

Embracing the female body: What can we learn from history?

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In 1892 Charlotte Perkins Gilman published a short semi-autobiographical story entitled 'The Yellow Wall-Paper.'¹ It is a fictionalised account of her own experiences with what we may now describe as post-natal depression. In it the unnamed protagonist is confined to bed where she becomes obsessed with the intricate design of her hideous yellow wallpaper. As the story develops, her mind deteriorates to the point of madness, and she begins to hallucinate about a woman struggling to escape the patterns on her wall. Her husband and brother are eminent physicians, and they are convinced that her illness is nothing more than 'a slight hysterical tendency.'

Gilman based the story on the treatment she was prescribed by a famous neurologist of the time named Dr. S. Weir Mitchell. Known for the creation of the 'rest cure,' he advocated that patients with hysteria - who were almost always women - should be confined to the home, live as domestic a life as possible and in Gilman's case, 'never touch pen, brush or pencil again.' Imbued with sexist overtones, Mitchell's ideas were based on the belief that women were mentally weaker than men and could therefore not handle too much 'brain work.' As he described in his 1871 book 'Wear and Tear,' regarding 'the physical future of women they would do far better if the brain were very lightly tasked.'²

Being considered mentally and emotionally weaker than men was the starting point for many 'treatments' inflicted on women during the nineteenth century. Elaine Showalter describes how some

doctors would prescribe bizarre - and in many cases - inhumane 'treatments' to women and girls so as to control natural physiological processes and urges. She provides the example of a Dr. Edward Tilt who believed that 'menstruation was so disruptive to the female brain ... that it should be retarded as long as possible...'³ According to Tilt, the way to do this was for mothers to ensure that their daughters 'remained in the nursery, took cold shower baths, avoided feather beds and novels, eliminated meat from their diets, and wore drawers.'⁴ The natural onset of the menstrual cycle was therefore something to be avoided and controlled, and menstruation itself was pathologised and considered harmful and disease-like.

More disturbingly, menopausal women who expressed sexual desire were recommended by the obstetrician W. Tyler Smith to undergo 'a course of injections of ice water in the rectum, introduction of ice into the vagina, and leeching of the labia and the cervix.'⁵ Similarly, Dr. Isaac Baker Brown carried out clitoridectomies (surgical removal of the clitoris) on women he believed to have gone mad due to masturbation. From Showalter's account however, it appears that this type of surgery was most frequently carried out on women whose 'madness' was demonstrated by their refusal to conform to society's expectations. She gives the examples of women who were operated on who had attempted to divorce their husbands, one who spent 'much time in serious reading,' and another who enjoyed 'long solitary walks.'⁶ Perhaps unsurprisingly, these doctors were convinced of the success of their therapies; it seemed to escape them that their patients' new-found docility could be based on shock, trauma and horror. What these examples demonstrate is that during the nineteenth century, women's natural physiological processes and urges were considered at best bizarre, and at worst as things that require immediate surgical intervention.

In 1990, the anthropologist Robbie Davis-Floyd wrote a seminal article on the technological nature of birth in the USA.⁷ She argued that medicine treats the body as a machine, and that the male body is treated as the prototype. As medicine developed, the female body was regarded as 'abnormal, inherently defective, and dangerously under the influence of nature.'⁸ What this results in is the belief that the female body is the defective version of the male. The question I therefore want to pose, is whether any elements of this belief linger in the twenty-first century maternity system?

With the exception of puberty and age, the male body remains largely static. The female body, however, is cyclical. Girls become women. We experience monthly ovulation and menstruation, and these cycles can last thirty years or more. Most of us experience pregnancy, birth and lactation, and some more than once. We then go through the menopause, and perhaps only then are our bodies as 'static' as our male peers. But how does the maternity system embrace our unique 'femaleness'?

During pregnancy and birth our bodies change dramatically and this is arguably when we are most obviously physically different from our male counterparts. During this time, our bodies are highly regulated, viewed as machine-like and constantly compared to a standard of normality. Many labouring women are confined to beds, their natural urges to move, to change position, to stand or to kneel prohibited. Our bumps are measured, our contractions timed, our cervixes checked for dilation. In a third

of pregnancies, labour is started for us via chemicals or cervical balloons, and a similar number of pregnancies end in surgery or instrumental delivery. Things are done to us, and sometimes without our informed consent. The system expects us to behave, to conform and to submit. Birth is not always a celebration of women's uniqueness and reproductive power but can often feel like something to be endured on a conveyor belt in a manufacturing plant.

We can look back on the nineteenth century and its medical management of women's bodies and shudder. Clitoridectomies, leeching the cervix and taking cold showers to us appear stupid and cruel. Yet these were recommended by educated doctors based on their perceptions of medicine and science, and their understanding of women's bodies. We now know their understanding was primitive and imbued with the sexist and misogynistic culture of the day. But what will the people of the twenty-second century make of the maternity system's treatment of us? Is our system without sexism and misogyny? Could some of the 'treatments' doled out to us also be considered stupid and cruel? Is there still a lingering belief that our bodies are defective, and the medical management of our natural physiological processes is the most appropriate way of supporting us to safely give birth?

What we can definitely say is that the maternity system has improved since the nineteenth century. Health care providers know far more about the human body, and have more techniques, skills and technology at their disposal. Yet the system is far from perfect, and it has not yet escaped its sexist shackles. We can only hope that the maternity system continues to evolve in a way that precludes the types of criticism we level at our predecessors, and instead develops safer and more holistic ways of embracing our pregnant and birthing bodies.

1. You can read the story for free here:

<https://www.nlm.nih.gov/exhibition/theliteratureofprescription/exhibitionAssets/digitalDocs/The-Yellow-Wall-Paper.pdf>

2. Dr. S. Weir Mitchell (1871) *Wear and Tear or Hints for the Overworked*

<http://www.gutenberg.org/files/13197/13197-h/13197-h.htm>

3. Elaine Showalter (2011) *The Female Malady: Women, Madness and English Culture, 1830-1980*. Virago: London, at page 75.

4. As above.

5. As above.

6. As above, pages 75-78.

7. Robbie Davis-Floyd (1990) The Role of Obstetrical Rituals in the Resolution of Cultural Anomaly, *Social Science and Medicine*, Vol.31, No.2 pp.175-189

8. As above, p.178