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The Gendered Social Politics of Health Issues

Amy Borovoy. *The Too-Good Wife: Alcohol, Codependency, and the Politics of Nurturance in Postwar Japan*. Berkeley: University of California Press, 2005. xvii + 234 pp. ISBN 0-520-24451-6 (cl); 0-520-24452-4 (pb).

Kirsten E. Gardner. *Early Detection: Women, Cancer, and Awareness Campaigns in the Twentieth-Century United States*. Chapel Hill: University of North Carolina Press, 2006. xii + 282 pp.; ill. ISBN 0-8078-3014-3 (cl); 0-8078-5682-7 (pb).

James S. Olson. *Bathsheba's Breast: Women, Cancer, and History*. Baltimore: Johns Hopkins University Press, 2002. x + 302 pp. ISBN 0-8018-8064-5 (pb).

Kerry Segrave. *Women and Smoking in America, 1880-1950*. Jefferson, NC: McFarland, 2005. v + 245 pp.; ill. ISBN 0-7864-2212-2 (pb).

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Since the late 1960s in the United States, the women's health movement has emphasized that health issues are never merely medical, but are shaped by historical, social, personal, and political dynamics. Each of these books contributes to scholarship dedicated to understanding how these forces have operated, and what the consequences have been for women's bodies and lives. The authors illustrate women's and health experts' perspectives, presenting women as central actors in defining public health issues and analyzing how social understandings of gender and gender roles influence public, governmental, professional, and individual responses to health concerns.

Kerry Segrave's book documents how women smokers gained the same level of acceptance as male smokers by 1950. Beginning his study in 1880, Segrave also presents opposition to smoking. He identifies this period as the "innocent years," preceding dominant medical warnings against tobacco use. The author's presence is less pronounced than in the other books reviewed, and the main contribution of this book is its documentation of varied public attitudes toward women's cigarette smoking. The text does not include a discussion of methods; one sentence states that research was conducted at three Canadian institutions "using various online and traditional databases" (2). The majority of sources are newspaper articles,

eye-catching advertisements (sources not given, which will frustrate readers seeking originals), film stills, and actress/model photographs. As with Segrave's other books, the focus is on public culture.

Segrave adheres to a chronological, four-period timeline based on widespread shifts in public attention to women's smoking, and a concise, but repetitive, organization. Three chapters are devoted to each of four time periods and the categories "Abroad," "America," and "The Opposition." The book provides an overview of the period before 1880, the year women's tobacco use—pipe-smoking, snuff dipping, or less so, cigarette smoking—became an issue of public attention despite the fact that women did not use tobacco in public. Segrave offers an analysis of the class and regional (primarily in Europe and the United States) differences in and meanings of women's tobacco use. Women's cigarette smoking dominated public attention, with cigarettes being seen as both "more effeminate and more vicious than any other form of tobacco" (9). Segrave provides dramatic quotes to illustrate the passion of debate around women and smoking; for example, "Between the lips of a woman [the cigarette] was generally regarded as no less than a badge of questionable character" (12). Between 1880 and 1908, women reformers, particularly members of the Women's Christian Temperance Union (WCTU), sought to ban smoking by everyone and emphasized the moral and health ills of smoking for women and minors. The WCTU and other organizations successfully pressured states and territories to ban the sale of cigarettes to minors (42). Lucy Page Gaston was a leading anticigarette reformer who was deputized by the Chicago police and went to court over 600 times in ten years to prosecute tobacco dealers who violated the law (46). In this same period there was little opposition to tobacco use in other parts of the world.

American women's smoking was on the rise, partially attributed to importation of cigarettes and pro-smoking attitudes from Europe, in the period 1908 to 1919. Whether it was proper or legal for women to smoke in public was the main question, and "as World War I ended the use of cigarettes by women became an effective means of challenging social conventions" (62). Opposition increased in volume and visibility on pace with women's smoking trends. Segrave concentrates on 1920s debates over women's smoking in colleges and universities, and bans placed on some campuses against women smoking in dormitories. These women, "the future leaders and trendsetters of female society" (93), ultimately were successful in arguing for their smoking rights. Despite warnings, anticigarette policies, and continued negative stigma, by 1927, women were smoking in many public places, stigma was reduced, and organized opposition ended (150).

Segrave argues that from 1927 to 1950, "the major issue of focus on women and cigarettes was in advertising" (150), and provides illustrations of print ads aimed at women and photos of film stars smoking. Opposition

to smoking in this period was from religious organizations and individuals, not cohesive anticigarette campaigners. Just before medical reports supported findings of adverse health effects of smoking on women and men, "women were accepted as smokers to the same extent that men were and in the same places" (215). Segrave concludes his account of the rise of women's smoking with the witty observation that, "As the 1950s began, although it was not then clear, the smoking party was definitely over for everybody" (215). The book ends at the moment that medical framing of smoking prevailed.

James Olson offers an extremely engaging study of the history of an even more explicitly gendered health issue, breast cancer, based upon research he initiated as a "sort of self-administered psychotherapy" while being treated for a tumor on his left hand (ix). Well into the study, he opted to have his hand and forearm removed rather than continue to undergo radiotherapy: "Although I know nothing of what it is like to lose a breast, I do understand the confusion of Hobson's choices, the anxiety of confronting one's own mortality, and the trauma of saying goodbye to a body part. *Bathsheba's Breast*, I hope, will help others understand too" (x). Through intimate historical detail, multiple voices, and compelling analysis, Olson demonstrates how fear of breast cancer and scientific efforts to treat breast cancer have pervaded societies since the time of the ancients.

Olson analyzes when certain theories emerged about cancer and the development of diagnostic and treatment methods, and how understandings have changed over time. He contextualizes theories within the lives of women who faced breast cancer (or scares) and the doctors and researchers who sought to assist them. For example, in 1713, an Italian professor of medicine published comments on the pattern of breast cancer being higher among nuns than the general population of women (22). He hypothesized that nuns' breast cancer was caused by uterine disturbances, spreading to the breasts, due to celibacy; researchers today contend that all women who do not bear a child are more susceptible to breast cancer than those who do. One area that has changed radically is surgical pain management. Queen Kapiolani, a Hawai'ian Christian convert, reportedly did not moan or cry out during a thirty-minute mastectomy in 1841, a time before the advent of anesthesia, citing her thoughts about Christ's pain on the cross as providing the ability to bear pain (48), and English author Fanny Burney wrote in 1811 that she "remained in utterly speechless torture" during the surgery.

The rise and fall of radical, or Halsted, mastectomy (removal of the breast, axillary nodes, and chest muscle) as the standard-of-care between 1900 and 1940 is documented in chapters four and five. Olson summarizes the major forces of change: "Asepsis, anesthesia, and cellular pathology made radical mastectomies possible. William Stewart Halsted made it a reality" (58). The procedure was part of teaching hospital curricula in the

United States and Europe, and in the late 1920s, the Halsted mastectomy was the most common major surgical procedure in the world. The development of cold-stored blood for transfusions and antibiotics allowed for longer, more complicated procedures, and some surgeons built on this moment to develop procedures involving more invasive mastectomies, removal of the ovaries, and even removal of the pituitary gland (85). In the late 1940s and early 1950s, well-to-do women with breast cancer, desperate to extend their lives, “became a sisterhood of guinea pigs, living objects of new surgical protocols” (84). Surgery continued to be the dominant American breast cancer treatment. In 1969, one in five British surgeons performed radical mastectomies, while three of four American surgeons relied on this procedure. Several factors encouraged this, including the higher prestige American surgeons enjoyed over their European counterparts, the near absence of American women in surgical oncology (1 percent in 1970), and larger insurance payments to surgeons for radical mastectomies versus other procedures (105–6).

Olson’s narrative turns to focus on the voices of advocates against the American reliance on radical mastectomies in the 1960s, including radiologist Ruth Guttman, who called the procedure an “unnecessary violence against women” (106). Preservation of the breast, Olson argues, also has its roots in popular culture, not simply medical circles. In the 1950s, an “unprecedented fetish of the female breast surfaced” (109), and low-cut fashion, the rise of “Playboy” and other pornography, plastic surgery, and silicone implant technology created new expectations of ideal breasts. Feminist critiques of male-identified beauty ideals and medical experts as “god-like figures” increased pressure on doctors to respect women’s decision-making and second opinions in breast cancer treatment options. Olson’s attention to women’s responses to the dearth of risk-free breast cancer treatment choices and the politicization of breast cancer stresses women’s agency. For example, Rose Kushner launched the Breast Cancer Advisory Center in Maryland in 1975 following her search for a surgeon who would listen and respect her decisions (172). Fighting to make information available to women, Kushner successfully lobbied for consumer warnings on birth control pills about the risks of estrogen. She also aimed to change medical practice, yet Olson reveals that not all women, including Nancy Reagan, opted for surgically conservative procedures. Women’s decisions about what was best for them differed, and in this period, such differences were accommodated by a broadened range of treatment options.

Olson’s ability to analyze complex and interrelated sets of issues is particularly useful in his chapter on “the breast cancer wars” in the 1990s, a time in which “everything about breast cancer seemed controversial” (194). Mired in political debates about women’s “lifestyles,” practices of breast-feeding, regular exercise, lesbian sexuality, and advanced education were

implicated in such warnings. But at this time the voices of women breast cancer awareness advocates were particularly strong. Susan Love, Director of the University of California, Los Angeles Breast Center and outspoken breast cancer surgeon, discussed what breast prevention and detection messages would not: self-exams and mammograms have some effectiveness, but the real target should be research on how and why cancer develops in the breast six to ten years before it can be detected (198). Women activists rallied to raise funds for education, research, and treatment, and weighed in on recommendations about mammography screening schedules, the use of tamoxifen therapy, and government funding of breast cancer research.

Olson treats the claim that the environment causes breast cancer in a separate chapter, introducing Rachel Carson, who wrote the environmentalist critique *Silent Spring* (1962) while undergoing breast cancer treatment. The environmental movement outlived Carson, who died in 1964 with tumors in most parts of her body, and doctors, health researchers, feminists, and anticorporate advocates worked to increase awareness about the links between environmental toxins and corporate greed. Olson investigates arguments about pesticides, silicone implants, and ecogenetics, an "emerging paradigm" in theories of breast cancer's origins, arguing that genetic possibilities are "becoming probabilities in carcinogenically-charged environments" (238). Yet Olson points to how other research continues to label women's "lifestyle choices" as at fault, and studies fail to adequately address environmental carcinogens (241–242).

Olson concludes with the most recent issues in women's decisions about breast cancer treatment and experimental oncology through examples from the lives of famous women. He offers some areas of progress: in the late 1990s, breast cancer incidence declined; doctors reached consensus about treatment, moving toward systemic treatments; ultrasound scanning provided more accurate breast tumor images; and breast cancer genes were identified. Olson's upbeat conclusion emphasizes that while women today live with breast cancer fears shared with women across history, they also receive the benefits of current medical and public understandings of the disease.

Elaborating on other significant aspects of breast cancer history, Kirsten Gardner's *Early Detection* focuses on the efforts of twentieth-century women cancer awareness advocates. Gardner's research was motivated by the breast cancer stage III diagnosis of her mother and the research she did to assist her mother's treatment decisions. Gardner explores public, historical discourses on breast cancer to correct the repeated theme in current U.S. breast cancer awareness advocacy: in the past, cancer was "silenced" and a mark of today's "progress" is the outpouring of breast cancer publicity. The book's argument that this narrative of historical silence detracts from our knowledge of women's participation in cancer awareness campaigns since the early 1900s is compelling. (I noted with newfound interest that

Olson reiterates the "silence narrative" when discussing 1950s America despite his excellent data on women as "breast cancer actors.") Gardner analyzes cancer education literature and films, popular periodicals, the private papers of prominent figures in cancer education, and public education campaigns launched by cancer-specific organizations and women's clubs to document the content and meaning of women's cancer activism. She argues that women were the primary targets of most twentieth-century American cancer education efforts which promoted the message that early detection was both an individual responsibility and the first step to a cure (5). This approach overestimated doctors' ability to treat cancer, placed blame on those who did not identify their cancers early, and supported medical authority. Gardner's contribution to interdisciplinary scholarship on cancer is to intervene in the "history of silence" assumption by shifting our "collective memory," documenting women's activism and accounting for why it has not been recognized, and analyzing the meanings of public discourses around cancer education in the twentieth-century United States.

The book opens by forcefully demonstrating how the early American Cancer Society (ACS) public campaigns framed cancer as a public "enemy." A 1914 pamphlet distributed in the northeastern United States stated that cancer would be "EASILY CURED" if detected at an early stage, and thus education could stop people from dying "solely because of ignorance and negligence" (17, original emphasis). Just as middle- and upper-class white women from the 1880s were motivated to join public health and social reform campaigns promoting "scientific motherhood" and tuberculosis education, they found a prominent place in the cancer prevention movement. The American Society for the Control of Cancer (ASCC), forerunner of the American Cancer Society, provided an organization, and women became involved with cancer philanthropy events and volunteered as educators. They enjoyed close associations with medical professionals drawn from their same social circles, tailoring "cancer facts" to their female audiences and upholding medical authority.

Gardner provides close readings of cancer education discourses in pamphlets, magazines, and films directed at women and most often delivered by women. She critiques the assumptions underlying cancer education by the ASCC starting in 1913 and the 1930s women-organized cancer campaigns, the Amanda Sims Memorial Fund, and the ASCC-affiliate Women's Field Army. Early detection was promoted as a cancer "cure" despite a lack of medical evidence; it implied that women of all class backgrounds, races, and geographic locations had ready access to health care providers; and it hypothesized that "false modesty" (not real fear) was the main barrier to women's breast self-exams and their dutifully seeking physicians' expertise. Women who failed to follow medical advice were commonly portrayed as blameworthy. Postwar Gallup Polls reveal the power of the early detection

message, backed by the period's optimism about scientific progress; over 60 percent of respondents believed cancer was curable (130).

The ACS monopoly on cancer education was challenged starting in the 1970s by women's health advocacy organizations. Gardner traces how women's health activists broadened cancer discourses, placing "women and cancer" issues in the public eye as political issues. These topics are addressed with more flair by James Olson, yet Gardner's strength is her analysis of how cancer education materials, including ACS pamphlets and films, shifted their messages to fit cultural themes raised by women's health activists. Cancer was not a central focus of the women's health movement in this time (indeed, the first edition of *Our Bodies, Ourselves* [1971], did not cover it), yet attention to the importance of women knowing their bodies resonated with cancer awareness themes about self-examinations.

Gardner warns that the early detection message, solidified by decades of women's cancer awareness advocacy, remains fundamental in cancer education today perhaps to the detriment of attention to other areas, including "environmental factors that contribute to female cancers, the continued marginalization of some communities from standard healthcare, and the quality of life for cancer patients" (220). I first reacted negatively to the rather repetitive argument of the book, but can see the importance of repetition given how embedded the "early detection" medical-moral imperative continues to be today.

Shifting our attention to consider how U.S.-based health campaigns are adapted elsewhere, Amy Borovoy's *The Too-Good Wife* is grounded in ethnographic fieldwork in Toyko (in two summers, the year 2003 and several return visits). Borovoy interweaves reflections on her own experiences with analysis of two topics defined variously as private and public, medical and psychological: alcoholism and relationship codependency. Her research centers on participant-observation with a weekly support group for families of substance abusers, attended by middle-class, middle-aged women and supported by a city-funded health care center. Borovoy gained a wider understanding of women's caring and political roles and the state-funded and nonprofit services available to Japanese women through attending feminist and women's activist and support groups. With impressive skill, Borovoy sets out a complex task, to understand how Japanese women and social workers adopt and challenge the concept of "codependency," which was imported to Japan from the United States via Alcoholics Anonymous. She contextualizes her study in a discussion of interdisciplinary literature on the cultural construction of post-World War II women's roles in Japan, theories of consciousness and opposition, and scholarship on the flow of ideas, goods, and stereotypes between Japan and the United States.

The women in the support group (Borovoy came to know forty participants) were wives of alcoholics and mothers of teen substance users,

and the facilitating social worker's goal was therapy toward cognitive and behavioral change to treat women's codependency (1). Borovoy examines a jarring contradiction: Why were women being "treated"—and seeking support—for following Japanese social role norms, propped up by the gendered division of labor, an unrelenting Japanese work ethic, expectations of drinking with colleagues as part of a man's job, and ideals of women's central place as a family manager? Through their encounters with support groups, women learned how to "distance themselves from their husbands and children and to stop being the good wife and mother"; they also created a "discourse of social criticism" by questioning the "normal" roles of women (3). The significance of women's ability to transgress social expectations is emphasized when Borovoy relates the observations of a social worker who claimed that Japan itself is a "culture of codependency" (14).

Each chapter analyzes how women narrate their lives as wives and mothers. Chapter two reveals how excessive drinking is part of national "masculine self-expression," and details the general tolerance for public drinking and drunkenness (46–47). For many, it was the man's loss of a job that made clear he had an alcohol problem; middle-class Japanese women are particularly vulnerable to a husband's job loss because they are not expected to work to support their families. This arrangement is supported by state policies. Borovoy details the "gendered division of labor surrounding alcoholism," noting that there is little discussion of women who are alcoholics or men who are codependent (51). The ways women can deal with their husbands' alcoholism have changed in response to medical professionals' recent definition of alcoholism as an addictive disease. In the past, women were to manage in private, relying on tactics such as dumping alcohol, consulting doctors in secret, or serving antabuse-laced miso soup (52). The last resort, involuntary incarceration of the husband in a hospital, is no longer feasible under the disease model of alcoholism, wherein the alcoholic must be accountable for "wanting" to seek treatment (52–3).

Borovoy's analysis of the Japanese application of American-imported Al-Anon philosophies about the role of an alcoholic's spouse examines how some components mesh easily, while others are disconnected. Al-Anon's imperative that Japanese women seek "independence" in their everyday lives is in line with the status quo, requiring little added effort. Most women do not view their relationships with their husbands as more central than those with other family members, and women have friends, hobbies, and vacations separate from their husbands (87). Borovoy illustrates that women did not feel a need to redefine their gender roles or marital relationship, but rather worked to act "more strategically" from within these to reach a comfortable new status (135). Divorce was not defined by the support group as a successful resolution (87).

Mothers' opportunities to deal with substance-using teenagers were more restrictive than those of wives, Borovoy argues in chapter five. The high social demands on Japanese women superseded American-based recovery discourses rooted in individualism. Women treated their relationships with their children as central, and caring for them was their greatest satisfaction. The "tough love" philosophy asked women to see themselves as separate from their children, contradicting cultural messages about the importance of a mother's "merging" herself with her child (142). Mothers were torn about whether to pay a child's debt: "tough love" models advise not to, while Japanese social norms urge that they must (149). Through the center's support group, women found it possible to rethink the assumption that a mother is always, solely, to blame for her child's acts. Some devised a "middle ground" between the "tough love" approach and Japanese social expectations; one woman stated, "I mix what I've learned here with my own way" (159).

Borovoy's concluding chapter draws on her Japanese material to compare the meanings of motherhood and women's work in the United States and Japan. Work within the home is devalued in the United States to a greater extent than it is in Japan, while the value of women's work outside of the home has been more valorized in the United States. Throughout the book, I questioned how Borovoy's insights might have differed in regions of Japan outside of Tokyo and for women who are not middle class. I also wished for more information on young Japanese women's expectations about marriage and motherhood, which Borovoy includes in this chapter. Indeed, she notes that the divorce rate is increasing among younger generations, with one-third of marriages ending within thirty years; however, there has not yet been an equal increase in the rates of women's labor force participation (164). Younger women are viewing their options and taking action in ways differently than those in Borovoy's study. She leaves the reader with a snapshot of social and economic indicators in Japan that suggest major shifts are in store for future generations' life options. Her conclusion inspired me to envision a subsequent study on which directions the Japanese state and society will lead young women, and how young women will be able to lead their lives within new sets of opportunities and constraints.

Together, these books lead me to reflect, on the one hand, how gratifying it is that the women's health movement has been successful in its aim to broaden the way we analyze the power dynamics embedded in health knowledge, medical practice, and personal self-care. On the other hand, women's health advocates in the late 1960s envisioned a faster pace of change, and less continued struggle, toward legitimizing women's health concerns and their multiple social roles.
