wonder that, in light of the above obstacles, many rural women are often reluctant to risk talking about their burdens with one another. Unfortunately, this then perpetuates a culture of superficiality and denies the next women the opportunity to voice her burdens. A WHGNE paper rebukes the culture of superficiality:

“Sadly, our society seems to prefer the safe middle ground; many people seem embarrassed by displays of real emotion. It is time for our society to change its ways; for everyone to reach out and explore issues beyond the safe middle ground.”

WHGNE, 2004 (b), p. 1

This rebuke is important. If there is a continued cultural and personal resistance to self disclosure among rural women, social isolation will continue to breed.

Choosing a Better Way

Of course, all of these problems are not new, and most especially, they are not new to the rural context: Author Lucy Frost, who collated the letters and journal entries of women living in the Australian bush during the 19th Century in her poignant book *No Place for a Nervous Lady: Voices from the Australian Bush*, describes the rarity of hearing from 19th Century rural women about the difficult reality of their lives. Comparing the real life accounts to the popular romantic fiction of the day about life in the Australian bush, she says that in the fiction:

“Women’s voices were muffled by literary conventions. Those conventions celebrate life’s pleasantries, whereas the non-fiction accounts frequently have a certain edge to them because the women are under genuine pressure. Their language conveys the pressure directly, instead of trying to give it the shape of emotion acceptable to the sentimental women’s fiction of the nineteenth and twentieth centuries.”

Frost, 1984, p. 9

Frost personally experienced a kind of intimacy with the pioneer women through reading their accounts: “As I read more and more letters and diaries, I found myself listening to the voices of women who often spoke so frankly and forthrightly that I could imagine what it felt like to be inside their lives” (Frost, 1984, p. 9).

The themes of rural remoteness, low population and social isolation peppers the letters and journal entries and has important parallels to today’s rural experience. For example, while the collection draws from women of all classes, from former Manchester Mill workers, to English gentry, what becomes radically obvious is that ‘bush isolation’ does not discriminate. Of one higher-class woman’s journal, we hear “the fact remains that the bush was every bit as lonely for her as for the wife of a poor cocky. Isolation knew no class boundaries” (Frost, 1984, p. 8).

There is something to learn from these accounts. A modern rural woman carrying her own particular burdens and experiencing a sense of isolation can also ‘muffle’ the ragged edge of her experience to promote a superficiality with other women that only ‘celebrates life’s pleasantries’. It is time to decide. Despite the legitimate obstacles to self disclosure in their lives, each rural woman has the choice to present the fiction account of themselves, or to courageously share the non fiction version. Though a level of risk exists, the fact remains that when rural women gather and, in mutual transparency, use language that conveys the pressure they are feeling directly in their lives, something extraordinary can be gained around reducing isolation.

If, in a context of supreme safety and trust, women commit to sharing and listening to each other, they can allow their imagination to explore what it feels like to be inside another woman’s life, and may find their own experiences and burdens mirrored there. When this happens, isolation vanishes. However, in order to achieve this, some work must be made on our relationships: “Women need a signal that it’s okay to talk about the bad stuff” (WHGNE, 2004 (b), p. 2). They also need to know they will be listened to when they do speak, and that what they say shall be respected. They need to know it is safe for them to share.

Women Gathering

In 2005 Kerrie Tim wrote a beautiful article for the Queensland Women's Health Network entitled 'Everyone is "All Right" and Always Has Been'. This article seeks to normalize a woman's experience of emotions. Tim reflects on her father's time of grief after the passing of his wife when society (in the guise of the medical profession) suggested a 'numbing' of those emotions that seemed strong or 'crazy'. The article captures the fundamental need for women to unlearn attitudes that tell them that emotions are wrong and that *sharing* these emotions with others is wrong. Tim writes:

"Many people don't always 'feel' all right. For many of us we fear 'losing control of ourselves', 'going crazy' or being called this. Some of us are afraid to act spontaneously, be open, enjoy ourselves completely, show enthusiasm or excitement, or express needs because of this. Some of us have learnt to be afraid of emotional behavior...we are always supposed to act 'reasonably', stay within the 'limits' and follow rules. Sometimes, those of us who do creative, unusual, original things are seen as 'weird.' And if this isn't enough, these hurts are often compounded when people begin to believe the kinds of messages that they 'might' be weird. They can start to feel isolated, feeling like outsiders and outcasts, failing to build support for themselves, forming few close relationships or new friends; like there is something 'wrong' with them, that they are not all right, or that they must prove they are all right; invalidated, like they are 'defective' or less than human; and fearful of 'being crazy', and that once labeled 'crazy' they will always be, or that any moment they could 'snap'. It doesn't have to remain like this and it is in no one's interest that the situation stay this way."

Tim, 2005, p. 2

Agreeing with Tim's conviction that it 'doesn't have to remain like this', Women's Health Goulburn North East is interested in promoting a new and healthier kind of society. In our case, we choose to focus on women to be carriers of this vision to other women. Feminist Cathy McGowan describes the rationale behind women supporting women as an 'and' rather than something which 'takes' from the experience of men. She says: "We are not about making men less, we actually want to make us more" (McGowan, 2004).

The model suggested by Women's Health Goulburn North East to achieve this end is essentially the idea of friendship. Friendship can find its flesh through a variety of bodies, depending on what suits a particular woman. For example, some women may find themselves naturally united through shared interests or hobbies, or a similar time of life. This may include mother's groups, play groups, gardening groups, craft groups, spiritual/religious groups, and exercise groups.

Other women may value the input of structured support and self help groups around themes that reflect their personal experiences. In this place they may find closeness with each other through a shared understanding. For example, groups around domestic violence, mothers of teenagers, breast cancer, postnatal depression and others. Then, of course, "some women are not group people, but that doesn't mean they don't need friends" (WHGNE, 2004 (b) p. 3). In the case of *these* women, the chance meetings in the supermarket or the schoolyard, working with other women in the workplace, or being neighbours in the street, all take on enormous potential for friendship.

But let us be quite clear. Although Women's Health Goulburn North East wish to support the initiation of more grassroots networks between women in the North east, (such as the

establishment of more support/self help groups, or more interest groups) it is not simply enough that these networks exist. As has been discussed, the networks and 'natural groupings', whether they are shared interest groups, self help groups or a connection between two or more women, *must* be committed to *going deeper*, or the relationships formed will find themselves spinning endlessly in an eddy of shallow water and the problem of social isolation will never really be solved.

On the other hand, by promoting *friendship*, we are setting our sights very high on an idea of transparency (self disclosure), trust and confidentiality where mutual struggles and burdens are fully revealed and are integrated into an environment of true caring. In light of the obstacles we've already discussed, this may be no easy task. The question is – How do we go deeper? Fortunately there are two models to draw from to inform us further:

The Interpersonal Model

It is often argued that deliberately swimming with another woman into the deeper waters is best left to the 'experts'. Often women are scared of touching on each other's burdens, troubled by how best to support one another, and they think (with some relief) that both themselves and the women in their lives could always attend a counselor if they really need 'to talk'. O.H. Mowrer considered this when he wrote about a new group therapy known as interpersonal group work that was invented by laypeople half way through the last century. In a grassroots revolutionary movement of thought, interpersonal models such as Alcoholics Anonymous (AA) and GROW (World Community Mental Health Movement) rose to create a "new social system- one might almost say a new *culture*- in which a redemptive concern and competence exist which is not otherwise found in our time" (Mowrer, 1964, cited in GROW, 1975, p. 218).

The desire of the interpersonal model is to create a 'therapeutic community.' This is a community in which support is not ciphred off to different sectors of society exclusively (such as the psychiatric, psychology, social work or religious fields), but is integrated into the heartbeat of everyone. In such a community the spirit of friendship is the means by which people find their support and recovery. An example of this is seen in the GROW aspiration: "May the spirit of friendship make us free and whole persons, and gentle builders of a free and whole community" (GROW, 1957, p.79).

Mowrer describes the experience of a psychiatrist who went 'undercover' to an AA meeting, curious to see what the fuss was about:

"Although I was there under false pretences (as a phony alky!), perhaps I will be forgiven because I began to learn something astounding. After years of smooth, glittering, sophisticated articulation, I began to realize a little about the power of radical sincerity: my term for Jourard's 'self disclosure'. I guess I felt superior to those battered alkys, but it suddenly hit me how deeply sincere they were with each other. No facades- just simple, pure mutual openness of heart."

Mowrer, 1964, cited in GROW, 1975, p. 218

The Interpersonal model, such as is seen in AA or GROW, does not seek to eliminate the role of professional counselling. It does, however, believe that the modern profession of psychiatry

and clinical psychology stresses a person's relationship with her or himself, and in this way are essentially isolating experiences. Professional counseling is useful and important, but on its own it cannot deal with the effects of social isolation. It is not an exchange between equals and therefore a mutually supportive relationship (or community) cannot build. It is limited to supply the additional health benefits of a reciprocal helping exchange. Mowrer writes¹:

"Now there is a growing realization, both in lay and professional circles, that the crucial element in mental health is the degree of openness and communion which a person has *with his fellow men*. This, more than anything else, determines whether we, as persons, will prosper or perish. Man was 'made' for fellowship, i.e. he is a *social* being; and when he violates his human connectedness, he 'dies'...it is only as the alienated, lonely...individual becomes reconciled and reintegrated in the interpersonal sense that he finds his own soul and experiences a sense of peace as he looks out into the Universe and Eternity"

Mowrer, 1964, cited in GROW, 1975, p. 217

In the western region of Melbourne, a program has been run since the mid 1990's known as Wellbeing for Women Groups. It is promoted as a support and discussion group for women around issues affecting women's emotional and mental health. In a fact sheet about this program, compiled for the Women's Health West website, the influence of the interpersonal model is apparent:

"Women's groups may be a helpful alternative to some of the more traditional responses to women's emotional difficulties, such as individual medical or psychological treatment. Women's groups are based on the idea of bringing women together so they can talk with and listen to other women who are facing similar difficulties in their lives. This can be a very helpful way of highlighting that they themselves are not the 'problem.'"

Women's Health West, 2004, p. 2

Women who participated in a Well Being for Women Group in 2004 reflected indirectly on the interpersonal model and the positive role that a therapeutic community can play:

"Often part of the depression is the isolation- if you're seeing a GP and counselor, that's good but they're isolating things, so it's essential to be in a group..."

"While the group was going, it was like I had a bit of community..."

"Before coming to the group I often worried that I should have done things differently...just realizing that there are other women...and that things go wrong for other people...that it's life that things can go wrong and it's not necessarily one person's fault."

"In women's groups you can really be yourself and express your inner feelings...sometimes when we speak to professionals we're too scared to say what we want to say...because they might think we're stupid...I don't think we want answers."

Women's Health West, 2004, p. 2

¹ According to the 2002 sixth edition of the *Style Manual* "in the past, the notion of the 'generic masculine' would have dictated the use of 'his' (also 'he', 'man', 'men') in (a) sentence. This usage is now deemed unacceptable and liable to bias readers towards thinking of a male ...rather than a female" (*Style Manual*, 2002, p. 59). Mowrer's choice of words in the following passage are products of the date of publication (1964). While we do not wish to support what is now considered sexist language, we also feel the passage contains important content for the purpose of this review.

The Peer Counselling Model

Along with a vigorous attempt to normalise women's emotions, the previously mentioned article by Kerrie Tim also describes Tim's personal approach to dealing with life's burdens. In what she calls a "form of peer counselling known as Re-evaluation Counselling" (Tim, 2005, p. 2) support is gained through respectful collective listening in a small group of people:

"This form of counseling means no money is exchanged and that the process is a coming together of two or three people who agree to listen to each other for a set time. If the process is used daily, even for 15 minutes each, people notice their ability to listen gets better and the safety to talk to another person about their day gets easier.

If the person listening is paying attention well enough and long enough, the person being listened to will talk about how they are going in their life and might even laugh and cry. This is fine. That is what the peer counseling is all about- remembering that each of us is fine and that sometimes we might need to laugh or cry or shake or get angry as we recall how our day is going. And to notice we are not alone in our efforts."

Tim, 2005, p. 2

In addition to Tim's inspiring example, the peer counselling model has largely found expression in the school and university context, and is sometimes also coined 'peer helping'. In a Training Program for Peer Helpers published on a University website we are told that:

"Peer helping is based on the fact that students most often seek out other students when they are experiencing some frustration, worry or concern. Students want to help each other, yet they often do not know how to do it or what to do."

University of Port Elizabeth <<http://www.petech.ac.za/sc/whatis.htm>>

In this point lies the spirit of the peer-counselling model. Peer counselling identifies the natural networks between people and harnesses these networks with energy. Where focus has traditionally rested on the professional community to provide support for an individual's problems, this model focuses on one's peers (friends) as the most likely place to which an individual will wish to turn when needing support. The model seeks to equip friends with the skills necessary to *effectively support one another*, which will sometimes include discerning when a friend may actually need to be advised to turn to specialised professional intervention.

The main characteristics of peer counselling are a focus on listening skills, conflict management (I- messaging) and suggesting/making referrals. It is not providing therapy or treatments, and it isn't a replacement for professional counsellors, but, by virtue of the support it can offer, it may prove a preventative to a person's emotional decline.

Often in a school or university context, peer counsellors or helpers are students among the general student body who have been officially appointed and trained in their specialised role. Peer counsellors or helpers can then be accessed by students who are struggling or in crisis. Tim's example, on the other hand, implies the model of peer counselling can be used in a collective exchange of lives, on an equal power basis, making full use of the natural networks between each other. Her example suggests that women can all be peer counsellors, just as, in mutual transparency, women can all share about the burdens in their lives. Used in this way, peer counselling offers a listening space for someone, which they in turn offer back. It is that simple.

A Friendship Culture

“What is a town made of anyway? Is it made of shops? Is it made of natural features, like mountains and waterfalls, trees and creeks? Or is it made of the people and the culture that they create? What if you don’t like the people, or don’t fit into the culture? Do you try to move away...or do you create a new culture?”

Anonymous, ‘A Young Rural Woman’s Story’, in possession of the author, 2006, p. 2

If friendship is the way to rid social isolation, then it is vital that friendships between rural women are healthy and safe. This last section seeks to outline some of the key factors involved in building deep and supportive friendships with other women, drawing from the influence of the interpersonal and peer counselling models. This is an exciting section about the possibilities of healthy change in the lives of North east women and the rural communities they live in.

Confidentiality, ground rules/agreements

In their tip sheet for starting rural self help groups, the Self Help Resource Association identifies the first step as stressing confidentiality among group members. By way of explanation they say:

“Confidentiality is a very important issue in support group development and can be more of a challenge to maintain in rural communities. Rural people are sometimes more reluctant to openly share problems or concerns for fear that everyone in their small town will find out. Some people would rather travel to a nearby town to attend a support group than attend one in their own community. This is especially true for issues that are somewhat stigmatising. It is important to stress at EVERY meeting that what is said in the meeting stays in the meeting, and that if this is violated, it will need to be confronted in the group. Encourage group members to discuss the meaning of confidentiality and ways to keep what is said to confidence.”

Self Help Resource Association of BC <<http://www.selfhelpresource.bc.ca>>

What is good practice in support groups is the same in friendships. In a healthy friendship women set ground rules around confidentiality and have agreements about respecting the personal information shared. In writing up her report about a successful female student discussion group that made use of group agreements around confidentiality, the facilitating community worker wrote:

“Group agreements...are designed to determine how the group will operate, make the participants feel comfortable, valued, safe and protected in the group. Discussion about sensitive issues can only be safe if students are clear about the ground rules for group agreements.”

Stephens, 1996, p. 6

The interpersonal model takes breaches in confidentiality very seriously and sees it as a breakdown in therapeutic, caring community. At the beginning of every group meeting, the interpersonal group program GROW uses language such as “binding all persons present in

this situation of trust (by committing to) respect the confidential nature of what is disclosed at GROW meetings” (GROW, 1957, p. 77).

Likewise if women’s friendships are to be safe places for self-disclosure and the foundation stones for a healthier rural community, then confidentiality must be honoured and worked through with wisdom. Sometimes breaches in confidentiality do not happen through malicious intent, but the circle of trust may shudder and crack all the same. It is important not to mistake a friend’s personal qualities of openness and honesty for a willingness for everyone to know her business (GROW 2002, cited in GROW, 2006, p. 13). Every woman needs to hold gently in her hands the offerings of other women, just as she would like her own offerings to be held.

Opening spaces (a) listening

In her chapter “Listening for Change”, Shields refers to a quote from Earle Koile:

“Demanding clarity about thoughts and feelings before sharing them can be a real problem....what I need is to share my jumbled up inner dialogue with someone who can hear, and in listening, can help me to hear myself. With help, I may find release from the captivity of my own words and touch delicate, frightening, or otherwise eclipsed feelings within me...I am more likely to risk letting out my thoughts and feelings if someone is not judging me right or wrong, consistent or inconsistent; not diagnosing and attaching labels, not pressing for logic or clarity. I do more than enough judging, labeling, and pressing for answers as I listen to myself.”

Koile, 1977, cited in Shields, 1991, pp. 45-46

Koile’s words capture the importance of listening. The art of listening can be rediscovered and learnt, and as with any new skill, must be practiced.

The Carnegie Mellon University has a helpful web page dedicated to the skill of active listening which is used in the peer counseling model. (See http://www.studentaffairs.cmu.edu/student_life/ra-virtual/roles/peercoun/peercoun.html>).

To put it simply, active listening is listening which forces the listener into an active role. It involves an awareness of the self disciplines required in listening, and is committed to consciously utilising listening to nurture supportive relationships.

An active listener keeps a keen watch on the non-verbal and verbal behaviour of themselves and the person who is talking. Some researchers say that up to 80% of all communication is non-verbal. As we have discussed in a previous section, it is very easy to close down a woman’s space through our language, priorities, and unease with silence. Another way we can close down a woman’s space is by appearing uninterested in her and in what she has to say. For example, practicing negative non-verbal behaviours such as checking our watches, fidgeting, sighing, foot tapping, not maintaining an interested facial expression, watching the television, etc.

Active listening, on the other hand, would seek to encourage a woman’s trust through deliberately employing the opposite non verbal behaviours: Making eye contact, (at least with those from the Anglo Australian culture) nodding, facing the other person, maintaining an open position (not folding arms), keeping a close proximity.

Asking open questions introduces positive verbal behaviour to active listening. Simply put, open-ended questions are questions that cannot be answered with a 'yes' or 'no' and they invite a woman to go deeper in her sharing. It is obvious that 'Is it hard for you living in the country?' is less effective than 'What has it been like for you living in the country?' Agreeing with this, one community worker says: "Ask exploring questions...how, what, where, when...they don't demand a yes/no answer...they are open ended" (WHGNE, 2004 (b), p. 2).

Reflection is another characteristic of verbal behaviour in active listening. Reflection is the process of responding like a verbal mirror and captures both the content of someone's words as well as their feelings. When reflection is done well, a woman will know that someone is paying attention to her. If only the content of someone's words is reflected back, but not her emotion, this can lead to invalidation over her feelings. Even if her emotions do not seem rational, they need to be listened to and acknowledged via reflection.

Reflecting back what someone is saying demands that our attention is on our friend instead of our own clever solutions or responses to her problem. Thinking of our own response means that we will have less attention to really be listening to our friend. It is worthwhile questioning the belief system which suggests we need to always do or say something to *fix* a problem or that we, the listener, may appear useless if we don't have the answers. Shields suggests we shouldn't underestimate the potential of listening to empower an individual to find her own solutions. She says:

"High quality listening is potentially empowering for both the listener and the speaker. Being listened to in a way that allows the expression of doubts, confusions and half formed ideas, can be pivotal in coming to a sense of inner clarity and strength- which then leads to appropriate action...The changes and shifts that come about through being carefully listened to are not always apparent at the time. Frequently when people have an opportunity to hear themselves speak, changes will occur but time may be needed for the ideas to ferment."

Shields, 1991 p. 45

Listening ultimately cultivates a supportive environment where rural women can discover that their experiences and burdens are similar. 'Sharing stories' should be considered the most important aim of women gathering and can only be gained through listening. Chellis Glendinning, an American psychotherapist and peace activist, describes a time in the 1960's when women gathered to listen to each other's personal stories:

"In the late sixties, women in many places began to gather in small groups and tell their personal histories of life in a sexist society. In leaderless groups, women spoke with each other, telling their secrets, showing their wounds, and sharing tales of childhood, puberty, marriage, birthing, birth control, work, ageing, roles and relationships. Telling these stories broke the silence and taboo, enabling women to confront their oppressive programming and figure out, as individuals and a class of people, how they could change. Telling their stories served as a basis for understanding, building community, personal transformation and political action."

Glendinning, 1981, cited in Shields, 1991, pp. 46-47

Opening spaces (b) inclusiveness

Inclusiveness is another quality in friendship that opens spaces for women to share about their lives. A WHGNE community worker writes:

“Even settings such as new mothers’ groups are not inherently safe for women. You need to take positive steps to help women feel safe and secure to talk...you can model values such as openness and inclusion: establish ground rules, keep an eye on group dynamics- be proactive and assertive when people do or say things that close down conversation...use language that acknowledges...difference.”

WHGNE, 2004 (b), p. 2

The interpersonal model believes that every individual is unique and worthwhile. It has traditionally reached out to those who have been relegated to the margins of society and, as a result, inclusiveness or valuing difference is viewed passionately in the vision of building a caring, therapeutic community. The model suggests that while it is impossible that we can like or include everyone all the time, selectivity should not be the foundation or main feature of a friendship or community (GROW 2002, cited in GROW 2006, p. 13).

In her 2004 speech to North east women, feminist Cathy McGowan expressed the spirit of the interpersonal model and urged for inclusiveness between women:

“Can I say to us, be sisters to each other and not expect always the services to do it for us. It’s the welcoming hand; it’s the cup of tea. It’s getting the newcomers together. It’s having the street party. It’s putting your hand out and being inclusive of everybody. Its networking...we’ve just got to remember to do it. We’ve got to remember to talk. You know, tell people. Like for tonight. ‘I’m going, are you coming? I’ll pick you up. I’ll give you a lift...there were people we didn’t bring because we didn’t think to ask.”

McGowan, 2004

The Wisdom Well, promoting self-help and referral

The image of ‘women at the well’ has been used countless times. It may be useful to return to it again. Imagine this: A woman walks to the well. There she joyfully greets other women who have gathered there, rests her empty water containers down a while, and chats. Eventually she dips the water containers into the fresh waters of the well -again and again- until they are full. She then returns home with life giving water.

Some women are nervous about gathering together for fear they will be overwhelmed by each other’s burdens. They are “wary of triggering a ripple effect in which women ‘upset each other’ or in which already pressured women feel they need to look after the distressed woman” (WHGNE, 2004 [c], p. 1). This is where an understanding of what we could call the ‘Wisdom Well’ comes in.

A wisdom well is made up of the individual personal resources, experiences, and belief systems of each woman. When pooled together it can create a collective source of wisdom from which to draw from. Each woman, through sharing, drops her personal story (which includes an honest account of her burdens) into the waters of the well, and the others can then

draw up from it to engage understanding, validation, hope and action for their own lives. A collective energy is generated when women gather, and if harnessed properly, can be synthesised for personal growth.

Women gathering in friendship is about exchanging ideas and learning from each other. It is *not* about lugging our burdens on the back of an already burdened woman. And a lovely surprise waits: When a woman leaves the wisdom well to return to life for a while, she finds her burdens are not quite so heavy.

Taking responsibility for one's own life is a key to healthy friendships. Building a friendship that promotes the notion of self-help will aid this. Self-help is not about trying to help oneself in isolation. If this review shows anything, it should be that carrying burdens alone just doesn't work. According to one Self-help Network influenced by the interpersonal model: "In self-help, you get help, you give help, and you help yourself" (Self Help Resource Association of BC, <<http://www.selfhelpresource.bc.ca>>). Finding the balance between the three will possibly be the hardest challenge in friendship.

The peer counselling model has a strong belief in the value of referral to specialised professionals when a crisis looms. It is a tool used to prevent the listening friend from getting in over her head. Likewise, the interpersonal model believes that personal growth can only be achieved if an individual in crisis co-operates fully with all the help that is needed, and this may sometimes include professional support. In a healthy friendship, women know how to swim to the depths with each other without fear but they also have the wisdom to know when one of them needs a life buoy (professional support). The fact remains that sometimes the life buoy may *not* be needed. The swim alone may have been enough.

Conflict - managing it without fear

With cheerful optimism, the peer counselling model embraces the fact that conflict happens between people. Usually the real life experience of conflict is nothing to grin about. Most of us are terrified of it. However, it has been said before, and it will be said now: Conflict is not a bad or negative thing. The Carnegie Mellon University's information on peer counselling says this about conflict:

"One thing is certain...you will come across conflict. Despite the many negative connotations our culture has about it, conflict can be an exciting opportunity. If handled well, conflicts can bring relationships to new heights and give you excellent hands-on learning experiences."

Carnegie Mellon University <<http://www.studentaffairs.cmu.edu/student-life/ra-virtual/roles/peercoun/peercoun.html>>

Likewise, when conflict happens in support groups or interest groups, Shields suggests we ought to see "conflict as an opportunity for personal and group development" (Shields, 1991, p. 81).

Communication skills involved in peer counselling include the use of I- messages. I messages are a clear, assertive, and non-threatening way of giving information in a way that respects both parties. I- messages generally follow a format of:

I feel...(state how you feel)

When...(state the problem)

Because...(state why)

And I would like ...(state what you would like to happen/change)

Good communication helps to prevent conflict as well as diffuse it. For example, a woman who makes it very clear to her friend that she does not want her private self-disclosure to go beyond their trusted circle is practicing good communication. Good communication establishes ground rules, expectations, expresses needs and uses I-messages. Good communication talks "to the problem person rather than about them" (GROW, 1957, p. 52) and therefore deals with conflicts as soon as possible. A healthy friendship offers forgiveness when required, and women work collectively to identify and shed behaviour which is potentially dangerous to their relationship.

Afterword

A review of the literature surrounding social isolation for rural women and its impact on their health has revealed some surprising points. Firstly, that rural women carry unique and heavy burdens and that these burdens are only further pronounced when women carry them in secret and alone. Secondly, that rural women's mental and physical health is in jeopardy when there are limited opportunities for women to disclose on an honest and transparent level. Thirdly, that there are social and cultural obstacles to rural women gathering together to share their lives on a deep level. Finally, that rural women themselves can choose to confront these obstacles by practising an alternative way of responding to each other; committing to confidentiality, listening, inclusiveness, and a general goal to develop healthy life giving friendships despite the risk of hurt or pain.

A shift in paradigms is needed. If rural women keep digging deep within themselves or their families for their sole resources to cope with life, they will eventually discover the well will run dry. Just over the fence is a deeper water hole. Will rural women dare to leave their own yards to meet with others gathering here? Consider this; it only takes two women to start the waters flowing.

Bibliography

- Anonymous. (2006) *A Young Rural Women's Story*, in possession of the author.
- Bartle, P. (2005) *Community Characteristics*, viewed 12th January 2006, <<http://www.scn.org/smp/modules/soc-cch.htm>>
- Carnegie Mellon University. (Date unknown) *Peer Counselling*, viewed 2nd November 2005, <http://www.studentaffairs.cmu.edu/student_life/ra-virtual/roles/peercoun.html>
- Farrell, C. (1999) *Social Model of Health: a background paper for staff of NeWomen*. Wangaratta: NeWomen.
- Frost, L. (1984) *No Place for a Nervous Lady: Voices from the Australian Bush*. Australia: McPhee Gribble.
- GROW. (2006) *GROW News: Victorian Branch*. Edition June 06-August 06, Volume 18, no 2, Victoria: GROW
- GROW. (1975) *Readings for Mental Health: Volume 1*. Australia: Southwood Press.
- GROW. (1957) *The Program of Growth to Maturity*. Australia: Aussie Press.
- Jigsaw Research. (2004) *PAG Review to inform Ovens and King Community Health Service 2004*. Wangaratta: Jigsaw Research.
- Labonte, R. (2005) '2005 Eberhard Wenzel Memorial Oration', paper presented at the Australian Health Promotion association's 15th National Health Promotion Conference Dinner, Australia, 15th March 2005.
- Lewis, S. (2003) *In Brief: Sexual Assault in Rural Communities*, viewed 12th January 2006, <http://www.vawnet.org/SexualViolence/Research/VAWnetDocuments/AR_RuralSA>
- McGowan, C. (2004) *WHGNE Community Forum: women in the 21st Century, 2004*. Video recording, Wangaratta: Women's Health Goulburn North East.
- Network.. (2005) *Weathering Tough Times: Newsletter of the Rural Women's Network*, issue 4. Melbourne: Rural Women's Network.
- O'Dwyer, E. (2005) 'Dancing in the Street' in *Sunday Life*, pp. 29-30, Melbourne: The Age.
- SANE. (2005) *Research Report 1: Mental Illness and Social Isolation*, viewed 10th December, 2005, <http://www.sane.org/images/stories/information/research/0510_INFO_RB1.pdf>
- Self Help Resource Association of BC. (Date unknown) *Six Steps: Tips for starting rural self help groups*, viewed 1st December, 2005, <<http://www.selfhelpresource.bc.ca>>

Shields, K. (1991) *In the Tiger's Mouth: An Empowerment Guide for Social Action*. Australia: Millennium Books.

Slama, K. (2004). 'Rural Culture is a Diversity Issue', in *Minnesota Psychologist*, pp. 9-13, viewed 12th December, 2005, <http://www.apa.org/rural/rural_culture_is_a_diversity_issue.pdf>

Stephens, K (1996) *Our Lives, Our Health, Our Responsibility: Beechworth Young Women's Personal Development Program*. Wangaratta: NeWomen.

Tim, K. (2005) "Everyone is Completely "All Right" and Always has Been", in *Queensland Women's Health Network News*, October 2005, pp. 1-2. Queensland: Queensland Women's Health Network.

University of Port Elizabeth. (Date unknown) *A Training Program for Peer Helpers*, viewed 2nd November 2005, <<http://www.petech.ac.za/sc/whatis.htm>>

VicHealth. (2005) *Social Inclusion as a Determinant of Mental Health and Wellbeing: Research Summary 2*, viewed 10th November, 2005, <http://www.vichealth.vic.gov.au/assets/contentFiles/Social_Inclusion_Final_Fact_sheet.pdf>

Women's Health Goulburn North East (a). (2004) *A Powerful Journey: Stories of Women leaving Violent Situations*. Wangaratta: Women's Health Goulburn North East.

Women's Health Goulburn North East (b). (2004) *You are First Line Support!* Wangaratta: Women's Health Goulburn North East.

Women's Health Goulburn North East (c). (2004) *Create Space for Mum's to Talk*. Wangaratta: Women's Health Goulburn North East.

Women's Health Goulburn North East (d). (2004) *Handbook 2005: Demographic and health status information*. Wangaratta: Women's Health Goulburn North East.

Women's Health West. (2004) *Fact Sheet no. 1: Women's Groups and Wellbeing*, viewed 2nd November 2005, <<http://www.whwest.org.au/docs/FS1GroupsWellbeing.pdf>>

