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History of Key Events in Women's Health Care

Zoë M. Chambliss
Gettysburg College

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History of Key Events in Women's Health Care

Abstract

In 1973, ninety-three percent of all American doctors were men (Ehrenreich and English). Gender based inequity permeates all spheres of women's health care from employment to access to treatment to biologically-based myths of male superiority, yet women once presided over the health and spirituality of their communities and their own bodies. All of the earliest human societies worshipped the Earth Goddess and respected women as holy givers of life. This tradition persisted until the rise of the patriarchy and Western "Civilization" increasingly forced women out of positions of power and rewrote the religious stories to give supremacy to male sun gods. The ancient knowledge of women and their health services to the lower class began to pose a threat to the power of the Catholic Church, the new male medical profession, and the upper class. Through the destruction of the earth goddess cultures, the witch craze, and the professionalizing of health professions, the medical system has systematically limited women's access to treatment and education and utilized sexist stereotypes to prevent women from exercising power over men or their own bodies. These key historic events shaped women's health care today.

Keywords

women, health care, history, goddess culture, witch craze

Disciplines

Women's Health | Women's History | Women's Studies

Comments

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Zoë Chambliss

Professor Sellers

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In 1973, ninety-three percent of all American doctors were men (Ehrenreich and English). Gender based inequity permeates all spheres of women's health care from employment to access to treatment to biologically-based myths of male superiority, yet women once presided over the health and spirituality of their communities and their own bodies. All of the earliest human societies worshipped the Earth Goddess and respected women as holy givers of life. This tradition persisted until the rise of the patriarchy and Western "Civilization" increasingly forced women out of positions of power and rewrote the religious stories to give supremacy to male sun gods. The ancient knowledge of women and their health services to the lower class began to pose a threat to the power of the Catholic Church, the new male medical profession, and the upper class. Through the destruction of the earth goddess cultures, the witch craze, and the professionalizing of health professions, the medical system has systematically limited women's access to treatment and education and utilized sexist stereotypes to prevent women from exercising power over men or their own bodies. These key historic events shaped women's health care today.

For thousands of years, women presided over the spirituality and health of their communities. Women passed down the knowledge of how to survive and remain spiritually whole from one generation to the next through Goddess-centered traditions (Reed 1989). Because ancient peoples worshipped the earth and Mother Goddess as the "source and sustainer

of all life,” they also considered women, the image of the Goddess, holy (George 38). Many of the oldest symbols of cultures (figurines, temples, paintings) recognize the power and importance of women. The Wise Woman tradition of healing reflects women’s role as the most regular provider in hunter gatherer societies by emphasizing nourishment. The power of women is expressed through the concept of the void. Goddess-centered religions recognized menstrual blood, nourishment from the void, as a “holy blood,” a natural lunar cycle of death and renewal, and a mark of the evolving nature of feminine holiness (Weed 15; George 202). The time of the Goddess religions centralized women in their own health care. Ideas of health centered on women’s needs and cycles. Recognizing the interconnected nature of spirituality, personal health, community, and all living creatures placed women, the healers and priestesses, in positions of authority and power.

The destruction of the Goddess religions marked the beginning of female disenfranchisement and removal from the medical system. The development of agriculture around 10,000 BCE threatened the ancient Goddess traditions because man, seeking to control the earth like never before, disrupted the traditional balance and respect between humans and nature (Reed 1989). In many parts of the world, the Goddess culture persisted through the agricultural revolution, not fading away until around 3000 BCE with the invasion of patriarchal, sun-god worshipping tribes from the “north” (George 35). In this transitional period, Goddess worshipping people were “raped and slaughtered, their homes and communities pillaged and burned, their values and beliefs suppressed” (36). Up to this point, patriarchal tribes existed in few areas of earth, so this wide-scale, violent takeover by the patriarchal tribes marked the first major global cycle of disenfranchisement in women’s history and health care. The patriarchal tribes stripped women of their positions of power and banned them from practicing healing.

More importantly, they engineered a cultural takeover by transforming the symbols and sites of power of Goddess religions and rewriting myths to reflect the power of man and the sun gods (Reed 1989). Ancient myths show this cycle through “the emergence of a young God, first as the son/lover/consort of the Goddess. Then, as he grows in power, he eventually supersedes her to become the God/King and her creator, husband, and father” (George 37). This mythical cycle corresponds to the actual system by which conquering men gained power: first by marrying priestesses and queens to establish their power, then by stripping women of their rights entirely. Later as the “patriarchal solar heroes [slayed] the dragons and serpent,” traditional symbols of the Goddess religions, the male religions ordered the destruction of all holy sites of the Goddess religion (38). The tribes utilized the historic triple nature of the woman as the maiden, the mother, and the crone, to depict their ideals for female nature. They valued the innocent nature of the maiden who has not yet “come into her menstrual power” and the nurturing role of the mother, but they demonized the sexuality and knowledge of women represented by the crone and dark goddess (George 217). The myths and values of this period still correspond with some of Western society’s most lasting stereotypes of women as evil and scheming, wielding a power that must be conquered and made submissive. Menstrual blood ceased to be a symbol of female power and became a mark of female impurity. No longer did women reign over society and culture. Male rulers stripped them of their power and turned their stories against them to reshape the culture, literally removing women from the system.

Despite the removal of women from powerful roles and the destruction of the Goddess cultures, women still functioned as the lay healers of the people until the Witch Craze of the Middle Ages of Europe. During this period between the 14th and 17th century, sometimes referred to as the Women’s Holocaust, the Catholic Church and the ruling classes combined the powers

of the religious and legal systems to remove women from positions of powers as healers of the poor communities. Many historians dismiss the Witch Craze as a time of mass hysteria or Medieval superstition run wild, but the witch hunts were in actuality “a calculated ruling class campaign of terrorization” designed to “break down and destroy strong women” (Ehrenreich and English, *Witches* 39; Daley 183). The Witch Craze took place during a time of social upheaval during which the Catholic Church saw major threats to its power due to peasant revolts, the rise of capitalism, and the rise of Protestantism (Ehrenreich and English, *Witches* 35). Unlike the Goddess religions with their systems of equality and effective healing methods, Catholicism was a religion of the elite that offered no salvation but God. Catholic priests had declared the Black Plague a punishment for sin, so people had turned to the village Wise Women (Reed 1990). The perceived power of female healers over the peasant population made women the perfect target for the Catholic Church’s attempt to reclaim power. The church accused the poor, illiterate peasant women “of every conceivable sexual crime against men...of being organized...[and] of having magical powers effecting health– of harming, but also of healing” and tried them through the torturous methods outlined in the *Malleus Malificarum* (Enrenreich and English, *Witches* 39). These crimes emphasized the horror of female sexuality, urging women to restrain themselves and men to police and enforce their modesty. By associating female healers and sexuality with evil and the devil, the “sons of the church [could] erase women with the power to heal, not only by killing them, but [also] by denying that they healed of their own power” (Daley 218). At the same time, the Church also preached doctrine that depicted women as subservient and weak and frowned upon female healers’ “scientific” methods. Over time, the Catholic Church destroyed much of the ancient wisdom and knowledge of health of Wise Women, removed women from the medical system, and disenfranchised generations of women through sexist religious doctrine.

The Witch Craze made way for the rise of the male “healers” and the transformation of health care from a community good to a money making operation. This crusade further removed women from the medical community and perpetrated myths about the evil nature of female power and sexuality, many of which persist to this day.

In the 1800s in the United States of America, male doctors continued the struggle to remove woman from healing positions. For several centuries, during and after the Witch Craze the medical profession had been developing in Europe. Unlike Europe, the United States had few university-trained physicians, and such physicians did not have a well-established monopoly on medical care (Ehrenreich and English, *Witches* 64). In most parts of the United States, anyone who could demonstrate sufficient healing skills could practice medicine, and “women frequently went into joint practices with their husbands;” however, a growing number of formally trained doctors began competing with the lay healers for middle class customers, like their European counterparts had centuries ago (65-66). In both America and Europe, the process of limiting the presence of women in medical professions involved banning women from medical schools and organizations, the passing of licensing laws, and the depiction of female healers as uneducated and ineffective. In the United States, the formally-trained or “regular” doctors, typically white, male, and middle class, “with their close ties to upper class, had legislative clout” and could pressure legislatures to pass licensing laws regardless of popular support (68). In the 1830s and 40s women lobbied for a new medical system through the Popular Health Movement, but “regular” doctors responded by forming the American Medical Association, in which women were not allowed membership, and attacking alternative schools of medicine (75). The development of “germ theory” and advancement of medical science in France and Germany during the turn of the century also gave “regular” doctors the “mystique of science” that put them

“beyond criticism, beyond regulation, and very nearly beyond competition” (Ehrenreich and English, *Witches* 80, 85). Elite doctors educated in Vienna, Berlin, and, increasingly, in large American medical schools funded by new corporate barons, still could not guarantee higher rates of survival. As Daly notes, “poor women who literally gave birth in the streets of Vienna had a lower mortality rate than those giving birth in the First Clinic (staffed entirely by physicians and medical students) of the Vienna Lying-In Hospital” (Daly 294). Women, especially poor women, remained more likely to turn to midwives than obstetricians during labor, so professional doctors had the most trouble driving out midwives. Throughout the twentieth century, the medical community successfully pressured state governments to pass laws outlawing midwifery (87). American doctors had finally driven women out of autonomous medical professions, not through superior medical knowledge or practices but through strong associations with members of the upper class. The professionalization of the American medical profession, like the Witch Craze, was a systematic removal of women from healing roles to secure positions of power for a male, ruling class and to decrease competition both for doctrine and for patrons. As with the takeover of the patriarchal tribes, physically removing women from healing roles proved an effective method for men to seize power. The exclusion of women from these positions further disenfranchised them within the medical system.

At the same time that professional doctors were driving women out of medical professions, medical care for women was also changing. Since the destruction of the Goddess cultures, female sexuality, especially menstruation, had increasingly held cultural taboos. During the Witch Craze, the Catholic Church and upper classes used religion to encourage the suppression of female sexuality and to explain the inferiority of women. With the rise of the modern medical profession, the language of these justifications shifted from religious to

biological and scientific. Female health care, which had long since ceased to follow the Wise Women's holistic model, became focused almost exclusively on reproduction and the impact of reproductive organs, with doctors finding "uterine and ovarian 'disorders' behind almost every female complaint, from headaches to sore throats and indigestion" (Ehrenreich and English, *Complaints* 69). During the nineteenth and twentieth centuries, class lines strongly divided how medical professionals and society applied sexist ideology, and thus medical views and treatment, to different women. Upper class women, with their wealthy husbands, were considered inherently weak and perpetually sick and thus formed an ideal client class for doctors (46, 59). Perpetuating the myth of female invalidism not only aided doctor's financial security in terms of patients, but also helped them decrease competition by discrediting female healers (59). Female illness was not just physical; "woman's nature was determined solely by her reproductive functions" (70). At first doctors used methods like prescriptions of passivity and "'female castration,' that is, removal of the ovaries to cure 'insanity,'" but the rise of psychoanalysis and psychology created the perfect opportunity to transition treatment for female illness from gynecologists to psychiatrists, an especially convenient transition because being "perpetually sick [ceased to be] consistent with [women's] social roles (Daly 227; Ehrenreich and English, *Complaints* 91; 146). These turn-of-the-century ideas about women and women's health, though backed by contemporary science, were merely extensions of the current gender ideals and roles of the time. The medical community could easily shift biological reasoning to support the gender myths beneficial to those in power. This manipulation becomes especially obvious when examining how doctors of the time viewed women of lower classes. Unlike the frail, sick women of the upper classes, lower and working class women "were believed to be inherently healthy and robust," despite suffering far more from exhaustion, contagious diseases, and childbirth

complications (Ehrenreich and English, *Complaints* 41). Doctors had little concern or time for the health of the lower classes, except for its relation to that of the upper classes through spread of disease and outbreeding (99). Now, men had the full power to diagnose and deem an illness legitimate or psychosomatic, and men, not women, controlled treatments and health priorities regardless of reality or women's needs.

Since the destruction of goddess cultures around 3000 B.C.E., women have been increasingly removed from the medical system. This process of removal, as examined through the rise of patriarchal tribes, the witch craze, and the professionalization of medicine, was cyclical and systematic. As women, specifically women in healing positions with their "power" over the lower classes, posed a threat to male dominance, whether in leadership, religion, or professionally, they were banned from their posts, persecuted as superstitious or rebellious, and dismissed because of their gender. Through this pattern, women have been systematically removed from autonomous healing positions. These historical events continue to impact women in the health care system as women are over-represented in subservient nursing roles, and under-represented and under-paid in leadership and doctoral positions. These events also meant that men, not women, controlled women's health care. Women have long been limited in modern society by myths of biological inferiority or ideal gender roles, many of which were developed and advanced by male medical professionals hoping to decrease competition and create a client cast. Today, men largely control women's access to birth control, gynecological and obstetric care, and abortions. Over the last few decades, women have made great strides in claiming a place in the system. Books like *Witches, Midwives, and Nurses*, *Complaints and Disorders*, and *Our Bodies Ourselves* have advanced awareness of disenfranchisement, understanding of how it came to be, and knowledge of female bodies and rights. The feminist movement has pushed and

is pushing for greater workplace and educational equality and opportunity. Historians and archaeologists are uncovering and recovering more information about the ancient Goddess Cultures that viewed women as Holy. But there is still much to do. Analyzing how historic cycles of disenfranchisement have shaped women's health may be the next piece in understanding how to fully reclaim women's right to health care and an equal place in the medical system.

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