Including Every Woman: The All-Embracing "We" of *Our Bodies, Ourselves*[1]

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As tone and voice editor of the eighth edition of *Our Bodies, Ourselves* (*OBOS*), my task was to read the draft chapters for inclusive language and content, bearing in mind issues such as cultural and ethnic diversity, socioeconomic class, demographic cohorts, religion and belief systems, health traditions, gender and sexual orientation, and disability. Keeping in perspective that it is a gigantic effort to present the gamut of health needs and concerns of ALL women in a single book, I commenced my encounter with the "all-embracing we"—the idea of a "we" that is inclusive—in the personal stories, viewpoints, and health information presented throughout the book. From "Environmental and Occupational Health" to "Abortion," from "Childbirth" to "Midlife and Menopause," my task was to ensure that a variety of voices were represented and that the chapters' language was sensitive to the multiplicity of health issues of women from disparate backgrounds.

Before I could read the draft chapters in the upcoming eighth edition of *OBOS* for this purpose, it seemed important to learn how the "all-embracing we" had changed over time to determine what would be new and distinct in this edition. The eighth edition of *OBOS* is the second time that this influential book on women's health includes a tone and voice editor on its team (which included about 500 writers, readers, and editors for this edition). A tone and voice editor was part of the team for the first time during the production of the 1998 edition of *OBOS* (Whelan and Sanford 2003). The idea of having a tone and voice editor emerged from "the need to bring in diverse viewpoints and voices" and the desire for the "revision/update to include and be shaped by the voices of a wider range of communities" (Whelan and Sanford 2003a, 5).

This report is divided into two main sections. The first section provides a brief review of changes in the "we" from the 1970s to the late 1990s and *OBOS*'s struggle for inclusiveness. The second section describes the issues I faced in dealing with representation of different women through the use of pronouns, the construction of the other, the incorporation of personal experiences, and the presentation of medical information.

Including Every Woman: The Centrality of the "We" and the Struggle for Inclusiveness

The use of the word "we" in *OBOS* has been a fundamental feature of the book, which has given *OBOS* an accessible and caring tone and a more inviting and embracing voice (Whelan and Sanford 2003a). In the early 1970s the title of the book underwent an initial transformation from *Women and Their Bodies* to *Women and Our Bodies*, then changed to *Our Bodies, Ourselves* (Kahn 1995). This change in the title suggests a shift toward a more inclusive "we" with women placed at the center of knowledge about their own health and bodies. These initial changes in the title of the book were directly related to the original authors' reflection and discussions about their individual encounters with the medical system, their personal knowledge about their bodies, and their frustrations with health care settings where they were treated in a "condescending, paternalistic, judgmental, and uninformative" way (Norsigian et al. 1999, 35; Norsigian 1998).

The editions of *OBOS* in the early 1970s remained focused for the most part on a "we" that was composed of young, educated, middle-class, white women: "We are white, our ages range from 24 to 40, most of us are from middle-class backgrounds and have had at least some college education, and some of us have professional degrees. We are white middle-class women, and as such can describe only what life has been for us" (BWHBC 1973, cited in Morgan 2002, 17). Although the original "we" did not directly include women of color, women with disabilities, or older women, for example, throughout the various editions of *OBOS* the Boston Women's Health Book Collective (hereafter referred to as the Collective) has struggled to reach a more embracing we:

> [L]ike many groups initially formed by white women, we have struggled against society's, and our own, internalized presumption that middle-class white women are representative of all women and thus have the right to define women's health issues and set priorities. This assumption does a great injustice by ignoring and silencing the voices of women of color, depriving us all of hard-won wisdom and crucial, lifesaving information. (Pincus 1998)

By the late 1970s and early 1980s, *OBOS* had expanded its voices and the health issues discussed in its pages, thus reflecting the broadened awareness of the organization about the way in which women of diverse backgrounds experience health and illness (Kahn 1995; Morgan 2002).

The themes addressed in the early editions of *OBOS*—reproductive health, relationships, abortion rights, sexuality, pregnancy, and childbirth—reflect the concerns of a young Collective (Houck 2003) and defined the "we" represented in these editions. The subject of menopause, for example, did not appear until the end of the 1970s, and occupational

health did not receive attention until the 1984 edition of the book (Kahn 1995). The efforts to be more inclusive were accentuated in *OBOS* 1998, which for the first time put photos of diverse women on its cover. In this edition of *OBOS* more women of color were engaged in producing the book and critically reviewing the chapters (Pincus 1998). As the following quote from the body image chapter in *OBOS* 1998 illustrates, the "we" includes women from various populations:

> We are wounded when a physical characteristic or set of characteristics is loaded with negative expectations. If we have black skin and African features, or olive skin and Asian features, or dark curly hair and a prominent nose as do many Jews and Arabs, or if we have a visible disability, or if we are perceived as "overweight," our experiences from an early age may be marked by other people's negative reaction to our physical selves. We may have come to dislike, mistrust, or even hate our bodies as a result, feeling that they, rather than the society we live in, have betrayed us. (Iazetto, King, and Yanco 1998, 34)

In 2000 *Nuestros Cuerpos, Nuestras Vidas (NCNV)*, literally translated as Our Bodies, Our Lives, was published, becoming the first cultural adaptation of *OBOS* produced by the Collective.[2] Although *OBOS* has been translated into sixteen other languages as a result of projects initiated by women's health groups from other countries using *OBOS* as a model, the publication of *NCNV* marked a very important step in the journey toward inclusiveness. The Collective initiated this effort; invested time, energy, and resources; and assembled an outstanding team of Latinas who worked from within the organization with the goal of making *OBOS* more culturally relevant and accessible to a growing segment of our society. The "we" continued to grow as *OBOS* continued to embrace a wider audience and expanded collaborations with women's health groups to reflect the issues of a more diverse community (Norsigian 1998).

OBOS has also expanded its voice by addressing a larger set of health issues relevant to a broader female audience, extending its contents to include, for example, health concerns that are specific to female workers; addressing health risks associated with geography, the environment, racism, and poverty; and expanding the discussion of the health needs of women who were often marginally mentioned in earlier editions such as immigrant women (BWHBC 1984; BWHBC 1992; BWHBC 1998). Furthermore, *OBOS* has broadened the voices in the text by addressing and valuing the impact of diverse health traditions and the role of spirituality in our experiences of health and disease (Kahn 1995).

The transformation in the title of the chapter on lesbianism throughout the various editions of *OBOS* offers an example of the Collective's aim for the "all-embracing we." Initially, the chapter was entitled "Homosexuality," but in 1973 it was changed to "In Amerika They Call Us Dykes." According to Robbie P. Kahn, the use of the word "dykes" in the

chapter's title is a "defiant stance," "an attempt to transcend the slang," and a way to challenge the current sociopolitical structures (1995, 329). This radical change is also an important moment in the growth of the "all-embracing we," when women who faced discrimination because of their gender identity or sexual orientation were recognized and included in their own right, and with their own voices and self-definitions. In the 1984 edition the chapter is called "Loving Women: Lesbian Life and Relationships," while in 1998 the chapter is simply entitled "Relationships with Women." In the 1984, 1992, and 1998 editions the chapter is part of a larger section that deals with, among other issues, relationships with men and mutuality among men and women. In the upcoming 2005 edition, the section "Relationships and Sexuality" opens the discussion with the chapter "Gender Identity and Sexual Orientation" which is followed by the chapters "Relationships with Men," "Relationships with Women," and "Sexuality."

Throughout the years the changing title has created a larger space where multiple identities can be found and are welcomed. The "we" of this chapter has become more receptive, allowing for more women to feel that the chapter speaks to them. A space was created where both words and the embodiment of the words became more comfortable and acceptable as a direct result of larger societal changes and the contribution of the women's health movement (Kahn 1995). In the 2005 edition the "we" in the unit further recognizes the multiplicity of identities and sexual orientations. It continues to challenge the traditional sex roles and includes a provocative cutting-edge discussion on the fluidity of gender and sexual orientation, as well as on important health concerns.[3]

Not only has a larger space been created for a careful discussion about sexual orientation and gender, but also a larger space has been created where the health issues and needs of more women are recognized, included, and examined. With each edition of OBOS we see more voices and new perspectives, as well as a more challenging "we" created in the midst of the increased tensions that come as part of the process of welcoming diversity, defining which health issues of women from multiple backgrounds to include, and embracing inclusiveness (Pincus 1998, 21–3).

Tone and Voice in OBOS 2005

The continuous expansion of *OBOS*'s voices and the more sensitive and respectful tone in *OBOS* has been, in part, influenced by the growth in the diversity of this nation, the relevance of *OBOS* to women's health initiatives in the national and international arenas (see Sow and Bop 2004), and the way in which medical and scientific knowledge is reconstructing

old and creating new frontiers of health and pathologies. In 1998, when a tone and voice editor was first a team member, the editorial guidelines alerted writers and editors to instances when the word "we" could be used inappropriately or would make claims beyond what would be universally shared by most women (Whelan and Sanford 2003). As tone and voice editor of *OBOS* 2005, my main task was to ensure that the voices of as many women as possible were included in the text, and that their representations were respectful and as accurate as possible. Seeking to expand the voices of a younger audience and to address the needs of immigrant women in particular, it was my task to see that the experiences of these two groups were included and/or expanded from the previous editions.

The first step in my overall task was to develop a set of tone and voice guidelines to alert the editors of possibly sensitive subjects and to bring consistency to the use of terms and descriptors.[4] These guidelines included seven categories in which particular attention to language and representation of diverse groups of women could be needed. The seven categories were: (1) ethnicity/race; (2) disability issues; (3) ageism; (4) sexual orientation and gender identity; (5) medicalization; (6) violence against women; and (7) religious and cultural background. For example, preference to national origins and names of groups was given when addressing cultural, ethnic, or racial backgrounds. In addressing women with disabilities, the focus was on the woman's individuality, avoiding terms and expressions that defined the person as "disabled" in addition to avoiding contrasting terms such as "normal." Attempts were made to be as inclusive as possible when addressing the needs of groups such as immigrant women, younger women, and lesbians by making the chapters throughout the book more relevant and accessible to a larger audience instead of just "mentioning" the needs of special groups. Throughout the text it was important to ensure that women's choices regarding health care and therapies were respected. An effort was made to avoid terms and descriptions that judge women's choices, yet to critique the medicalization of women's bodies and present the information needed to make informed decisions. The role of spirituality and cultural background in keeping women healthy was acknowledged as well. It was also important to present the assets of cultural and religious diversity, as well as the role of different healing and medical traditions in the health and well-being of women.

In addition to keeping these categories in perspective as I read the chapters, I specifically evaluated the presence or absence of issues and narratives addressing the needs of younger women and immigrant women. One of *OBOS*'s distinguishing features is the use of narratives and personal stories along with medical information to present the health concerns of women. The narratives needed to be as representative as possible of women of diverse backgrounds and generations, while the information needed to speak to as many women as possible. The draft of the chapter

"Environmental and Occupational Health," for example, did not address young women workers directly, a group of employees who may be at higher risk than older, more experienced workers for occupational hazards, underpayment, and exploitation. In this case the "we" needed to be expanded to include directly the voices of those young women workers.

Wrestling with pronouns, terminology, and descriptors in the construction of risk, health, and illness was another challenge that I encountered. It was important that the medical information and the narratives addressed risks and illness without inappropriately creating a face of disease that was young, ethnic, or stressing some other stereotype. Yet, it remained imperative that the facts were stated accurately and that women were informed of risks, options, and choices. For example, the use of the pronouns "we," "us," "you," and "they" in the "Sexually Transmitted Infections" (STIs) chapter initially situated younger women and women of color as "the other" in the chapter, something that happened in many instances throughout the first drafts of the book. In an early version of the new chapter on STIs, the terms "we" and "us" were used when talking about the risks of STIs among lesbian and older women. However, when explaining issues and risks related to younger women and women of color these groups were addressed as "you" or "they," creating a selective use of "we" that needed to be corrected. Another example from the same chapter was related to the potential omission of important factors influencing access to health services and treatment options for groups such as women with limited English proficiency and immigrant women. In these cases, I expressed my concerns about potentially not fully including the "we" that immigrant women constitute.

Some terms, such as the descriptor "women of color," brought up concerns. Even though we decided to use it in some cases, we recognized the ways that particular term can be problematic. In my role as tone and voice editor I struggled with issues such as appropriate inclusion, accurate representations, and the multiple meanings of the term. The use of "women of color" as a descriptive category to identify health issues of women from multiple backgrounds can be challenging because of the diversity of the many groups that are included under the category. This idea is particularly important as it relates to health issues and risk factors since many women who might not identify themselves as "women of color" are classified as such by outside observers and often included in reports that inform texts like *OBOS*. By our national origin, cultural and linguistic background, or race—and not always by the color of our skin—Latinas, Asians, African Americans, Native Americans, Africans, and other women have been placed in a category of risk or in a statistic that may situate us in the "women of color" descriptor. There is a possibility of the term not reaching and/or missing women who might not see themselves described by the

subjective interpretation of skin color or represented in the history of the term. In these cases, and when permitted, the clearest and most specific name of the group, often based on self-identification, national and cultural origins, and racial and ethnic affiliations, was preferred.

Listening to the tone of the text was about sensibility and respect for a woman's personal encounters with her own body and the medical traditions and health therapies that she decided to follow. The continuous expansion of *OBOS*'s voices requires a conscious effort to look between the lines and behind the words at the way in which the nuanced tone and voice of the printed text depicts the other, acknowledging in the process internalized assumptions and stereotypes. In some instances the tone of the draft chapter became judgmental of the therapies and health choices that women may have followed as informed consumers of health care. In these cases it was my role to ask how the critique of overmedication would make women who have used conventional medicine feel: "bad," "guilty," "concerned?" Would extending the voices, the flexibility, and the sensibilities of the tone in the text be watering down the radical criticism of the medicalization of women's bodies? I would argue that it can act to extend the frontiers of criticism and acknowledge the many individual women, advocates, and families who have learned to fight the medicalization of women's bodies from inside the medical establishment; have fought for access to needed health services; and have made health professionals and researchers rethink and improve existing medical protocols and interventions.

Conclusion: OBOS Embracing the Challenges of Diversity

Throughout seven past editions and an eighth forthcoming, *OBOS* has embraced the challenge of diversity, the increasing complexity of medical knowledge and technological advances, and the reconstruction and deconstruction of social and medical bodies that have demanded the expansion of borders, categories, understandings, and sensibilities in the text. However, it has not been without pains that *OBOS* has become a more inclusive text. During the process of learning about the "all-embracing we" of *OBOS* over time—a "we" situated in the larger context of the history of the women's health movement (Rodriguez-Trias 1999; Ruzek and Becker 1999)—and by editing the text for tone and voice, it became clear to me that the "all-embracing we" has advanced tremendously over the years. The Collective has invited the collaborations, perspectives, and contributions of diverse women, thus making *OBOS* more relevant, responsive, and attentive to the health needs of a larger audience, and helping advance the women's health agenda in a more inclusive way.

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Notes

1. Thanks to Heather Stephenson, managing editor of the eighth edition of *Our Bodies, Ourselves* (forthcoming spring 2005) for suggesting this title.

2. The Collective's efforts to share information in *OBOS* with women in Latin America and other Latinas in the United States date back to 1976, when a literal translation of *OBOS* into Spanish was first produced (BWHBC 2000).

3. See reports by Lindsey and McPherson in this issue for further discussion of this topic.

4. These guidelines were developed from input received from *OBOS*'s post-readers, Heather Stephenson, Judy Norsigian, Kiki Zeldes, and Sally Whelan; web-based research; and suggestions gathered at the revisers' meeting of February 12, 2004.

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