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How History Shaped Women's Healthcare

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How History Shaped Women's Healthcare

Abstract

At the beginnings of civilizations around the world, many of these inhabitants worshipped goddesses that connected them to the world and earth. However, invaders from male-dominated civilizations worked diligently to eliminate the faces and ideas of a woman in power. As time progressed, other events like the witch craze continued to minimize the influence of midwives and healers, creating a medical dynamic where only men “knew” the ways of a woman’s body. Thus, the birth of gynecology and American medicine put notions into place that did not allow women to pursue medical careers, further eradicating the possibility for a woman to understand her body and use it for her power. Industrialization during the turn of the twentieth century created a socioeconomic divide that left two different classes of women with different access to medical treatments. Overall, the constant exclusion and dehumanization of women throughout history affected the future of women’s healthcare in society.

Keywords

women's healthcare, women's history, goddess culture, witches, midwives, healers, witch craze, Malleus Malificarum, biological class warfare, gynecology

Disciplines

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

Comments

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How History Shaped Women's Healthcare

At the beginnings of civilizations around the world, many of these inhabitants worshipped goddesses that connected them to the world and earth. However, invaders from male-dominated civilizations worked diligently to eliminate the faces and ideas of a woman in power. As time progressed, other events like the witch craze continued to minimize the influence of midwives and healers, creating a medical dynamic where only men “knew” the ways of a woman's body. Thus, the birth of gynecology and American medicine put notions into place that did not allow women to pursue medical careers, further eradicating the possibility for a woman to understand her body and use it for her power. Industrialization during the turn of the twentieth century created a socioeconomic divide that left two different classes of women with different access to medical treatments. Overall, the constant exclusion and dehumanization of women throughout history affected the future of women's healthcare in society.

Before the time of Christ, many cultures worldwide were considered goddess cultures, worshipping Moon Goddesses; however, this spirituality declined as invaders created a systemic patriarchal society that would lead to other events that had an impact on women's healthcare. As explained in the *Women and Spirituality Series* “Goddesses Remembered,” these goddess cultures worshipped in an equal and egalitarian society that used the goddesses as a connection between humans and Mother Nature. However, during 4000 BC and 2500 BC, nomadic Euro-centric invaders that worshipped “fiery solar gods” (George 36) began to suppress different

values and beliefs, and deprive women of their religious and political authority, thus causing the contributions of female deities to disappear from our history (George 36). These invaders essentially deleted the existence of female deities by replacing historical and mythical literature with male figures and idols of the Indo- European (37), removing any kind of feminine influence on a civilization's spirituality. The destruction of these religions led to the socially negative perception of goddesses that created a war between the light-skinned gods and the dark-skinned goddesses. This war forced many to believe that women were "associated with the forces of darkness and evil," and were "the property of their fathers and husbands" (38). These beliefs were especially reinforced by the Roman Christians, and they eradicated any information that was not coined by the church (39). For example, the church "outlawed the concept of reincarnation and cyclical renewal," which became branded as paganism and witchcraft (39). Since there were women who continued ancient traditions of midwives and healers, they were labeled as witches, ultimately starting a new method and attempt to continue to diminish female power that would affect women's healthcare.

As male dominated religions took over, various sects of Christianity became the leading force and ruler of many cultures, affecting the role that women had in authority, coining wise women healers as witches, and eradicating the validity of how they cared for women's health. As explained in *Women and Spirituality Series* "The Burning Times," wise women and healers continued to secretly practice ancient traditions that were viewed by most as threatening. As described in *Witches Midwives & Nurses*, medical professionals and the church joined forces to eliminate healers (Ehrenreich 31) and books such as *Malleus Malificarum* by Heinrich Kramer, which was released in the early period of this witch craze, created more animosity towards healers (18). Although witch burnings occurred in numerous cultures, the purpose of these

burnings in Europe was to “break down and destroy strong women” (Daly 183), as they were seen as “a threat to the rising professional hierarchy” (195) of the male-dominated medical field. “Witches represented a political, religious, and sexual threat to the Protestant and Catholic churches” (Ehrenreich 33) because of three reasons: they were women, they seemed to be culprits of organized crime, and they used science to heal (49). Many accusations centering female sexuality were used to single out these witches, accusations such as making deals with the Devil, making men’s penises disappear, and providing contraception (40-41). Ultimately, this genocide arose because of the “political and economic monopolization of medicine” (28) that needed to suppress any potential threat to it. While they were also being persecuted, witches were scapegoats for the mistakes of these uprising male doctors with little science knowledge, meaning that “anything [a male doctor] couldn’t cure was obviously the result of sorcery” (57). As a result, eliminating the healers and their traditions allowed for the male monopolized medical field to gain popularity with religious support without the menace of feminine power or authority.

The modern medicine of gynecology arose towards the end of the witch burning period, which continues to patronize women in society and further change how women are treated in the healthcare system. As Mary Daly writes, the “massacre of the wise women/healers... was followed by the rise of man-midwives who eventually became dignified by the name ‘gynecologist’” (224), implying that that the persecution of midwives and healers was for the purpose of male doctors to succeed without any potential threats. As gynecology was becoming more popular amongst the medical field, much centered around “reducing women to their sex organs” (Daly 225), highlighting the misogynistic undertones of gynecology that would continue to affect women’s healthcare in the future. Many gynecologists performed “ovariotomy,” or

“female castration,” which was essentially the removal of a women’s uterus to “cure insanity” (227-228). Husbands and fathers brought in their wives and daughters for this procedure as it was believed that it would make women more “tractable, orderly, industrious, and cleanly” (228), demonstrating how the objectification of a woman’s reproductive system had claimed that a uterus made up a woman’s personality. Aside from not being able to have a choice in what procedures could be performed on their bodies, women also were kept away from the science of their own bodies as the medical field became an area of profession. This meant that becoming a doctor now required a degree at a university, and since women were not allowed to be accepted into universities, it was only men who could succeed in this field (Ehrenreich 53-54), thus causing many women to not learn about their own bodies and continue to have it under control of a man. Women who did attempt to join the medical field faced much backlash, such as Harriet Hunt who was denied admission into Harvard Medical School because students threatened to riot, or Elizabeth Blackwell whose alma mater barred more women from studying in the school (73). These examples further exemplify the extent to which women were pushed back from being on the forefront of a new professional field, illustrating how their choices were limited by their society. Although they were prohibited from becoming doctors, nursing became a profession in the early nineteenth century (87). This might seem like a step in a better direction, but nurses still had “no power, no magic, and no claim to the credit” (96), as they were virtually just servants under male doctors. As Ehrenreich and English explain, “curing became exclusive province of the doctor; caring was relegated to the nurse” (96), which inherently reinforces the stereotype and patronization of women that in turn play a role in women’s medical treatments.

Considering all of these key moments of the oppression of women in society, it continued to affect how women were viewed in the nineteenth and twentieth century as Western countries

began to industrialize, and women's healthcare continued to be transformed. As *Complaints and Disorders* explains, women were portrayed as "misbegotten males" and the "source of venereal disease" (Ehrenreich 32-33). However, there was now a split between economic classes and how they are perceived by the greater society and the medical field. This divide revolved around the thought that affluent women were "inherently sick, too weak and delicate for anything," and working-class women were "inherently healthy and robust" (Ehrenreich 41), which caused healthcare and social problems amongst both groups. Since upper class women were seen as "social ornaments that proved a man's success" (48), they were expected to "accept their roles" (49) and whatever else their husbands or fathers expected of them. This objectification of this class medically made women fundamental only for reproduction, such as being advised to "concentrate their physical energy internally, toward the womb" (66), with their typical prescription of being put to bed rest, exemplifying the societal views of women's fragility. Additionally, conclusions were made at the time that "too much development of the brain... would atrophy the uterus" (66), showing how society continued to diminish the worth and potential of women. On the contrary, working-class women were seen as "sickening" rather than just "sick" (45). It was said that these women were healthy, but "sickness, exhaustion, and injury were routine" considering the atrocious working conditions these women dealt with working in factories, such as filthy floors, contaminated water, and vermin (96). Because of this, the death rates and infant mortality rates were significantly higher compared to upper-class women, yet there was no advocacy for better healthcare; instead, the upper-class public was more concerned with "what the poor were doing to the 'health' of the cities" (100), implicating that the driving force for this segregation of healthcare between the classes was about money. Social Darwinism further enforced this separation as "biological class warfare" arose, creating this idea of "the

danger of contagion from the poor” (Ehrenreich 105). For example, Typhoid Mary was a working-class servant who was accused of giving a family typhoid fever even though Mary was never a carrier of the disease, and she eventually became a “symbol of the ‘sickening’ women who poisons everything she touches” (115), further highlighting the differences in women’s healthcare amongst social classes. As time progressed, the Public Health Movement began to acknowledge the health issues that existed amongst working-class women, and upper-class reformers made it a project to “uplift” working-class women (135). Although numerous changes in terms of women’s healthcare have been put into place, like more access to birth control and the legalization of abortion, the suppression of women still has an underlying tone in today’s society, especially with racial and economic divisions. Statistics have shown that one-third of Latina and black women have had to delay healthcare, and one-fourth of women cannot fill medical prescriptions, all because of fiscal reasons (Ehrenreich 25). Nowadays, women of all classes are expected to have jobs of “a paid worker” and “an unpaid housekeeper and mother” (144-145), which came as a result of past stereotypes of women. Expectations of women have become double-binds. Ehrenreich and English explain with this example:

But now that middle-class women are finally sturdy enough to go out to work, they are being told that their children are too “delicate” to be left behind. Psychology has “discovered” that at least up to the age of three, children are totally dependent on one-to-one mothering! Send your child out to day care or hire a babysitter and you supposedly inflict a risk of lasting neurosis (149-150).

These double-binds and conflicting perceptions of women that exist today likely come from the combination of the stereotypes from each socioeconomic class that existed in the nineteenth and

twentieth century, along with the other key historical events that shaped how women are treated medically.

Since ancient times to current days, historical events have suppressed women into being the lesser gender of society. The erasure of goddess-worshipping religions was the first step to placing women in a lower societal standing compared to men, which would later affect the lives of wise women healers. The burnings of these healers implied that there was a threat to the social dichotomy, and men were put on the forefront of the medical field with little threats from powerful women. As medicine became a profession, gynecology further expressed misogyny, and women were put into the submissive category of nurses, continuing to affect societal perceptions of women. As industrialization was on the rise and economic classes became more distinct, upper-class and working-class women were seen as either weak or sickening, affecting how healthcare was received on both ends. Although there have been changes implemented to provide women with better overall healthcare, women still continue to face the expectations that have been combined with stereotypes from the past, causing women's healthcare today to be fabricated as the omission of women in power.

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