

**Women in Osteopathy**  
**A Synopsis of the Journals**  
**“DO” and “Osteopathic Medicine”**

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## STATUTORY DECLARATION

I, Alexandra Schmid herewith declare that I have written the master thesis at hand independently.

All quotations, which were adopted verbally or analogue from published or non-published works, were marked as such. All sources and aids, which I have used for the work, are indicated. The work with the same content has not been presented to any other examination authority.

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# 1 Introduction

Women are emerging only at the sidelines of history. There are hardly any historic works to osteopathy, where women are mentioned. If historians can be trusted, there are no women, who are of great significance in the development of osteopathy. Was osteopathy really developed by men only? Or has history simply forgotten them? How does the present situation look? Do modern female osteopaths express themselves stronger, are they noted and above all: do women find a mouthpiece?

The work on hand analyzes the representation of female osteopaths in the journals "DO" and "Osteopathic Medicine". Media are of double interest for the analysis. On the one hand they portray and are at the same time opinion leaders. Since there are hardly studies in Europe to the representation of women in osteopathy, it is of importance to carry out an actual analysis, assessing the image of women and men in specialist print media in relation to the proportion of practicing female and male osteopaths. It has to be examined if the situation which is typical in our society, appears in the same manner in osteopathy, namely: women express themselves less in public, are also less noticed, and emerge less often than men.

In this sense the work at hand should bring to mind deficits and show that gender medicine should also be integrated in a much greater extent into the osteopathic science.

# Part I: Theoretical Implementation

## 2 General Aspects of the Gender Studies

In our society women are formally on equal terms with men in nearly every domain. So for instance, they can claim their right to equal wages, referring to the law of gender equality (GIBG §12, article 2). But despite gender mainstreaming, on a legal level the day to day life often looks different, and women have to fight on diverse levels for their actual gender mainstreaming.

The following is dealing particularly with the situation in the field of education and gainful employment, as well as with the field of science, with the main focus on medicine.

### ***2.1. History of Participation of Men and Women in the Educational System***

The earliest traces of women education and culture are found in women convents, where in medieval times mainly girls from aristocratic families received training in arts, such as music, illumination and stitching of priest vestments (Brehmer 1997). In early modern times first schools originated, where women were taught to write, read and calculate, enabling them to carry out commercial transactions. Then, in the course of the counter-reformation school congregations for the training of girls emerged, for instance, the Ursulinen, (a religious order for women) who were of special significance for the education of girls and women.

Only in 1774 it was laid down in the General School Regulations that all 6 – 12 year old children – no matter whether boys or girls – should be educated.

One of the first professions, where women got trained, was the profession of nursery school teachers and the teaching profession. During the last third of the 19<sup>th</sup> century the field of professions for women extended. Several new schools and training courses, mainly at the sector of homework, textile trade and office work originated (Brehmer 1997).

Around the turn of the century a blazing debate started again about the access of women to higher education, when women fought to access to the public universities. The argument used in these disputes was the inferiority of women. The “nature” of the male and female body was frequently referred to, and women were said to be by nature unfit for higher education (Möbius 1901).

Around the year 1900, women in different countries conquered the free access to universities, whereby the number of female students was still small at the beginning. The norm image about “the nature of women” and their “working space subject to their nature – house and family” has been too firmly rooted in people’s minds (Duby & Perrot, 1997). In Austria for instance, women succeeded 1897/98 the first time to be permitted a regular study at the universities.

End of the 19<sup>th</sup> century women also demanded access to medical studies. Here Switzerland had a forerunner role. The Zurich University was the first German-speaking University which accepted women for the studies of medicine. Already 1843/44 it admitted female students and numerous women from different countries traveled to Zurich for studying.

Nadeshda Suslova, a Russian physician, was the first woman, who took 1876 a doctoral degree in medicine at the Zurich University.

Gabriele Possanner von Ehrenthal also studied medicine in Zurich in 1888, and took her doctoral degree 1894. Only three years later her degree was acknowledged in Austria, and she was permitted to open a practice as Austria’s first female physician. Women who graduated in medicine abroad were allowed to take a state examination in Germany from 1899 onwards, and getting the license to practice medicine (Simon 1997).

Franziska Tiburtius is known as first German physician of the newer time. She made her doctoral degree in medicine 1876 also in Zurich, and worked at first as an alternative practitioner in Germany.

However, Dorothea Erxleben is known as the first female physician in the German speaking countries. On order of the Prussian king she was permitted at the University of Halle for the degree in medicine, and has worked from then on as physician in the practice of her father (Eckart, 2006).

A sudden collapse of women’s emancipation efforts took place in the era of the National Socialism. Due to the idea of the NS-ideology the woman was, above all,



defined in her role as mother. Work of women was only possible as direct work for the family, or as surrogate work for the man who went to war (Weyrather, 1993).

Women emancipation efforts were destroyed. Women lost the passive voting right, their access to universities was limited to 10% of the new enrolments, women could not become lawyers or judges, were not allowed leading positions in healthcare, and not admitted for habilitation (Helwig, 1997).

Also after conclusion of the war, male home-comers were favored at the universities, and the female proportion at the universities in Germany decreased from 50 % during the war to 20 % after the war ([www.archiv.rwth-aachen.de](http://www.archiv.rwth-aachen.de)).

Significant alterations at women's life situation only took place since the increased educational expansion of women during the sixties, and by the debate for equal opportunities. The access to higher education offered women a new variant of life planning. A clear correlation between the better education of women and the increase of their proportion as self employed persons could be observed. 1975 the balance between boys and girls in the field of school attendance was achieved in many countries; however, for many girls this was the end of their education (Duby & Perrot, 1997).

## ***2.2. Recent Development in the Field of Education and Gainful Employment***

In the seventies, colleges were increasingly criticized by the feminist movement. The critics concerned mainly the unequal participation of women in the course of studies, the limited possibilities of an academic career, and disadvantages in college day-to-day life (Georg and Bargel 2005).

As a broadly based study of Prenner et al. (2000) shows, regarding the development of qualification and gainful employment of women in the last 30 years, the past decades are marked by a strong expansion of gainful employment of Austrian women. Meanwhile, already about 19% of all women in Austria complete a college or academic training. The women proportion at the AHS (General Educational College), senior grades, rose during the last three decades from 48% to 57%. Also the women activity rate increased from 44% in 1970 to 58% in 2000. According to data of the manpower census and the Eurostat, Austria's women activity rate lies hereby in midfield, compared to other member states of the EU. Since the eighties no quantitative discriminations of girls were certified in the field of compulsory school, but gender-specific differences in further educating schools and apprentice training are clearly evident. The study shows: In average, girls finish their training earlier than lads, and still more often than lads have no professional conclusion, respectively, are visiting a one to two-year school, pointing to domestic occupation rather than to a professional orientation.

Additionally, the study shows clearly that the gender-specific segregation is still strongly pronounced: Women are still concentrating on training courses which correspond to the traditional women education. Girls dominate, for instance, domestic science schools, clothing or tourism schools, or also academies for social works (74% women) and schools of the higher medical services, as for example, the Academy for Physiotherapy (83% women).

In contrast to this, 90% of men choose technical training courses. The percentage of women attending higher technical or industrial colleges on the other hand amounts only to 3%".

Interesting is also the development in the field of medical studies: Here the women percentage at the first semesters has more than doubled since the seventies, from 26% to 62% (Prenner et al.2000).

Considering the development in Germany, there are parallels in many domains. Since 1983 students were interviewed nationwide in a long term study every two to three years about their intentions and wishes regarding studies and profession. It shows that the women percentage among the new students in Germany in the year 2003 increased the first time to 51%. Also at the higher technical colleges the percentage of women rose and reached 38% in 2005.

In Germany, similar to Austria, the choice of subjects still remains on traditional lines. Women dominate the humanities, and the proportion at languages is calculated at even more than 70%. At physical science and engineering there were still 20% less female students in 2005. But also here the development in medical studies is interesting: The women quota rose from 38% in the year 1983 to above 60 % in 2004 (Georg & Bargel 2005).

### **2.3. Women in Science**

In science and research women are still a minority. Thereby, the number of women decreases with every step up the ladder of success (Gerst, 2002; Schwabe/Nitsch, 2006). So for instance, at present even more women in Germany are starting a university education. The women quota at graduations is within 38%, at habilitations only at 23% and at C4-professorship only 9% (Georg & Bargel, 2005).

In Austria a distinct increase of the number of female doctorate degrees can be recorded. The women quota rose from 28% ten years ago to presently just above 40% (Schwabe/Nitsch, 2006). But the women percentage among the university professors is still alarmingly low. It amounts just at 14.7% (Wiener Zeitung 2007). Only 2007 with Ingela Bruner, the first woman was elected to the top of an Austrian University.

She became Austria's first chancellor at the University of Natural Resources and Applied Life Sciences Vienna (Kleine Zeitung 2007).

With the data report “She Figures 2006”, the European Commission edited a comprehensive census, regarding the current situation of women in science and research.

In the following passage the most important contents will be summed up.

In 2004 women accounted for 44% of the total labor force. But at science and engineering female participation was markedly lower at 29%, the participation rate between 1998 and 2004 increasing much slower than that of men. The snapshot figures of PHD/doctorate or equivalent of women graduating at this level stand at 43 %, due to EU-percentage (in 1999 the EU average was only 38%). But casting a glance on the detailed analysis it is obvious that the German-speaking countries show a below-average women quota: In Austria it is at 41%, in Germany at 38%, and in Switzerland only at 37%. In this connection the growth rate seems to be interesting. The statistics showing the proportion of male/female scientists and engineers of the total labor force prove that for the majority of countries the presence of women scientists and engineers is little more than one third compared with that of men. In Austria there are 1% women, 2.2% men, in Germany 1.2% women, 4.4% men and in Switzerland 1.1% women and 6.4% men.

Interesting is also the statistic relating the number of male and female researchers to the total labor force: There is also a female under-representation in most countries. The German speaking countries are placed here at the lower end of the statistic of all EU states; 21% in Austria and Switzerland, respectively 19% in Germany, that is even 10% below the EU average. As the statistic shows, the growth rates of women for the period 1999 to 2003 are very slow, so it will take a very long time to deliver a significantly improved gender balance (European Commission 2006).

Several reasons for the under-representation of women in science and research are mentioned. According to Georg & Bargel there are still more unfavorable outline conditions for women for a scientific career. Interviewed female students believe a doctorate is just as important for their professional career and their personal development as it is for their male colleagues. For this the authors quote different reasons. For one thing, fewer women than men are employed as scientific assistants, often an access possibility for a scientific career. The interviewed women feel that they have not received a suitable offer in the case of certain professors. The support that is lacking stifles the intention of women to do better. In addition, more female

students than male students account doctorate and family as incompatible. Women consider themselves rather responsible for family planning and waive a conceivable scientific career (Georg & Bargel, 2005).

Kuhlmann (2002) believes that what lies behind the prevailing segregation in the scientific establishment is a male-oriented model of acquisition and qualification as witnessed by the pervading competitiveness within scientific circles and the fact that men are regarded as superior when it comes to making decisions. Furthermore she mentions the insufficient support by tutors, a traditional role perception and missing networks for women, as well as disadvantages because of motherhood (Kuhlmann 2002).

Kuhlmann (2002b) thinks the scientific paradigms, but also the research questions and following the interpretation of the research results, are characterized by a hierarchic gender system. She sees a constant abasement and non-observance of women and their scientific work.

In order to counteract this trend of non-observance, women everywhere in the world researched and still research, few and far between men too, to trace the “forgotten women”, whose performances and research results never entered history. The results of these studies led to the realization that women have always been active in research and education. But there were no reports about them, no publications of and about women were issued, they were almost invisible.

With the “Lexicon of Thousand Women” the authors intend to bring, among others, several great women of the German-speaking countries to mind, by introducing their biographies through different areas of life (Köhler-Lutterbeck/Siedertopf, 2000).

Minnich (1994) emphasizes that in the tradition of Western thinking there is no dualism in the sense of “equal but contrary” (as for instance Yin and Yang), which would make possible a non-hierarchic view of mutually complementary contrasts. “Man” and “Woman” are for them no equal concepts in the Western system: “Man” signifies human kind and “woman” represents the “other”. In Minnich’s view, women were seen by the ruling powers “as inferior, opposite to the man” (Minnich 1994, page 78).

Therefore, a total reorganization of the system seems essential to him, when female scientists intend to escape their present inferior positions.

Also Karin Offen is concerned with dualism. In her opinion the aim of the feminism is to destroy male-dominated hierarchies, but not the dualism of the genders. She thinks a balance of the power between men and women within the society should be aspired, in respect to their differences (Offen 1993).

Therefore it is a matter of social change, regarding the equalization of men and women. The aim is to work for the concept of gender mainstreaming.

## ***2.4. Gender Mainstreaming***

The term “Gender Mainstreaming” emerged the first time in literature in the sixtieth. The term “Gender” points to the social dimension of the gender category, beyond biologic determinants. “Mainstreaming” is to signify that gender politics is a task of the whole society, and not only a matter of and for women (Kuhlmann, 2003).

Based on the international women conferences in Peking 1995 and in Nairobi 1998, the European Commission accepted in 1998 the European Council’s definition of the Gender Mainstreaming: “Gender Mainstreaming consists in (re) organization, improvement, development and evaluation of political processes with the aim to integrate a gender-related view into all political concepts on all levels and in all phases by all actors who are participating in political decisions” (cited European Council [www.gender-mainstreaming.com/GM\\_europarat.htm](http://www.gender-mainstreaming.com/GM_europarat.htm))

The aim is to introduce the gender-perspective into all political-administrative measures on all levels. In each area of politics it shall be decided which measures have to be taken to reach the target of equal opportunities in all social fields ([www.gendermainstreaming.at/GM/geschichte.htm](http://www.gendermainstreaming.at/GM/geschichte.htm)).

## ***2.5. Women in the Field of Medical Science – Gender Medicine***

For a long time gender-specific factors were no issue in the clinical research of medicine. As described in chapter 2.1, until the beginning of the 20<sup>th</sup> century, women were even refused the access to scientific training. The female physician has been

the great exception until the 20<sup>th</sup> century. Also in health and sickness, medicine concentrated mainly on men. For instance, drugs were predominantly tested in men, although it was known since some time that drugs affect women in another way than men (Kuhlmann and Kolip, 2005).

Now a new term establishes itself in the specialized press and also in the mass media: gender medicine.

The English term “gender” comprehends the imprint ‘men and women’ as something which is mainly developed by the environment, social surrounding and experiences of the individual. Confronted with this is the expression “sex” which comprises the biologic orientation of beings, based on the chromosomes, the reproduction organs and their functions.

In earlier “gender-specific” researches the focus was, among others, on the biological gender. Contrary to this, the present gender medicine developed mainly from the feministic oriented social science and the public health research. Meanwhile, gender medicine is established in science as well as in politics (Rieder and Lohff, 2004)

Since the nineties the World Health Organization deals for instance with the gender theme, and has since 1996 installed a “Gender Working Group”. Aim of this group is the development of strategies for the integration of gender questions in WHO-programs, as well as an improved consciousness for gender matters, but also the promotion of research on this core and the establishment of constant reports ([www.who.int/gender/documents/en](http://www.who.int/gender/documents/en)).

With the “Enquête Commission for the Future of a Health Program Fair to Women in NRW”, 2001 a comprehensive women health program in the German federal state Nordrhein-Westfalen was brought into being.

The first health center for women originated 1992 in Vienna, and soon after also in Graz. An amalgamation of the women health centers of the federal states with a network of Austrian women health centers took place in 1996. It champions women-specific understanding of health, women-specific strategies and offers in health promotion, and a women-specific health policy. One of the most important tasks is to show the social tendency of normal female life phases, such as puberty, pregnancy or menopause, and to strengthen the woman in her self-determined decision ([www.oesterreichischer\\_frauengesundheitsbericht\\_kurzfassung\\_2005\\_2\\_pdf](http://www.oesterreichischer_frauengesundheitsbericht_kurzfassung_2005_2_pdf)).

1996 the Women-Forum-Medicine was constituted as a platform for female physicians of Austria's three medical faculties. The aim is the consideration of gender-specific aspects in healthcare, in research and the medical training.

[www.meduni-graz.at/sozialmedizin/docs/frauen\\_forum.html](http://www.meduni-graz.at/sozialmedizin/docs/frauen_forum.html)

The first comprehensive book by Rieder und Lohff to the issue gender-medicine was published in 2004 in the German speaking area (Schütz, 2004)

The Swiss Federal Office for Health ordered a detailed study to the theme Gender Mainstreaming in health. The aim was the census of a data base for the evaluation of the gender-sensibility and the gender activities of health organizations in Switzerland (Federal Office for Health, Koch und Hielscher, 2007).

In Austria the International Congress, regarding the theme gender-medicine, took place in June 2007, where Rector Wolfgang Schütz announced that 2008 there would probably be a new post-graduate course of studies for "Gender Based Health Care" with appropriate professorship (Der Standard, 5<sup>th</sup> June 2007, Science).

Gender medicine establishes itself noticeably in science and politics.

In principle there are two large subject areas of the gender medicine

- I) Employment of women in the health professions
- II) Health and sickness of women



## **2.5.1. Employment of Women in the Health Professions**

### 2.5.1.1. Current Numbers

Within the scope of the symposium "Women in Medicine" Kuhlmann (2002) deals with the conditions women are facing in health professions. She concludes that the same phenomenon which is valid for science in general, repeats itself also in the faculty of medicine: The stumbling blocks in medical training of women are getting bigger and bigger, the higher they climb up the job ladder. So for instance, more than half of all students in Germany in the subject of medicine are women. Their participation in the total medical profession lies at about 40%. But with each step upwards, the number of women decreases. In the year 2001 the women quota at C-3 professorships was at 6.6%, at C-4 professorships in the clinical departments 2.8%. 1142 female physicians dropped out of the professional life because of household and family, in contrast to only six male physicians (Thomas Gerst, 2002).

In Austria there are only 29% female physicians among the established physicians, but at the registered nurses and the medical-technical services there are 87% each (BMBWK, 2002). Special unbalanced gender conditions are found within the individual disciplines: for example, 6.4% at surgical subjects show a low women quota, while less prestigious subjects, or such with high emotional and psycho-social employment show a high women quota (e.g. physical medicine: 55.1%, psychiatry: 50.5%). The same picture as in Germany is found at Austrian universities: with descending hierarchy levels, the women quota increases (BMBWK, 2002).

Dr. Astrid Bühren, President of the German Union of Physicians criticizes the factor that no women or hardly any are represented, where important decisions for healthcare are made. For instance, there is no woman at the Federal Committee for Physicians and Health Insurance, or at the board of the Health Insurance Confederation, or at the board of the Professional Association of the Registered Physicians in Germany. Not a single one of the 23 health insurance unions are represented by a woman on the top (Gerst, T.2002).

### 2.5.1.2. Possible Reasons for Unequal Distribution

On one hand, women in medical professions are subject to the conditions mentioned in chapter 2.3; regarding women in scientific fields, on the other hand due to Kuhlmann (2002) other specific conditions of medicine are still to be considered:

Medicine is characterized by a consistent hierarchic structure. Women there do not find sufficient models and mentors for their career planning. In this connection the prevalent professional control about the further education in medical professions affects women negatively: Medical careers are mainly supported by professional further education. Men in leading positions decide who is allowed to participate in specific courses of advanced training. Here Women often find less support than their male colleagues. The specific selection mechanisms, which are partly deliberate and partly unknowingly can also be a disadvantage for women.

Also research projects and publications mostly need a safe, institutional outline which depends on the support by the (mainly male) department manager. Again, the hierarchic structures are stacked against women.

Aside from these structure-intern factors, the outline conditions in medical works also affect the career of women in a negative way. Based on the still significant higher responsibility of women for household and children, the working hours, the demanded stand-by duties and night services are of constant disadvantage for women.

Even the Maternity Protection Act is holding indirect disadvantages for the career planning of women: For their protection, pregnant women are kept away from many medical activities. But often they are not even employed at a reproductive age or receive only limited working contracts which are not prolonged at pregnancy (Kuhlmann 2002).

## **2.5.2. Health and Sickness of Women**

### 2.5.2.1. Subjective Evaluation of Health and Sickness

Women and men have a different access to health and sickness. The gender data report to the equalization of women and men in the Federal Republic of Germany (2005) shows distinctive differences between women and men in the connection with health. Therefore, health and sickness do not depend on objective factors, but also of subjective perception and evaluation. In average, women state more often than men having been sick during the last four weeks and in average evaluate their health shape worse than men (Gender Data Report 2005).

An interesting study about the different evaluation of health was carried through by Menz (2005) at the Viennese General Hospital, regarding the diverse description of complaints to the physician: Thus, women describe their pain more diffuse and are tending to understate the pain intensity, by using formulations such as “Oh, I am able to take it...” Men are using rather a concrete, symptom-oriented language. Of special interest is the fact that at discussions, where no physicians were present, the descriptions of the women were as exact as the descriptions of the men. The researchers conclude that the institution hospital intimidates women more than men (Menz, 2005).

### 2.5.2.2. The Influence of Gender on Healthcare

Also interesting is the large field of healthcare and taking a look at the gender-specific patterns which are taking effect here.

Kuhlmann and Kolip (2005) prove that these gender-specific patterns in healthcare have an effect on the quality of the whole healthcare and are leading to an expensive, inefficient provision system. A significant example for this is the field of drug supply. For some time drugs were tested mainly on men, despite their different effect on women based on gender-specific factors, such as pH-value of the gastric juice, body fats, enzymes, hormones and metabolism. For this reason, often wrong doses occurred and still occur today in drugs for women. Only 1993 the US

Admission Board FDA decreed gender-specific guidelines for the testing phase (Kuhlmann and Kolip 2005).

Strametz-Juranek (2007) criticizes that there are still no mandatory percentages, of how many female test persons have to take part in studies. Opposite, a total non-transparency dominates the gender distribution of female test persons.

Deficits in the sector of healthcare also exist, because certain diseases are attributed rather to men, other diseases to women. For example, heart diseases are mainly seen as “men disease”, despite of the fact that the death rate of women in Germany is higher than of men. This has a negative effect on the healthcare of women: Deficits can be proven about the whole provision chain in the sense of an undersupply, respectively, inappropriate provision of women (Kuhlmann and Kolip, 2005).

In the past decade Hochleitner collected data about the medical care of women in Tyrol. It shows that women, although they have a much higher previous medical history (68% women contra 60% men), are less examined with advanced cardiologic methods, as for instance ergometry, echocardiography, or cardiac catheter. Additionally, acute female myocardial infarct patients have often a longer transport route to the clinic: They are more often taken by emergency ambulance, and less often than men by the mobile intensive care unit or the rescue helicopter (Hochleitner 2007).

The female breast is seen as the central “risk organ”. The mamma-carcinoma is considered the central risk for women, and women are required increasingly to preventive examinations, such as gene tests for the illustration of a genetic disposition or mammography. Whether mammography screening can prevent cancer deaths is the object of fierce controversies (Klempner 2002).

But radiologists are afraid of a negative synergetic effect, if women with genetic predisposition (gene-aberrations BRCA1 and BRCA2) to breast cancer are undergoing supplementary regular mammography. Hereby it has to be noted that this gene aberrations are seen as indicator for other malign dispositions for both genders. By the linkage of gene-changes in women, and by following increased controls, women are in fact facing the higher risk of caused cancer – however, iatrogenic by numerous mammographies in spite of gene aberration (Voss, Lohff, 2004).

### **2.5.3. Future Perspectives of Gender Medicine**

First successes of the gender medicine are standing out. So, for instance, since 2007 individual artificial knee prosthesis for women were admitted on the market: The “Gender Solutions High Flex Knee”. More than two thirds of patients who are getting an artificial knee joint are women. The measurements of the standard knee implants are based mainly on data of male knee joints. The new knee implant shows three characteristic differences in anatomy. The articular surface of the female femur is narrower and thinner, in contrast to the standard implant which in tendency is rectangular ([www.medizin.uni-halle.de/kor/?id=85&cid=910](http://www.medizin.uni-halle.de/kor/?id=85&cid=910)).

The women office of the Canadian government (Status of Women Canada) is working on the implementation of gender medicine in the scientific field. There, the strategy of the Gender Based Analysis (GBA) is developed, setting the process of the implementation of the gender-perspective in the political day-to-day life. The method of the GBA was also accepted and continued in Europe (<http://www.swc-cfc-gc-ca>). In Germany the project “Gender Bias (misinterpretation based on the gender role) – Gender research” is initiated, where criteria for the review of the whole research process to gender-specific bias effects are established (Maschewsky-Schneider/Fuchs 2001).

Interesting criteria are for example:

- Are women included into the research matter?
- Are gender-specific differences adequately mentioned in theory?
- Are women included in the spot test?
- Are the statistic methods suitable to work out gender-specific aspects adequately?
- Are results described gender-specifically?
- And others.

Another step to the realization of the gender mainstreaming in healthcare was made in the year 2001 by the WHO proclamation of the Madrid Explanation – Mainstreaming in Health; The need to move forward. In this explanation gender mainstreaming in healthcare is acknowledged as the most effective strategy to obtain

emancipation and the acquirement of the best possible health status for women and men.

### **3 „Female History“ of Osteopathy**

#### ***3.1. Significant Women in the History of Osteopathy***

One glance at the development of the osteopathy shows that women also played an important role in the history of origins of osteopathy. C. Hartmann (2003) even believes “women in the first place made the origin, the survival and implementation of osteopathy possible” (Hartmann 2003, page 30).

In the following chapters some women will be introduced, who also contributed to the development of osteopathy and are exemplary for many other (female?) osteopaths.

##### ***3.1.1. Women who Indirectly Contributed to the Origin of Osteopathy***

###### **Martha Taylor Still**

1828 Martha Taylor Still gave birth to her son Andrew. The father, an itinerant preacher, was often away for a long time, and Martha managed the educational duties during his absence, as well as household and farm. With her education she might have planted the roots of Dr. Still's positive and liberal attitude towards women. It was also she, whose heart was really in the education of her children (Hartmann 2003).

Dr. Still himself writes in his autobiography about his mother: “In her lifetime she was my best friend. She is the lighthouse of my mind” (cited Still, after Hartmann 2002, page 159).

###### **Mary Vaughan (unknown – 1849)**

Mary Vaughan married Dr. Still on the 29 January 1849. She moved with him to Kansas, and there she educated the Indian children of the Wakarusa Mission. But Still's further life was marked by familiar strokes of fate, which made him search of new paths in medicine: Mary Vaughan died at childbirth and left Still a widower with

three children (Liem & Dobler 2005). Marusha Still (1849 – 1924) was the sole survivor of the three children. Her brothers and sisters died in February 1864 of cerebrospinal meningitis (Hartmann 2002). Based on this event Still nailed the window, from where the children always greeted their returning father, with planks.

### **Mary Elvira Turner-Still (1834 – 1910)**

On the 20<sup>th</sup> November 1860 Mary E. Turner became Dr. Still's second wife. 1864, destiny stroke out again: two of their children and an adopted child died of encephalitis.

Mary T. Still became the most important support in Still's life. She also stood with him in most torrid periods, even when friends and relatives avoided him because of his ideas (Hartmann 2002).

1892 Dr. Still founded the "American School of Osteopathy" (ASO) in Kirksville. Together with her sons Harry and Charles, Mary Still supervised the school. Her students called her fondly "Mother Osteopathy".

In his autobiography Still emphasized several times how important her support has been for his work. Mary kept all objects which Dr. Still collected for his natural studies. She assorted them according to their osteopathic pertinence and filed them. Still writes: "More than a quarter century my wife Mary E. Still has given advice, recommendations, affirmation, and has encouraged me throughout my career (Still, cited after Hartmann 2002, page 158). By her fortitude and optimism Mary Still helped osteopathy to survive a difficult time in its struggle for acknowledgement. (Hartmann 2002)

### **Ada Strand Sutherland**

William G. Sutherland is deemed to be the founder of the cranial osteopathy. But hardly anybody knows his wife Ada Strand Sutherland. She encouraged her husband in the presentation of his theory and illustrated all anatomic charts for the lessons. Also the collection and text preparation of the books "The Cranial Bowl", "With Thinking Fingers" and "Contribution of Thoughts", was carried out by her (Hartmann 2003). Hartmann believes the cranial osteopathy in its present form would not be thinkable without Ada.

### **3.1.2. First Female Graduates of Osteopathic Colleges**

#### **Dr. Jeanette Bolles**

The number of female students at the osteopathic colleges and the female DOs increased quickly. Dr. Jeanette “Nettie” Bolles obtained 1893 as first graduate of the ASO the title D.O. (<http://history.aoa-net.htm> 2006). She was the first editor of the “Journal of Osteopathy” and the first vice president of the “American Osteopathic Association”. In addition, she was the co-founder of the Osteopathic Women’s National Association (<http://www.clothesline.htm> 2006).

#### **Dr. Florence Mac George (1867-?)**

Dr. Mac George finished the training at Dr. Still 1900. She and Dr. Edgar Culley were the first graduate female/male osteopaths, who practiced in Australia. Dr. Mac George also practiced in many countries throughout the world: Canada, England, France, Italy, New Zealand, Scotland and USA. She is an example that women have made an important contribution towards the distribution of osteopathy, starting from America to the other countries of the world.

### **3.1.3. Women in Osteopathic Research**

#### **Louisa Burns**

Women became active in the field of the osteopathic research too. Standing out in this regard is the performance of Louisa Burns.

Louisa Burns belonged also to the pioneers of osteopathy. She graduated 1903 at the Pacific College of Osteopathy and became one of the most notable women in osteopathic research. She was member of the A.T. Still Research Institute and her book “Pathogenesis of Visceral Diseases” (1948) is known as one of the most significant osteopathic works of those days (Hartmann 2003).

#### **Anne Wales (1904 – 2005)**

Anne Wales. D.O. and her husband Chester Handy were friends with Ada Sutherland and her husband. Their teaching and publishing we owe that Dr. Sutherland’s



research results can be read today worldwide. Together with Ada Sutherland she worked for years at the edition of his book “Contribution of Thoughts” (1971). After elaborate investigations also “Teaching in the Science of Osteopathy” (1990) was edited by Anne Wales with the aid of Rachel Brooks. Anne Wales herself published, above all numerous articles concerning pediatric issues in the “Journal of the Osteopathic Cranial Association”. At the age of 83 Dr. Wales founded the A.T. Still-Sutherland Study Group and administered her teaching profession until old age (Eva Möckel, 2006). She died at the age of 101 years on 1 Aug. 2005.

### **Dr. Charlotte Weaver**

One example of the forgotten history of female pioneers of osteopathy is Dr. Charlotte Weaver. We owe it to the painstaking investigations of Florence Bruegghe that the important contribution of Dr. Weaver about the development of the cranial osteopathy got out in public (DO 2/2004, page 31 “Surftipps”).

Dr. Weaver graduated in June 1912 at the American School of Osteopathy in Kirksville. At that time she carried out numerous dissections, and spent her life with investigations about cranial osteopathy. Her first published works in J.A.O.A. under the title “The Cranial Vertebrae” appeared nearly at the same time as the revised publications of Dr. Sutherland in the year 1936. Study trips led Dr. Weaver, among others, also to Paris and London. Additionally she founded the “Foundation Charlotte Weaver” where she held post-graduate-courses. (<http://www.bruegghe.org>).

### **Viola M. Frymann (born 1921)**

Viola Frymann is named by her female colleagues the “living legend of the medical osteopathy”. She graduated 1949 at the College of Osteopathic Physicians and Surgeons of Los Angeles and was also a student of Dr. Sutherland. Since decades she teaches regularly at colleges, universities and institutes around the world. Dr. Frymann published lots of articles, among others, articles about newborns, and the cranial rhythmic impulse, osteopathic treatment of children with neurological developmental anomaly or with learning difficulties. 1982 she founded the Osteopathic Center for Children (OCC) in San Diego. Viola M. Frymann has received many honors and awards, as for example 1992 the “A.T. Still Medallion of Honor” –

the highest honor of the American Academy of Osteopathy.  
(<http://www.osteopaticcenter.html> 2006)

### **Barbara Ross-Lee**

Dr. Barbara Ross-Lee was the first Afro-American, who was appointed dean of a medical faculty in America – the Ohio University College of Osteopathic Medicine. Dr. Ross-Lee graduated 1973 at the Michigan State University College of Osteopathic Medicine. But the way there was stony and marked by the fight against double discrimination: being a woman and an Afro-American.

Today Dr. Ross-Lee is a member of the US Department of Health and Human Services National Advisory Council of the Bureau of Health Profession. She received many honors and awards and was appointed 2001 as vice president of “Health Science and Medical Affairs” at the New York Institute of Technology. In the year 2002 she became dean at the New York Institute of Technology’s New York College of Osteopathic Medicine. (<Http://www.nlm.nit.gov.html> 2006).

### **Dr. Jane Carreiro**

Acting for many other women, who are extremely involved in research and development of osteopathy in Europe, but who rarely come to the fore, I would like to name Dr. Jane Carreiro. She is vice president of WOHO (World Osteopathic Health Organization) and author of the “WHO Guidelines for Basic Training and Safety in Osteopathy”. This document is supposed to pass this year as an official guideline of the World-Health-Organization (Reiter 2006). Dr. Carreiro published several books and teaches in different schools in Europe. She is mainly known by her research activities regarding osteopathic work with children.

## **4 The Educational History of Female Osteopaths**

### ***4.1. Development in America***

1892 Dr. Still founded the “American School of Osteopathy” (ASO) in Kirksville. In contrast to the medical faculties, from the very beginning women were admitted to study in Dr. Still’s school (Hartmann 2002). At that time this amounted to something like a revolution and is distinctly marked by numerous news articles in the Journal of Osteopathy around 1900, who dealt with the issue “Women and their ability for Osteopathy” (<http://ostmed.txt> 2005) . Dr. Still said: “I opened wide the doors of my first school for ladies. Why not evaluate our sister’s mentality, qualify her to fill all places of trust and honor, place her hand and head with the skilled arts?” (Still available under <http://history.htm> 2005) 1920 the Osteopathic Women National Association (OWNA) was founded, and the quota of women in osteopathic colleges was fast increasing. But the 2<sup>nd</sup> World War interrupted this uptrend. 1940 the women quota at osteopathic colleges decreased from once 25% to only 5%.

Only after the termination of the war, women returned to the universities. In the year 2006 already about 40% of the students at osteopathic colleges in America are women (<http://history.aoa.net.htm> 2006).

Even today, American female osteopaths are progressively getting hold of a mouthpiece to advance equality with their male colleagues. 1988 “The National Osteopathic Women Physicians Association (NOWPA)” was founded in America. This is a national organization for the support of osteopathic female physicians during the term of their training and their professional career.

### ***4.2. Development in Europe***

The osteopathy was soon brought to Europe by the first graduates of the American universities. According to Handoll (1986) it can be presumed that Dunham 1902, L.W. Walker and FJ.Hom 1903 have set themselves up as first osteopaths in Europe, and in Great Britain. A milestone in the history of the European osteopathy is the foundation of the first osteopathy school – the “British School of Osteopathy” – by J.

Martin Littlejohn 1917 (Handoll 1986). Hardly any records are available about the first women, who accomplished the osteopathy study in Europe. The European history of osteopathy is dominated by men. Whether really no women participated in the structure of osteopathy in Europe, or they were forgotten by the historians, this can only be surmised. Only Viola Frymann is mentioned occasionally as trainer and co-organizer of the beginning of the European history of osteopathy.

Women, by all means, should have a place in the scientific history of the osteopathy. This is shown in an investigation of those women, who published osteopathic works. If, for instance, one scours the databank of the web site of the Viennese School for Osteopathy, one finds 187 book titles in the "Literature List Osteopathy". There are after all 22 books written by female authors (<http://www.wso.at/neu/index.html>).

### ***4.3. Development in the German-Speaking Area***

From England, osteopathy fanned out to all European countries. Since the end of the eighties different schools were founded in Germany training female physicians, alternative practitioners and physiotherapists as osteopaths.

But also in the German-speaking area, one is looking in vain for historical traces of female pioneers of osteopathy. Also here the question remains: Was osteopathy really transferred to the German-speaking area only by men? In order to find an answer to this question a study about the first osteopathy years in Europe would be interesting. But such an investigation would go beyond the scope of the present work.

## **5 Current Situation in the German-Speaking Area**

A significant difference to Europe's osteopathy lies in the legal acknowledgement of the profession. American female osteopaths achieved in long disputes the legal equality of treatment with the "classical" physicians. As "Doctors of Osteopathic Medicine" (DOS) female osteopaths are able to practice in the whole field of

medicine and surgery. At present the USA account 16 university training centers for osteopathic medicine and more than 38.000 DOS's are performing every year more than 100 million consultations (<http://www.osteopathy.ch> 2006).

Outside the USA there is no uniform rule yet. At every country in Europe apply individual conditions. ([www.cranialacademy.com](http://www.cranialacademy.com) 2006).

Only in England the term "female osteopath" is legally protected since the year 2000. Female osteopaths have to be registered in the "Statutory Register of the General Osteopathic Council" (GOsC). The osteopathic training takes 4-5 years. ([www.osteopathy.org.uk/](http://www.osteopathy.org.uk/) 2006).

### **5.1. Current Situation in Germany**

The VOD (Union of Germany's Osteopaths) is a quality-securing organization, an association of diverse schools which offer an international acknowledged training to osteopaths (male and female). But the term "female osteopath" is not legally protected in Germany. Only physicians and alternative practitioners are allowed to practice osteopathy in Germany without delegation proceedings. Female physiotherapists with 5 years of osteopathic-further training can practice osteopathy upon medical prescription or on prescription of an alternative practitioner.

According to VOD there are 77 women and 95 men as male/female osteopaths registered at present. Among them are female physicians, female alternative practitioners and female physiotherapists. At a differentiated view of the gender-conditions the following result shows:

Among the physicians there are 3 women and five men. At the alternative practitioners 45 women and 46 men are mentioned, at the physiotherapists there are 29 women and 44 men. Here again it must be emphasized that clearly more women than men have undergone an osteopathy training. The above mentioned numbers reflect only the VOD registered female osteopaths.

## **5.2. Current Situation in Austria**

The statutory basis in Austria is similar. Here the term “(female) osteopath is not protected as well. Non-medical female osteopaths can only act on medical prescription.

Most important trainer in Austria at present is the Viennese School for Osteopathy (WSO) which was founded 1991 as the first osteopathy school in Austria. At present about 350 students are currently under training, more than 200 have already completed their training at the WSO.

Since the existence of the school a total of 140 women and 78 men are mentioned as graduates on its homepage (<http://www.wso.at> 2006).

This gender-quota corresponds also approximately to the ratio which is indicated by Krönke (2003) in her pilot study about the professional field of the (male/female) osteopaths in Austria. She interviewed 192 osteopaths. Among them were 32 DOs, 112 female graduates of the WSO, 18 other female osteopaths and 31 female osteopathy students in their 6<sup>th</sup> year of training. Among the 192 interviewed were 121 female and 71 male osteopaths (Krönke 2003).

149 women are members of the Austrian Association for Osteopathy, but only 85 men.

Many cranio-sacral female therapists are working in Austria under the title “(female) osteopath”, trained at the Upledger Institute. In contrast to the training at the WSO there are no special conditions, also female massage therapists are admitted. For all Austria 16 women and 4 men, all certified cranio-sacral therapists are shown on the homepage of the Upledger Institute. This ratio is not changing significantly when the female therapists presently in training are included (cranio-sacral and/or visceral courses): At the time being 82 women and 17 men are registered at the Upledger Institute ([www.upledger.at](http://www.upledger.at) 2006).

### **5.3. Current Situation in Switzerland**

On the homepage of the Swiss Association of Osteopathic Medicine (SAOM) 58 women and 90 men are acknowledged as osteopaths (After secondary school-leaving examination, the fulltime training for the attainment of an osteopathy diploma takes 5 years, or an equal training in the same time with degree as D.O.) (<http://www.saom.ch> 2006). Hence, men in Switzerland clearly dominate as osteopaths. Here also the same applies to Germany: The stated numbers only show female osteopaths acknowledged by SAOM. It cannot be excluded that much more female therapists are practicing under the title “osteopath”.

### **5.4. Gender Conditions in Managerial Positions of the Osteopathy Schools**

The different training institutes of osteopathy are definitely having a say in the development of osteopathy. By their choice, which kind of educational contents are to be conveyed and which are not, the osteopathy schools are also co-designers of the future of osteopathy in Europe. But by searching for women in managerial positions at the diverse schools in Germany, Austria and Switzerland, a disillusioning picture occurs: The journal “Osteopathic Medicine (2003) introduces 28 different osteopathic training establishments within the German-speaking countries. 38 male principals are mentioned, but only 4 women. Only at one single osteopathy school, the management rests on a woman and the three others are mentioned together with male principles.

### **5.5. Summary**

The fact is that at present women are active in osteopathy in the entire German speaking area. The ratio between working women and men in osteopathy differs somewhat between Austria, Germany and Switzerland.

According to SAOM in Switzerland there are distinctly more men registered than women, due to VOD a little more men than women in Germany. But the ratio in

Austria is the opposite. Nearly 50 percent more women than men are members of the ÖGO (Austrian Association of Osteopathy).

The reason for these differences can only be guessed. Considering the situation in Austria one could assume that much depends on the “basic profession”, since the majority of students, who enter the osteopathy-training are physiotherapists. As described in chapter 2.2 the women-quota is still very high in the advanced medical-technical training courses, about 80 percent. Therefore it can be assumed that physiotherapists are increasingly entering the osteopathy training, and this being the reason of the high women ratio in this training. This presumption is confirmed by the German ratio analysis. Here only 29 women with basic physiotherapy training are mentioned, but 44 men. Among the mentioned osteopaths in Germany, men represent the majority.

A possible explanation could also be found with the different training structures of the countries. While in Germany and Switzerland increasingly fulltime trainings are offered, the present training in Austria is mainly accomplished in part time study. Possibly this training structure accommodates women, as it is more compatible with the responsibility for the family (chapter 2.5.)

Considering the overall situation in the German-speaking area, male and female osteopaths are balancing each other, more or less. This is important for the data interpretation of the study in part II, with regard to the work on hand.

In part II of the current work, media contents of osteopathic journals are examined for gender-specific criteria. Therefore the following chapter will give a short review about the media research and the current research status of the feministic media effect.



## 6 Media Effect Research

In part II of the current work, media contents of osteopathic journals are examined for gender-specific criteria. In order to classify the research results better, respectively making the relevance of a content analysis more transparent, the following chapter will give a short review about the media research and the current research status of the feministic media effect.

The question about media effect was put already long ago, and meanwhile a multitude of theories exist, and – according to the point of view – with varying results. Reason for this is the complexity of the communication process and the difficulty of a uniform definition of terms, regarding media effects. Berghaus (1999) even thinks the term “effect” and “effect research” is outdated and originates from the early term of the research field. Bonfadelli (1999) is pleading for the differentiation of varying effect areas, as for instance, effects on the behavior, on knowledge, on meanings and approaches, or on emotions.

Due to the present state of research the media influence on society consists less by the influence of direct approach and behavior, but above all by the insemination of knowledge and the precept of themes (Burkart 2002). This approach is reflected in the **Agenda-Setting Hypothesis**”. It is assumed that mass media have less influence on what people think, but rather what they reflect about. By their choice of issues, media dictates the listeners/readers which issues should get on the “agenda” of their thinking. Hence, media defines the relevance of an issue and lead the problem-consciousness of the listeners/readers in certain directions. (Huhnke 1996).

The media shows a filtered reality. The assessment of Vollbrecht (2001) is of special importance for the work on hand, namely, themes and views which are not dealt with by media, have no chance of public perception. Therefore it is important to call attention to the non-consideration of women and women issues in media. This is mainly of relevance in regard to the subtle discrimination of women and women issues. Media makers are mostly men, who represent a “male” image of the world.

At the beginning of the seventies, Noelle Neumann developed her concept of the “**Spiral of Silence**” which is of special significance in regard to the women research. Here one proceeds on the assumption that an opinion-distribution is suggested via the media. This does not necessarily show an image of reality. By the orientation of the population on majority opinions, people carry over the displayed opinion picture in order not to be isolated (Vollbrecht 2001). Especially when current studies of the image of women in media are concerned this theory is notable. If these research results are seen in the light of the “spiral of silence”-concept, then a cycle occurs: Women emerge less, consider themselves less important and are less noticed. A consequence of this spiral of silence is that the recipients can join this “less-noticing of women” without fear of social isolation. However it is to say, from attitudes one can not necessarily draw conclusions on the real behavior (Vollbrecht 2001).

Burkart (2003) emphasizes that social reality is never static, but in constant change. Media contents, forms of presentation, infrastructure, etc. change continuously and with it also the ways of reception of the public and the medial scopes. Hence, Burkart does not see any possibility for final answers or generally accepted findings in regard to media effect.

## **6.1 Feministic Media Effect Research**

For a long time women disappeared from the research of media effect behind terms such as “the readers” or “the recipients”. Only in the seventies there are initiations of a feministic media effect research in the German speaking countries. But the first works concerning this purpose refer mainly to Anglo-American literature (Johanna Dorer 1996).

Studies on TV are most frequently those of women and men image. One example is the work of Weiderer (1994), where she gives a review about the studies in the German speaking area. She resumes that for the last 20 years there was no basic change of the women image on TV. A similar result is also noted by Scheutz (2002). In her study, regarding the imparted women and men image in Austrian television, she proves that women are still discriminated in many fields. So for instance, leading parts as well as minor parts are significantly more often occupied by men than by women. Men are still more often filling high professional positions than women,

considerably more men than women are getting a chance to speak in interviews than women, and the average interview time of a man is more than double than a woman's.

The presence of women in news was also analyzed in Global Media Monitoring Project (GMMP) 2005 assisted by 76 countries. The most important radio and TV news of selected broadcasting companies (both those under public and commercial law) were analyzed based on an average news-day (i.e., an average working day regarding the news being broadcasted). The number of reports about men and women was counted, in which roles and functions they were mentioned by name, cited or shown on the screen. Also the journalistic personnel and the moderators were covered, as far as identifiable (Hesse und Röser 2006).

The result shows a clear under-representation of women in all sectors. In the 324 analyzed contributions a total of 524 male and 147 female persons were mentioned. This results in a gender-quota of 78% to 22%. Also female speakers and moderators of the news were less present than their male colleagues. All in all, about a third of women, compared to two thirds of men got a chance to speak or be in the picture on TV and radio (Hesse & Röser 2006).

## **6.2. *Women in Print Media***

The discrimination of women in media happens on two counts: On one hand, media imparts women and men images, which is characterized by trivializations. On the other hand, women and women-political issues are still excluded from coverage; respectively women are strongly under-represented in comparison to men (Weiderer 1994, Scheutz 2001).

There are numerous examinations regarding the women image in print media. All in all, Huhnke (1996) arrives at the conclusion that the real situation of women is not reflected adequately. Frequent objects of studies are women journals. Therein, an ageless and genderless image of women is drafted. Women are "dis-politicized", the family is and remains an ostensible point of reference (Huhnke 1996).

Huhnke deals in her work with the themes power, media and gender. She detects a content-related exclusion of emancipatory women issues in media and believes that media are primary putting themes up for discussion which do not hurt the elites in

power. Huhnke sees the non-thematisation of women themes as a defensive attitude of the media elite to counteract the change of social structures.

Also the political press was and still is object of women-specific analysis. Literature analysis of daily papers and weekly magazines are showing an under-representation of women and women-political themes. Schmerl (1989) for instance finds in her study of two German daily papers and two weekly magazines a women-quota of only 14.1% to 29.8% of the total news coverage. Here, policy is clearly male dominated, women are found more often in the rubrics culture and entertainment, as well as prominence and gossip (Schmerl 1989).

Huhnke (1996) analyses the papers "dpa" and "taz", as well as the weekly magazines "Die Zeit" and "Der Spiegel" over a period from 1980 – 1995. She finds numerous sexism, where performances of women are denounced. She notes that women-political themes are only dealt with on the sidelines in all papers.

Also the current numbers of a press analysis at the University Lüneburg 2005, where nearly 700 articles of 11 German papers, over a period of 12 weeks were evaluated, show a similar picture. The pages with the main news of the daily papers are to this day men-oriented. Only 18 % of the referred persons are female, men dominate with 82%. An even smaller women quota of 16 % compared to the total analysis is to be registered on the front pages.

Herewith Röser sees her thesis confirmed that a news factor called "gender" in the sense of a systematic favoritism of male actors and press journalism exists, the constructor of male dominance. (Röser 2006).

The quantitative data analysis is interesting too. It shows in which theme-context women have very good chances, and in which very bad ones to be mentioned in press. Hence, the women quota at social (28%) or society questions (30%), as well as questions of the area of entertainment and media prominence (37%) is significantly higher as in articles about economic policy (10%), foreign affairs (12%) or sports (5%). Also of importance is the ascertainment that an image is to be created which is as differentiated and comprehensive as possible.

## **Part II: Empiric Study**

Since hardly any studies are available in the German speaking countries regarding osteopathy, it might be of interest to carry out an IST-analysis and to find out, if the representation of women in special print media is quantitative seen the same as the one of men. For this analysis the two German-Osteopathic Journals “DO” and “Osteopathic Medicine” are tested. The aim of the study is to figure out whether women and men in the German-speaking countries have the same opportunity of access into the journalistic coverage of osteopathic specialist journals. Before doing a detailed listing of the individual questioning, a review about the media data of the analyzed papers, as well as the used method will be given.

### **7. Media Data of the Analyzed Journals**

#### ***7.1. „DO German Paper for Osteopathy“***

The paper “DO” is published by the Hippocrates publishers (MVS Medizinverlage Stuttgart GmbH & Co. KG) under the ISSN Number 1610-5044. According to its own statement it is an official organ of the following associations:

- Association of the Osteopaths Germany (VOD)
- German Academy for Osteopathic Medicine (DAOM)
- Association Luxembourgeoise des Ostéopathes (A.L.D.O)

“DO” appears quarterly.

The volume of one edition is 40 pages.

#### ***7.2. „Osteopathic Medicine“***

The paper “Osteopathic Medicine” is published by Elsevier-Urban & Fischer under the ISSN-number 1615-9071.

According to its own statement it cooperates with the Austrian Association for Osteopathy (ÖGO).

It also appears quarterly.

The volume of one edition is about 40 pages.

## **8 The Method**

A content analysis is the used method. With its help texts and pictures are subjected to a qualitative or quantitative analysis. The study on hand deals mainly with quantitative data collection and is based on the comparison between the frequency of presence of women versus the frequency of presence of men. Qualitative aspects are discussed only at the sidelines. After review of the material, a system of categories is defined, based on which statements are filtered from the text.

The content analysis is carried out according to the following working procedure – after recommendation of Mayring (1993).

- Definition of question
- Definition of the relevant data material, definition of the sample
- Definition of the period to be analyzed
- Definition of the analysis units
- Survey of the data
- Interpretation of the data

(Mayring, 1993; Stigler, 1996)

Practical problems at the content analysis occur mostly in regard to the reliability of text-parts integration into the given categories (Stigler 1996).

In order to keep the error quota as low as possible, mainly a frequency analysis is carried out, where the frequency of certain attributes at the themes of investigation is determined. The data collection is done manually. It is not possible to resort to computer supported data collection, as persons in analyzed texts are often called by the family name, and the gender of the concerned person can only be found out by additional inquiries.

## **8.1. Random Sample**

All editions of the years 2004 and 2005 of the journals "DO German Paper for Osteopathy" and "Osteopathic Medicine" are gathered. The years 2004 and 2005 are chosen, because they present the most current and complete years of the beginning period of the study. Therefore they enable a quite exact statement about the IST situation of female osteopaths regarding the analyzed questions.

## **8.2. Statistic Evaluation**

The statistic evaluation was done - as in other content-analytical tests of magazines - with the help of a one-dimensional  $\chi^2$  test.

The analysis results are shown in a tabular review, following the individual questions:

The significance levels are marked as follows:

\* significant on the significance level Alpha = .05

\*\* significant on the significance level Alpha = .01

## 9 Content Analysis

With the help of the listed questions in the following chapter a differentiated and comprehensive picture of the presence of female osteopaths in the tested magazines should be drawn up.

Analyzed are the frequencies, where women in comparison with men are mentioned in the individual articles in word and picture, and if gender-neutral forms are used.

As Röser (2006) shows, it is also of interest how many women appear as authors, as by tendency, contributions composed by women represent a higher women quota (compare chapter 6.2).

For a better survey, all questions dealt with in the content analysis are listed in the following chapter, and subdivided into two large groups: In the first group general gender-specific aspects are taken care of. The second group is concerned with the analysis of the female author team.

### 9.1. *General Gender-Specific Analysis*

Analyzed is the whole magazine material (inclusive event calendar).

- 1)
  - a) How many times are women mentioned by name?
  - b) How many times are men mentioned by name?
  
- 2)
  - a) How many women get a direct chance to speak (e.g. in interviews) ?
  - b) How many men get a direct chance to speak?
  
- 3)
  - a) How many words do women speak in a direct speech?
  - b) How many words do men speak?
  
- 4)
  - a) How many women are portrayed?
  - b) How many men are portrayed?



- 5)
  - a) How many women are cited?
  - b) How many men are cited?
  
- 6)
  - a) How many words contain citations of women?
  - b) How many words contain citations of men?
  
- 7)
  - a) How many books of women get reviewed and mentioned as literature recommendations?
  - b) How many books of men get reviewed and mentioned as literature recommendations?
  
- 8)
  - a) How many women are shown in pictures?
  - b) How many men are shown in pictures?

All pictures where 8 persons or less are shown, are analyzed.
  
- 9)
  - a) How much place (measured in cm) are pictures of women taking up?
  - b) How much space are pictures of men taking up?

Measured are only pictures with maximal 8 photographed persons. The total picture size is divided by the number of persons and multiplied by the number of persons of the same gender.
  
- 10)
  - a) In how many articles are gender-neutral formulations used?  
(e.g. female osteopath instead of osteopath, female student instead of student, ... )
  - b) In how many articles are gender-neutral formulations used?

Excluded from this analysis is the event calendar, as well as book reviews.

## **9.2. Analysis of the Female Author Team**

The magazines DO and OM show a different subdivision of the female collaborators.

The magazine DO subdivides the editorial department team in:

Publisher

Editorial advisory Board

Scientific Advisory Board

Editorial Department

Marketing

Advertisements

The paper OM subdivides the editorial department team in:

Publishers

Managing Editors

International Editorial Board

Rubrics Management Anatomic Flashlight

Rubrics Management Literature Recommendation

Sale of Advertisements

All female collaborators, mentioned at the back cover are included in the frequency analysis (all above mentioned categories).

- 11)
  - a) How many women are in the editorial team?
  - b) How many men are in the editorial team?
  
- 12)
  - a) How many women are among the authors of the individual articles?
  - b) How many men are among the female authors?
  
- 13)
  - a) How many women appear as reviewers?
  - b) How many men appear as reviewers?

### **9.3. Qualitative Aspects**

The main focus of the work on hand is the quantitative data collection from the chosen samples, in order to establish an IST analysis of the numerical relations, where women respectively men appear in magazines. But in the course of the data collection it was also interesting to observe some qualitative aspects, although no claim of a complete qualitative data analysis can be raised here.

The following questions were processed:

What do women/men write about?

In which reports do women/men appear more frequently?

Is a gender-sensible view taking place in regard to certain issues?

## **10 Hypothesis and Results**

The results are displayed and discussed, analogue to the categorical system tabular. In order to enable a qualitative interpretation of the data, the collected data of "Do" and "Osteopathic Medicine" are displayed first in separated tables. But the statistic evaluation is done for the sum of the collected data of both magazines.

## 10.1. Hypothesis and Results to Question 1

(How often are women and men mentioned by their names?)

H1: It is to be expected that less women than men are mentioned by their names.

Table 1.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>1a</b>	43	42	36	59	23	28	29	15
<b>1b</b>	257	208	166	314	269	187	179	83
<b>% Women</b>	14,3	16,8	17,8	15,82	7,88	13,0	13,9	15,3

Table 1.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>1a</b>	201	155	64	81	56	47	89	44
<b>1b</b>	601	402	218	197	318	540	482	389
<b>% Women</b>	25,1	27,8	22,7	29,1	14,97	8,0	15,6	10,2

Table 1.3. Number of the mentioned women, respectively men

Nominal Naming	Total N	Female		Male		X <sup>2</sup>	Signifi- cance
		N	%	N	%		
	5822	1012	17,38	4810	82,62	X <sup>2</sup> 1,n=5822 =2477,6	**

### **10.1.1 Interpretation of the Results**

The hypothesis is confirmed by the analysis results. Over 80% of the persons named are men – women occur much lesser. The number of the named women does not exceed the number of the named men, in a single one of the analyzed editions. This is in accord with Schmerl's (1989) collected data about the presence of women in German daily papers, as well as the analysis of Austrian magazines and journals by Gidi (2000), which confirmed the existence of male and female actors at a quota of 1:5 to 1:2. Also the content analysis of the journal "month" reaches the result that over 2/3 of the named persons at the analyzed editions are of male gender (Schmid 2002).

On a percentage basis, most women are found in the presented study of the edition "Ost. Med.4/04". There the women quota reaches 29.1%. The focus of this edition deals with cranio-sacral therapy and child osteopathy. But the conclusion of a generally higher women quota in this field is not correct, based on the collected data. On one hand, the difference of the women-quota in the remaining editions with other focuses is relatively low, on the other hand the quota of the named women in the edition "DO 4/04 - which has cranio-sacral osteopathy as a focus - reaches only 15.8%.

### **10.2. Hypothesis and Results to Question 2**

(How many women respectively men take a verbal stand)

H2: More women than men take a verbal stand

Table 2.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>2a</b>	3	0	1	0	1	0	1	2
<b>2b</b>	4	1	0	3	0	1	1	7

Table 2.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>2a</b>	1	3	4	4	2	1	1	0
<b>2b</b>	1	9	2	4	2	2	1	0

Table 2.3. Number of women/men who take a verbal stand

Direct speech	Total	Female		Male		$\chi^2$	Significance
	N	N	%	N	%		
	62	24	38,7	38	61,3	$\chi^2_{1,n=62} = 3,16$	--

### **10.2.1. Interpretation of the Results**

The hypothesis is not confirmed by the empiric results. The difference between the frequencies in which women or men take a verbal stand is not significant. All in all, the collected frequencies are relatively minor. There are four journal editions, without women taking a verbal stand, and there are also three editions without men taking a verbal stand. But after careful consideration of the magazines it is evident that only half as many women as men are taking a verbal stand (8 women, 17 men), as the total collected data in “DO” shows. In “Osteopathic Medicine” the difference is less distinctive (16 women, 21 men).

### 10.3. Hypothesis and Results to Question 3

(How many words do women or men voice in direct speech?)

H3: The printed opinions expressed by women consist of fewer words than those of men.

Table 3.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>3a</b>	270	0	150	0	142	0	12	84
<b>3b</b>	134	118	0	1096	0	161	182	651

Table 3.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>3a</b>	201	1317	771	38	260	16	142	0
<b>3b</b>	601	2232	886	55	2345	205	441	0

Table 3.3. Number of words of women/men in direct speech

Number of Words	Total Number	Female		Male		$\chi^2$	Significance
		N	%	N	%		
	12510	3403	27,2	9107	72,8	$\chi^2_{1,n=12510} = 2600,77$	**

#### 10.3.1. Interpretation of the Results

The result is very significant. The word extent of the interviews of women amounts to less than a third to the one of men. Expressed in relative numbers it means, 27.2% of the printed words in interviews are spoken by women, 72.8% by men. Interesting in the interpretation of data is also the relation of the amount of words proportionally to question 2 – the number of women and men taking a verbal stand.

By calculating the average number of words which are printed of a woman, respectively, of a man, the following picture occurs:

Number of direct speeches	Number of words in direct speeches	Number of words per woman/man in a direct speech
F2:24	F3: 3403	F3:F2= 141,8
M2: 38	M3: 9107	M3:M2= 239,7

In average, a woman speaks 141.8 words in direct speech, a man on the other hand 239.7 words. It is obvious that women are not only inferior to men at the absolute number of words in direct speech; they also speak fewer words in comparison to the frequency of the direct speeches.

#### **10.4. Hypothesis and Results to Question 4**

(How many women/men are portrayed?)

H4: Less portraits of women as of men are published.

Table 4.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>4a</b>	1	0	0	0	0	0	0	0
<b>4b</b>	0	1	1	1	1	1	1	1

Table 4.2. Collected Data „Osteopathic Medicine“



	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>4a</b>	0	0	0	0	0	0	0	0
<b>4b</b>	0	0	0	0	1	3	1	1

Table 4.3. Number of Portraits of women/men – Statistic evaluation

Number of Portraits	Total Number	Female		Male		$\chi^2 = 8,71$	Significance
		N	%	N	%		
	14	1		13		$\chi^2_{1,n=14} = 10,29$	**

#### **10.4.1. Interpretation of the Results**

In every edition the “DO” journal dedicates a double page to a female, respectively, male osteopath, who has performed pioneer work. At the analyzed editions only once a woman was portrayed, namely Geneviève Heim in “DO 1/04. All other editions introduce men. The journal “Osteopathic Medicine” reserves no certain page for portraits, but famous female/male osteopaths are always again introduced, mostly corresponding to special subjects. At the analyzed editions not a single woman was found in a portrait – all portraits dealt with men.

The difference in the number of portraits about women respectively men is highly significant.

#### **10.5. Hypothesis and Results to Question 5**

(How many women/men are quoted?)

H5: Less women than men are quoted

The number of citations of A.T. Still was counted separately at the data collection, since he, as the founder of osteopathy is quoted disproportionately often. The given frequencies in the tables are the number of all citations (including Still-citations). But Still-citations are pointed out extra in brackets. For instance, under DO 1/04, 5b the indicated frequencies are 7 (3). That means 7 citations of men, out of it 3 citations of A.T. Still.

Table 5.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>5a</b>	0	0	0	1	2	1	1	0
<b>5b</b>	7 (3)	4 (2)	4 (1)	2 (0)	5 (1)	3 (2)	5 (0)	8 (2)

Table 5.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>5a</b>	0	0	0	2	1	1	0	0
<b>5b</b>	0	2	10	3 (2)	2	24	16 (3)	12

Table 5.3. Number of women/Men quoted – Statistic evaluation

Citations	Total Number	Female		Male		$\chi^2 = 8,71$	Signifi- cance
		N	%	N	%		
	116	9	7,76	107	92,24	$\chi^2_{1,n=116} = 82,79$	**

### 10.5.1. Interpretation of the Results

Clearly less women than men are quoted. The result is not very surprising. Since considerably less books and studies of women are published as of men, it is obvious that citations of works of male authors prevail. However, surprisingly is the distinction of the differences: only nine citations of women, 103 of men. Even if Still's citations are deducted, there are still ten times more citations of men as of women.

### 10.6. Hypothesis and Results to Question 6

(How many words of women/men are quoted?)

H6: Fewer words of women are quoted as of men.

Also in this question Still-Citations are separately put in brackets, according to the same sample as in question 5.

Table 6.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>6a</b>	0	0	0	16	142	39	26	0
<b>6b</b>	758 (563)	198 (180)	218 (44)	55 (0)	126 (57)	67 (53)	347 (0)	485 (72)

Table 6.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>6a</b>	0	0	0	32	6	27	0	0
<b>6b</b>	0	24	225	75 (48)	284	1132	683 (119)	387

Table 6.3. Number of words and citations

Citations	Total Number	Female		Male		$\chi^2 = 8,71$	Signifi- cance
		N	%	N	%		
	5352	288	5,4	5064	94,6	$\chi^2_{1,n=116} = 4262$	**

### 10.6.1. Interpretation of the Data

The result is significant. Only about 5% of all cited words originate from women, 95% from men. Since publications are dominated by male authors, also here the relation to question 5 was considered, in order to find out if women are permitted less words, in relation to the number of citations.

Number of citations (Question 5)	Number of words in citations	Number of words per woman/man in citations
F5:9	F6: 288	F5:F6= 32
M5: 107	M6: 5064	M5:M6= 47,3

The result is less distinctive as in question 3, but the citations of men are still more extensive than the ones of women. A woman's citation contains 32 words in average, a citation of a man 47.3.

## 10.7. Hypothesis and Results to Question 7

(How many books of women/men are reviewed?)

H7: Less books of women than of men are reviewed.

Table 7.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>7a</b>	1	0	0	0	0	0	0	0
<b>7b</b>	1	0	1	1	2	0	0	0

Table 7.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>7a</b>	0	1	0	1	0	0	0	0
<b>7b</b>	1	9	1	0	2	3	0	0

Table 7.3. Number of reviews – Statistic evaluation

Reviews	Total Number	Female N	%	Male N	%	$\chi^2$	Signifi- cance
	24	3		21		$\chi^2_{1,n=24} = 13,5$	**

### **10.7.1. Interpretation of the Results**

The amount of the evaluated data is, all in all, relatively small. In six analyzed magazines no books are reviewed, respectively, no literature recommendations mentioned. This impedes an interpretation of the data. In order to receive a convincing result regarding this question, the amount of samples should be increased. However, it is alarming that in all 16 analyzed magazines only 3 books of female authors are introduced. The result of the statistical evaluation is utterly significant. Again we appeal to women to publish more works, and we also appeal to the editorial team of the magazines to attach more value to published works of women.

## 10.8. Hypothesis and Results to Question 8

(How many women respectively men are shown in pictures?)

Counted were all women and men who are portrayed in the analyzed magazines. For question 8 the picture size is not important. Excluded were pictures on which more than 8 persons are seen.

H8: Less women than men are portrayed.

Table 8.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>8a</b>	8	3	7	8	10	1	4	9
<b>8b</b>	9	6	7	22	8	9	12	1

Table 8.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>8a</b>	2	12	9	5	5	4	7	5
<b>8b</b>	5	13	10	8	19	18	3	15

Table 8.3. Number of women/men shown in the picture

Number of women/men on pictures	Total Number	Female		Male		$\chi^2$	Significance
		N	%	N	%		
	262	99	37,8	163	62,2	$\chi^2_{1,n=262} = 15,63$	**

### **10.8.1. Interpretation of the Results**

The hypothesis has been confirmed by the analysis results. As a matter of fact, distinctly more men than women are shown in the pictures. The aggravating underrepresentation of women at the picture documentation was already proved by Knigge 1996 in an examination at the "Göttinger Tageblatt". From nearly 1600 collected photographed persons only 30% are women (Knigge 1996). Hereby it has to be noted that all women/men on the photos have been counted in the presented study, independent of the context. Here, a qualitative analysis would lead to a further question, for instance, are the photographed persons therapists or patients.

### **10.9. Hypothesis to Question 9**

(How much place (measured in cm) do the pictures of women and men take?)

H 9: Pictures of women take less place than those of men

Table 9.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>9a</b>	103	79,5	44	119	243	7,5	38,5	7
<b>9b</b>	20,5	144,5	73,95	404,5	201	22,5	296,5	154,25

Table 9.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>9a</b>	10	184,5	173,5	325,5	57,5	20,75	403	59,5
<b>9b</b>	35	216	345	235	207,5	406,5	18	163,5

Table 9.3. Picture size of women, respectively of men (in cm<sup>2</sup>) in relation to the number of photographed women, respectively men

Picture size of all photos of women	Picture size of all photos of men	Quota of the picture size reg. the number of all photos with women 1875,75:99=	Quota of the picture size reg. the number of all photos with men 2944,2:163=
1875,75	2944,2	18,95	18,06

### **10.9.1. Interpretation of the Data**

The picture size of the photographed women and men is just about the same. That means, when women are photographed, their pictures are granted approximately the same place as the pictures of men. In average a woman's picture is taking 18.95 cm<sup>2</sup>, the picture of a men 18.06 cm<sup>2</sup>.

### **10.10. Is the Female Form of Address and Neutral Forms of Address Used in the Report (e.g. students, single parent ... )?**

(Counted are the numbers of conforming Articles)

- a. yes (throughout the whole report)
- b. no (throughout the whole report)
- c. partly (female or neutral forms only partly in the report)
- d. not attributable (no formulations are used which would permit a relation)

The total amount of articles of all analyzed editions is 265. At a confrontation of those articles, where a distinct use of the female form of address is evident, it is obvious that in nearly one third of the articles female or neutral forms of address are used.



Table 10: Number of articles in which female forms of address a) all through, b) not at all, c) partly - were used, respectively where d) no classification could be done, since neither male nor female forms of address appeared

	a. yes	b. no	c. partly	d. not attributable
DO (Absolute number)	5	103	12	35
OM (Absolute number)	9	69	3	29
Total (Absolute number)	14	172	15	64
Relative number	5,3%	64,9%	5,7%	24,1%

### **10.1. Interpretation of the Results**

Only in 5% of all articles female forms of address are used consequently, but at 65% male forms of address are used consequently. The result is not surprising. Anneliese Gidl (2001) determined in her study of female forms of address in print media that in the general part of the Austrian magazines she studied, almost without exception, the male forms of address with the German masculine article, “**der**”, were used, such as: der Bürger, (the citizen), der Steuerzahler (the tax payer), der Arbeitgeber (the employer). Only if an article is exclusively written for women is the feminine article, “**die**”, used, giving die Leserin (the reader). Only in the nineties female forms of address were used hesitantly and incomplete. Most frequently female forms of address in the analyzed magazines are used by female authors.

### **10.11. Hypothesis and Results to Question 11**

(How many women are in the editorial team?)

H 11: There are fewer women than men in the editorial team.

Table 11.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>11a</b>	4	4	7	6	6	6	6	6
<b>11b</b>	7	4	13	14	14	13	13	15

Table 11.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>11a</b>	3	3	3	3	5	4	1	3
<b>11b</b>	15	16	17	17	18	20	8	20

Table 11.3. Number of women, respectively men in the editorial team, Statistical evaluation

Number of F/M in the editorial team	Total Number	Female		Male		$\chi^2$	Significance
		N	%	N	%		
	294	70	23,8	224	76,2	$\chi^2_{1,n=294} = 80,67$	**

### 10.11.1. Interpretation of the Data

The result of the analysis is significant. More than three fourth of the persons in the editorial team are men. Here, women are grossly under-represented. Considering, this is the place where focal points of the magazine's contents are dealt with; this numerical proportion does not seem to be advantageous in order to bring women into focus.

Meanwhile several surveys have been started in Germany, regarding the under-representation of women in journalism. Klus's (1998) calculations are based on a female journalist quota of about 30%. For Austria, Gidl (2001) assumes "a general under-representation of female journalists". Because of the multitude of articles

without mentioning the authors' names, she does not make an exact statement on data.

### **10.12. Hypothesis and Results to Question 12**

(How many women, respectively men are among the authors of the individual articles?)

H: There are fewer women than men among the female authors.

Table 12.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>12a</b>	4	5	2	6	0	4	5	2
<b>12b</b>	18	18	11	12	1	14	13	11

Table 12.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>12a</b>	2	8	4	7	2	3	5	4
<b>12b</b>	13	19	7	8	11	6	5	12

Table12.3. Number of women/men as authors of the individual articles

F/M as authors	Total Number	Female		Male		$\chi^2$	Significance
		N	%	N	%		
	242	63	26,03	179	73,03	$\chi^2_{1,n=242} = 55,60$	**

### 10.12.1. Interpretation of the Results

The evaluation of the results indicates a nearly identical picture of the evaluation of the previous question: Also among the authors of the individual articles there are clearly less women than men. Therefore, again the call to women for increased publishing of articles in magazines and the appeal to the editorial team to attach more value to works published by women.

### 10.13. Hypothesis and Results to Question 13

(How many women respectively men appear as reviewers?)

H 13: At the examined editions women are writing less books reviews than men.

Table 13.1. Collected Data DO

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>13a</b>	0	0	1	0	0	0	0	0
<b>13b</b>	1	0	0	1	0	0	0	0

Table 13.2. Collected Data „Osteopathic Medicine“

	<b>1/04</b>	<b>2/04</b>	<b>3/04</b>	<b>4/04</b>	<b>1/05</b>	<b>2/05</b>	<b>3/05</b>	<b>4/05</b>
<b>13a</b>	0	15	1	0	0	0	0	0
<b>13b</b>	1	6	0	1	2	4	0	1

Table 13.3. Number of women/men as reviewers – Statistical evaluation

Number of women/men as reviewers	Total Number	Female		Male		$\chi^2 = 8,71$	Significance
		N	%	N	%		
	34	17	50	17	50	$\chi^2_{1,n=0}$	--

### **10.13.1. Interpretation of the Results**

The hypothesis is not confirmed by the analysis result. Women and men balance each other exactly as book reviewers. Why women, of all things at book reviews, break out of the otherwise constant under-representation in the field of authorship, is unclear and can also not be answered by the present study.

## **10.14. Qualitative Aspects**

### **10.14.1. What do Women and Men Write About?**

At first the question was followed up, in which fields women would be active as authors, and in which fields men. However, no preference could be made out here. To make the data comparable, the headlines of the journals DO and OM were listed

to determine whether certain frequencies of women, respectively, men would occur at certain themes.

But since both journals are working with different headlines, a joint analysis was not possible. Because of a strong splitting in sub-groups the number of female authors at individual theme groups is low. No obvious frequencies of women respectively men at certain theme groups are visible. A convincing analysis for such a qualitative examination would need a larger amount of samples.

#### ***10.14.2. Does a Gender-Sensitive Consideration in Certain Themes Take Place?***

Not a single of the analyzed magazines shows a gender-sensitive consideration of certain themes. Not one of the editions mentions gender-questions and there are also no current questions of gender medicine in the report.

After a short glance at the introduced studies in the analyzed magazines the conclusion occurs that most of the time the data of women and men were not evaluated separately. A total of 27 studies regarding different themes are introduced. Only in 2 of the 27 studies it was listed how many women, respectively, men have been among the test persons. But also in these two cases, no separate data evaluation was done.

## 11 Summary and Discussion

Gender medicine and gender mainstreaming is gaining ground. As explained in Part I of the work on hand, research on this theme has multiplied during the last years. Meanwhile, questions to gender medicine are shown increasingly at the coverage of daily papers. Recently the journal “profile” dedicated a five-page article to gender-medicine (profile 26, 07), gender congresses are held, and in Austria consideration is being given to the introduction of a special study course for "gender" in medicine. But where is the gender-thought in the field of osteopathy? In casting a glance on Part II of the present work it seems that gender-mainstreaming in osteopathy is still in a state of slumber. Women are significantly less referred too in the analyzed magazines, are significantly less speaking up and are significantly less quoted. Significantly less books of women as of men are introduced, and among the authors in the editorial team there are significant less women than men. Only in 5.3% of all analyzed articles female or neutral forms of address were used. Terms like gender mainstreaming or gender medicine do not exist in any of the analyzed editions. Studies which contain gender-sensible data are searched in vain. Only in 2 of 27 studies of the analyzed papers is it mentioned how many women respectively men were among the test persons, and also in these two cases no separate data evaluation was done. The existence of differences in the osteopathic treatment of women and men, respectively whether women and men react differently to an osteopathic treatment, is obviously not a research subject. For example, it would be an interesting question if cranio-sacral techniques are rather used on women or men, or if a cranio-sacral, or also a high velocity thrust-technique is more effective in men than in women?

Most osteopaths would probably reject all these questions by pointing to the holism of the osteopathy and the individuality of the treatment. Studies in this regard have not yet been conducted.

Considering the drug supply, for a long time it was assumed that no differences between men and women have to be observed as far as the dosage was regarded. Up to 1975 barely any works were published about the different effects of drugs on women and men. Since end of the nineties, more than 3000 works dealt with this

issue (profile 26/07). Today it is undisputed that women are not “smaller men”, and that drug research must increasingly include gender aspects into its studies.

Because the gender-thought had hardly gained access into the osteopathic research, it is of interest to take stock and to consider the status quo. With the help of the present content analysis, a small aspect of it will be analyzed here: It will be tested whether women and men in the German-speaking area find a proximate equal representation in the osteopathic journals. Despite the distinction of the result, one has to be aware that only a minimal partial effect of osteopathy is commented in this study. So for instance, the content analysis is limited to the German-speaking countries. It is a debatable point whether the results of the study on hand are also transferable to other countries. Here, it would be interesting to do a similar research in the French or English-speaking countries and to compare the results. It must also be mentioned that the conducted study is limited to the media sector and magazines, where only a filtered reality is outlined (Vollbrecht 2001) as explained in chapter 6. Therefore, based on the results of this study it is not possible to draw a conclusion to the general representation of women in osteopathy. Also, it is not the aim of this study to make general statements about the situation of female osteopaths. Based on the unambiguousness of the results, it is to be hoped that other magazines on the gender issue in osteopathy will follow, which in turn might ultimately lead to more insight into the overall situation, provided the vicious circle can be interrupted, where women are less represented, take themselves less important, and are taken less important (Vollbrecht 2001).

Regarding the method of the present work it is to be said that mainly a frequency analysis was carried out. It would be interesting to join in further intensity analysis, making it possible to carry out qualitative analysis, and to find out how strong evaluations can be expressed in analysis material. Qualitative aspects were only dealt with on the sideline of this work. There would still be a multitude of questions of great interest. Starting from a qualitative analysis of picture material (for instance, “In which connection are women/men shown in pictures?”), to the analysis of the contents (for instance, are there key words which are rather used by women, respectively, rather used by men?”), to the analysis of female authors (for instance, what do women write about? What do men write about?), and many others.



With this in mind, hopefully as many women and men as possible will introduce the thoughts and contents of gender medicine into osteopathy, and that this research target in the sense of both - the female therapists and female patients – will not be excluded of the osteopathic research and the osteopathic daily routine.

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## Abstract

Key Words: Gender Medicine, Women, Female Osteopaths, Content Analysis, German Osteopathic Journals

Gender medicine and gender mainstreaming is gaining ground. As explained in Part I of the work on hand, research on this theme has multiplied during the last years. Meanwhile, questions to gender medicine are shown increasingly at the coverage of daily papers. Recently the journal "profile" dedicated a five-page article to gender-medicine (profile 26, 07), gender congresses are held, and in Austria consideration is being given to the introduction of a special study course for "gender" in medicine. But where is the gender-thought in the field of osteopathy? In casting a glance on Part II of the present work it seems that gender-mainstreaming in osteopathy is still in a state of slumber. A content analysis is the used method. The study on hand deals mainly with quantitative data collection and is based on the comparison between the frequency of presence of women versus the frequency of presence of men. The results leave no doubt. Women are significantly less referred to in the analyzed magazines, are significantly less speaking up and are significantly less quoted. Significantly less books of women as of men are introduced, and among the authors in the editorial team there are significant less women than men. Only in 5.3% of all analyzed articles female or neutral forms of address were used. Terms like gender mainstreaming or gender medicine do not exist in any of the analyzed editions. Studies which contain gender-sensible data are searched in vain. Only in 2 of 27 studies of the analyzed papers is it mentioned how many women respectively men were among the test persons, and also in these two cases no separate data evaluation was done. The existence of differences in the osteopathic treatment of women and men, respectively whether women and men react differently to an osteopathic treatment, is obviously not a research subject.

With the aid of the study on hand, it is stated to be of absolute interest to permit the gender-thought to slip into osteopathy increasingly – for the benefit of the female osteopaths, and last but not least also for the benefit of the female patient.