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Goddesses versus Gynecologists: An Analysis of the History of Women's Healthcare

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Abstract

Starting from the downfall of Goddess cultures in Europe, women's health care has been negatively impacted for generations. The rise of the white, male Indo-European "dominator model" along with the witch craze, caused the end of widespread wise women traditions and pharmacoepia methods. After women's traditional voice was silenced, medical colleges were established to pronounce new, "professional" knowledge. Only those who attended these universities were allowed to legally practice medicine; however, during this time, medical research and treatments for women primarily included mutilation and painful, nonsensical regimens. The horrifying state of women's healthcare has since improved, but was originally a direct result of several key historic events.

Keywords

healthcare, women's healthcare, gynecologists, obstetricians, midwives, women's health

Disciplines

Community Health and Preventive Medicine | Gender and Sexuality | Health Policy | Maternal and Child Health | Public Health | Public Health Education and Promotion | Women's Health | Women's History | Women's Studies

Comments

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Women's Health and Sexuality FYS

Goddesses versus Gynecologists: An Analysis of the History of Women's Healthcare

The current state of women's healthcare, including providers such as gynecologists, obstetricians, physician assistants, other types of doctors and midwives, can be seen as a very successful accomplishment for women considering the history of these fields. Women have not always been as fortunate to have professional and stable healthcare available to them. Starting with the destruction of the goddess and wise women figures to establish dominator model societies, women have been suppressed and silenced for generations. The witch craze and widespread female genocide across Europe quickly followed suit once the idea of powerful women began to sour. Not long after facing horrific tragedies at the hands of Indo European males, the rise of "professional" knowledge barred women from practicing medicine altogether. Throughout the course of history, several key events shaped women's healthcare, making the medical field a difficult place for women to seek safe and practical treatment.

The widespread destruction of goddess figures lent itself to establishing male power through the dominator model in which allowed them to start taking control of women's healthcare. Goddesses eventually became distorted from symbols of compassionate mothers to symbols associated with evil and original sin. The story of creation, taught by Christianity, exemplifies this change: Eve's curiosity for knowledge is named the cause of the downfall of all mankind. Eve's disobedience is poorly reflected on Adam, teaching everyone reading this

scripture that men should have a strong controlling hand over their female counterparts. Due to this new and distorted view of female power, goddess figures were literally scraped and sanded off of all memorials, churches, and statues by white males teaching this religious message. Simultaneously, “women in these cultures were stripped of their positions of political authority and decision-making powers as leaders, and they were deprived of their spiritual authority as priestesses” (George 36). The immense loss of control for women was a direct result of the force issued by white, Indo European men. These men began rewriting history and placing Goddesses below their Gods in power and control. As Goddesses lost their place within these societies, the women living within these communities were shamed for their beliefs. A portion of this hatred was directed towards female sexuality: it began to be looked upon as a disgusting or burdensome object. It was “accepted only for the purpose of creating offspring and continuing the race, and the memory of how the sexual energies of the Goddess were also used for ritual, healing, and regeneration was abolished” (39). Women began to feel ashamed of their sexuality; men then used female vulnerability as an opportunity to seize control of the social and political realm.

The European witch craze also negatively impacted women’s healthcare by suppressing female power and sexuality; ultimately leading to the continued growth of male domination over women. The witch craze, also referred to as the female genocide, was a time in European history that is often covered up and skipped in educational curriculum. Originally, the invisible wise women were thought of as normal, everyday figures: common mothers, grandmothers, or care takers. However, during this time of unjust persecution, ancient healing practices such as pharmacopeia began to be associated with witchcraft. The earthly knowledge of natural

remedies symbolized the power of women within their communities: this quickly became a threat to the rising male figures operating the dominator model. This social structure did not believe in the connection to nature, and advocated an “every man for himself” ideal. Therefore, any person who used wise women traditions to cure stood “trial” for her witch-like crimes. Often, these women were publically humiliated and tortured into highly falsifiable confessions: women were “stripped naked and shaved of all [their] body hair, then subjected to thumbscrews and the rack, spikes and bone-crushing “boots”, starvation and beatings” (Ehrenreich 39). These horrors were publicized as a patriarchal attempt at breaking mother-daughter bonds. As young women watched their mothers and wise elders suffer for being powerful and comfortable within their own sexuality, a trait of silence and obedience was ingrained in their young minds. The wise woman tradition fell silent with this new generation due to their fear of male power and persecution. At the same time that this genocide was occurring, the invention of the printing press made it easy for copies of the same questioning manual to be distributed across vast areas. Rather than assuming the uniform prompts for the “witches” would cause similar confessions, men believed that the widespread and similar confessions between women meant nothing other than the uniform practice of demonic witchcraft. There was no escape for women at this time; “it was a calculated ruling class campaign of terrorization” (39). Women were no longer seen as the strong and capable Goddesses they had once been. Instead, men had officially forcibly taken control of society, politics, and healthcare.

The course of women’s healthcare was changed indefinitely once new, male dominated medical techniques constricted the practice of ancient traditions. Due to established male

dominance and female suppression, men believed they could own and control women's bodies. Men were given the power they needed to spur growth in American gynecology and other types of male dominated women's healthcare. School and medical systems for the United States were transferred over from those of Europe. By the time medical science reached America, midwifery had almost completely vanished overseas. Although male controlled medical science "amazed [Americans] by the unparalleled opportunities to study the processes of pregnancy and birth [at Vienna]" (Daly 294), the poor health conditions and inexperience of male doctors created a horrifying environment. Hand washing was not yet common practice in the medical field, and due to the unsanitary conditions, "[...] poor women who literally gave birth in the streets of Vienna had a lower mortality rate than those giving birth in the First Clinic" (294). As Americans gained knowledge from Vienna, there was a simultaneous growth in the fascination of women's reproductive organs. One doctor in particular, Dr. Marion Sims, was looked up to as nothing short of a god in the medical field during his time. Although his surgical theater and public female organ mutilation endeavors were more than most gynecologists pursued, Sims "did not differ essentially from his gynecological colleagues in intent, attitude, or method" (225). The nineteenth century can be seen as the official turn of men's control over women and their bodies. Doctors with official "medical knowledge" from universities quickly became the only source of available medical care due to being "under the protection and patronage of the ruling classes" (Ehrenreich 31). Even though women strived to receive new medical knowledge, they were not admitted into these universities. Being barred from learning the only accepted knowledge, as men mutilated women's bodies, created an impossible environment for women to nurture their bodies and sexuality.

The rise of the dominator model from the Indo Europeans paired with the destruction of goddesses and wise women cultures created an overall suppressed world for women. As women were executed for embracing their sexuality during the witch craze, the next generation of females lost their voices to a “man’s world”. Men began to see women’s bodies as a man’s property, and cruel dissections and experiments resulted from the idea of university learned “professional” knowledge. One thing led to another, and as men slowly but surely took control of women’s bodies and their sexuality, the healthcare field for women simply became a capitalist venture for men. The healthcare system is currently moving to integrate traditional knowledge into modern medicine practices: introducing the start of improved treatment of women. In many cases, women can now receive reliable and trustworthy healthcare from trained midwives and doctors alike.

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