

Contemporary Evolution of Women's Conceptualization of Health: A Case Study of *Our Bodies, Ourselves*

By Chen Xue-yang and Tang Wen-pei, Institute of Medical Humanities, Peking University, Beijing 100191, China

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Abstract: *Our Bodies, Ourselves*, as a women's self-help book, is a major achievement of the American Women's Health Movement in the 1970s. From its first edition to the latest version of 2011, it has undergone nine major revisions in 40 years and has been translated into 30 languages, which also had a profound impact on the development of the global women's health. This article selects three representative editions and divides them into two parts: "sexuality and childbearing" and "taking care of ourselves", exploring the changes in the depth and breadth of health issues in different parts of the world, in order to outline the changes of contemporary women's health concept from the physical level to the psychological level, from the family level to the social level, from the focus of childbearing period to the focus of whole life time.

Key Words: *Our Bodies, Ourselves*, Women's Health Movement, feminism, women's conceptualization of health

During the 1970s, the women's health movement emerged as part of the Second Wave Feminist Movement. It took a critical stance toward the medical system and advocated women's self-help and solidarity as an alternative healthcare model. At the beginning, women who were involved wanted to learn about their bodies and share their experience in order to help other women facing similar issues. *Our Bodies, Ourselves* was produced in response to this need and became a popular

women's self-care handbook. Since then, the book has been updated nine times in the U.S., translated into 30 languages, recognized and recommended by many organizations. In 1976, the book was recognized by the American Association's Young Adult Service Division as one of the best books of the decade. In 2011, *Library Journal* named its most recent edition as one of the Best Books of the Year. This article aims to select and compare the most representative editions of the book from different time periods, and examines the evolution of women's conceptualization of health since the 1970s through a comparative study.

1. Where the Our Bodies Ourselves Project Began: Written by and for Women

Our Bodies, Ourselves was born out of a female liberation conference in Boston, in May 1969. During this conference, more than 500 women of different professions, ages and classes discussed women's liberation from the male-dominated political, economic and cultural milieu, regarding different dimensions of social life. As part of the conference program, a workshop called Women and Their Bodies was held at Emmanuel College in Boston. The workshop was organized by Nancy Hawley, author and social activist. Women who participated talked about childbirth, sex, women's relationships with men, contraception and abortion, which was still illegal. They realized that each among them had a story about her experience with a doctor, and that simply finding a "good" doctor was not a solution to the problems that they had. They hoped to collect reliable information from medical practitioners and seek advice on self-care¹. After this conference, Hawley led the participants to develop a survey on women's knowledge of their bodies and their experiences with doctors. The findings showed that, given the lack of medical knowledge and the pervasiveness of gender discrimination, women could not speak about their bodies. These women "realized just how much [they] had to learn about their bodies", and thus decided on a summer project to improve their knowledge by working together².

Over the next few months, the participants met on the campus of MIT to discuss women's health, and extended their scope to include topics such as women's anatomy and physiology, sexually transmitted diseases, menopause and nutrition.

They made mimeographed copies of their research. Then, they offered a course on knowledge about women's bodies, and handed out the mimeographed copies in the study group. At the end of the course sessions, the students wanted to repeat what they did in this class to share what they learnt with more women, and also wanted a wider range of topics to be included in the course.

Encouraged by the enthusiasm of students, the organizers were considering publishing a collection of their papers. They found New England Free Press, but this New Leftist publisher turned them down because "women's health was not a political issue".³ Actually, in contrast to the private domestic sphere, women going through the medical system directly reflected their participation in public life. For housewives without a job, this might even be the only opportunity for them to enter the public sphere. In the end, the authors persuaded the New England Free Press to publish the book with the funds that they raised. In December 1970, the collection of research papers was published under the name of the 1969 conference, *Women and Their Bodies*. The authors were accredited as the Boston Women's Health Book Collective (subsequently referred to as BWHBC). This 193-page booklet was made up of 12 articles and cost 75 cents per copy, with a first print run of 5000 copies. See Figure I for its Table of Contents.

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Figure I Table of Contents of *Women and Their Bodies*, 1970

The members of the BWHBC were a group of white, middle-class women, aged 24 to 39. They were well educated, progressive, sensitive to body-related issues, and aware of the importance of health. These women had a strong sense of social responsibility, and thought that they were responsible for teaching medical knowledge to women of different class, racial, profession and age backgrounds. As Jane Pincus⁴, a member of the BWHBC, wrote when recalling the process of writing the book: “We are proud to produce a book through collective action within the individualist American culture.”

In 1971, the BWHBC revised the book and changed the title to *Our Bodies, Ourselves*, with an emphasis on women’s control over their bodies. The updated edition was also published by the New English Free Press, with 250,000 copies sold by the end of year. For the book to reach a wider readership, the BWHBC considered collaborating with a larger commercial press. In 1972, Random House and Simon & Schuster (S&S) launched a competition for the copyright of the book. The BWHBC finally decided on S&S under the condition that the authors retained editorial

control and non-profit clinics enjoyed a considerable discount for purchasing the book⁵. In 1973, the title of the book was changed to *Our Bodies, Ourselves: A Book by and for Women* and published by S&S. According to the official website of *Our Bodies Ourselves*, profits made from the book have contributed to the development of various projects on women's health⁶.

2. The Evolution of Health Issues in *Our Bodies, Ourselves*

Unlike other health handbooks written by physicians, *Our Bodies, Ourselves* avoids the use of formal, scientific language. From women's perspective, it combines easy-to-understand narratives with healthcare information, with an emphasis on emotions and lived experiences, as well as women's self-help and solidarity⁷. The official website presents the timeline of the book as consisting of three phases⁸. The first phase starts from the workshop on Women and Their Bodies in 1969 and goes to 1979, the decade of initial development; the second phase is from 1980 to 1999, and during these two decades the most updated editions and translations of *Our Bodies, Ourselves* were produced; the third phase is from 2000 to present, the two decades when the influence of the book continue to grow. This article selected the editions that are most representative of the three phases, i.e. the first edition published by S&S in 1973, the 1992 edition that forms a link between the preceding and the following at the end of the twentieth century, and the newest edition in 2011, and examines the continuity and evolution of these books' coverage of health issues.

To make analysis easier, this article divides the content of *Our Bodies, Ourselves* into "sexuality and reproduction" and "taking care of ourselves" and examines each topic respectively. "Sexuality and reproduction" is concerned with the reproductive health of women of childbearing age. Upon an examination of the different editions of *Our Bodies, Ourselves*, "sex and reproduction" takes up 2/3 of its length, partly because the female body is most different from the male body during the fertility age. Childbearing and breastfeeding, as well as bodily changes during menstruation and pregnancy, are seen as integral parts of femininity⁹. "Taking care of ourselves" includes "self-awareness", "nutrition and motion", "women's health and society" etc.,

and presents different aspects of women’s health such as mental health, body functioning and social dimensions of health. Meanwhile, “menopause” also begins to be included in the examination of women’s health as the phase that comes after fertility age, and its importance is gradually acknowledged.

The evolution of the content on “sexuality and reproduction” in the different editions is shown in Table 1. The content of the 1973 edition is listed by chapters, while the content of the last two versions consist of different “parts”, and were organized in Table 1 as the Tables of Contents.

Table 1 A comparison of “sexuality and reproduction” in the 1973, 1992 and 2011 editions of *OUR BODIES, OURSELVES*

The 1973 Edition	The 1992 Edition	The 2011 Edition
1 The Anatomy and Physiology of Sexuality and Reproduction	Part I: Relationships and Sexuality	Part I: Relationships and Sexuality
2 Sexuality	1 Working Towards Mutuality:	1 Relationships
3 Living with Ourselves and Others—Our Sexual Relationships	Our Relationships with Men	2 Social Influences on Sexuality
4 In America They Call Us Dykes	2 Loving Women: Lesbian Life and Relationships	3 Sexual Pleasure and Enthusiastic Consent
5 Sexually Transmitted Disease	3 Sexuality	4 Sexual Challenges
6 Birth Control	Part II: Controlling Our Fertility	Part II: Sexual Health and Reproductive Choices
7 Abortion	4 The Anatomy and Physiology of Sexuality and Reproduction	5 Birth Control
8 Considering Parenthood	5 Birth Control	6 Safer Sex
9 Pregnancy	6 Sexually Transmitted Disease	7 Sexually Transmitted Infections
10 Preparation and Childbirth	7 AIDS, HIV Infection and Women	8 Unexpected Pregnancy
11 Postpartum—after the Baby is Born	8 If You Think You Are pregnant: Finding Out and Deciding What to Do	9 Abortion
12 Some Exceptions the Normal Childbearing Experience	9 Abortion	Part III: Childbirth
		10 Considering Parenthood
		11 Pregnancy and Preparation

	10 New Reproductive Technologies	for Childbirth
	Part III: Childbearing	12 Labor and Birth
	11 Pregnancy	13 The Early Months of Parenting
	12 Childbirth	14 Miscarriage, Stillbirth and Other Losses
	13 Postpartum	15 Infertility and Assisted Reproductive Technologies
	14 Infertility and Pregnancy	
	Loss	

With a presentation of the evolution of “sex and reproduction” in the three editions, we see that the production of *Our Bodies, Ourselves* is temporally framed and closely linked to technological innovations. For instance, a chapter on new reproductive technologies was added to the 1992 edition. Ever since the first case of in vitro fertilization and embryo transfer was completed in the UK in November 1977, scientific researchers and physicians have been dedicated to developing new technologies that completely changed the traditional relations between women and reproduction. The 1992 edition introduces assisted reproductive technologies such as in vitro fertilization, gamete intra-fallopian transfer, zygote intra-fallopian transfer; fetal sex selection; surrogacy and donor sperm insemination etc. But the authors are cautious toward the use of these technologies: “many of us in the collective would not advise using any of these technologies except DI, unless we are fully aware of the physical, emotional and financial burdens often involved [...] these technologies involve so much social and medical manipulation of women and of our reproductive systems that we think the risks and costs are too high.”¹⁰

The 2011 edition puts reproductive technologies and infertility in the same chapter, and adds information on egg freezing, sperm freezing, intracytoplasmic sperm injection, preimplantation genetic screening, and single embryo transfer. It devotes a separate section to discussions about supplementary and alternative treatments to infertility, while stating that there is a lack of reliable research evidence to support these technologies. Apart from a resonance with the 1992

edition's concern over risks in the treatment of infertility, the 2011 edition spends lots of paragraphs on the ethics of embryo politics and assisted reproductive technology, "today, infertility treatment redefines the parent-child relation, and calls for a reflection on traditional family values"¹¹. Lastly, the BWHBC points out that infertility treatment has become a highly technical, competitive service. On the one hand, physicians and clinics may make up statistics that show high pregnancy and birth rates to persuade the patient into receiving the costly treatment; on the other hand, since infertility is usually not covered by insurance, many families have limited access to treatment. Since the social and ethical challenges of assisted reproductive technology are growing, the BWHBC suggest that we should discuss these problems as soon as possible, and not leave them for researchers and operators of biotechnology.

In late 1960s, the rise of sexual liberation movement in the U.S. became an occasion for women to discuss sex-related issues. Even so, women still found it hard to talk openly about sex. In the 1973 edition of *Our Bodies, Ourselves*, the BWHBC examined how women develop notions of sex when growing up from a cultural perspective, and launched pioneering discussions of sexual fantasies and masturbation. In the 1992 edition, the content on sex was expanded to include physical stimulations for sexual pleasure, communication during sex, the sexuality of handicapped people and sexuality throughout the life span. The book also reflected on both sides of the impact of sexual liberation in the sixties, and realized that "women cannot enjoy true freedom when it comes to sex etc., because we are not equal to men in social and economic aspects"¹². The 2011 edition keeps the same structure as that of the 1992 edition, with heterosexuality and homosexuality included in the chapter on "Relationships". The book also adds new discussions about social influences on sexuality, sexual pleasure and passion, sexual challenges etc. No matter how the world changes, sexuality seems to be a timeless topic.

Apart from the lengthy part on "Sex and Reproduction", the rest of *Our Bodies, Ourselves* can be summarized as "Taking care of ourselves", including "self-awareness", "Nutrition and Sports", "Menopause" and "Women's Health and

Society” etc. Their coverage by the different editions is displayed in Table 2.

From Table 2, we can see that with the passage of time and the progress of the society, women’s health has expanded to include more facets and a wider range of issues. Compared with the six health issues in the 1973 edition, the 1992 edition includes thirteen health issues; the 2011 edition made adjustments to the first part of the book, yet it covers as many as 12 issues. This has a close linkage to the development of women’s health scholarship in the 1980s. Scholars on women’s health went from “criticizing the paternalistic view of health care” to “advocating women-centered approaches to health care”. This means that women’s health care needs are no longer defined by those of men, but by women’s own perspectives and approaches to self-care¹³. In terms of women’s life cycle, menopause began to receive more attention from the BWHBC. At the beginning of Women’s Health Movement, menopause was overlooked by the BWHBC because it is the phase of aging and hyperandrogenism. The 1973 edition included content on menopause for the very first time, but its length is shorter than that of the book’s coverage of lesbianism. The book points out that the physiological discomfort of menopause is caused by the lack of estrogen, but does not simply recommend estrogen replacement therapy as the solution. Instead, the book suggests that women carefully consult with their physicians about the possible side effects and risks of the therapy, and also emphasizes the alleviating effect of diet, sports and rest for the physical symptoms of menopause. In the 1992 edition, menopause was included in the chapter on “Women Growing Older”. The text challenges the medical definition of menopause for not taking into account the social and cultural meanings of menopause, and women’s own understanding and sentiments towards menopause. The book also argues that most of the biomedical research over the past twenty years is methodologically flawed, and thus one must be wary of its conclusions. Studies since the mid 1970s indicate that estrogen is associated with the development of endometrial cancer, and thus this edition is more cautious in advice on treatment, suggesting that “[i]t is only when these symptoms severely interfere

with our daily lives, when we have tried some nonmedical alternatives and they haven't worked, that we may consider getting medical help"¹⁴, and then offers an account of studies on the relation between estrogen and cancer and cardiovascular disease, which shows a critical attitude towards estrogen therapy.

In 2006, the BWHBC produced a separate handbook titled *Our Bodies, Ourselves: Menopause* to tackle the problem of aging. This 368-page handbook purports to "provide reliable information supplementary to medical knowledge for women to make informed choices and decisions on health care."¹⁵ In the 2011 edition, there is also a separate chapter on menopause, which is 102 pages long. It offers a detailed discussion of topics ranging from menopausal symptoms to contraception for older women; from estrogen replacement therapy to its various complements and alternatives; from the negative representations of older women to cross-cultural perspectives on menopause. The BWHBC criticizes the medicalization of many natural life cycles in the American culture, and argue that most of the time, healthy lifestyles and self-care are safer and more efficient than medical treatment. They define menopause as a "brand new stage in life in which we realize that our identities and values go far beyond reproduction. We can reconsider our roles, be creative and reproductive in a different way, develop new relationships with our bodies, and form new relations with our family and friends and new ties between our life and work"¹⁶.

3. The Circulation of the health concepts of *Our Bodies, Ourselves* in China

Our Bodies, Ourselves raises the awareness of the health issues of women in different parts of the world, which can be seen from the translations and the dissemination of the book across borders. This article presents a brief study of the dissemination of the book in China. There are four Chinese adaptations of *Our Bodies, Ourselves*, including the 1975 Taiwanese edition titled *Your Body and Yourself*, the 1987 edition *A Book by and for Women: Our Body and Our Psychology* translated and edited by Xin Zi, the 1989 edition *Our Bodies, Ourselves* translated and edited by Zhou Qiang et al., and the 1998 edition *American Women's Self-care Classic: Our*

Bodies, Ourselves translated by Chinese Women's Health Network and the Chinese *Our Bodies, Ourselves* translation group.

The production of these Chinese editions is closely linked to the revitalization of gender difference in 1980s Chinese society. The woman question became a popular topic in social studies for the very first time. "The eighties saw a revival of femininity and gender difference"¹⁷, and thus women's health issues also received attention. As the first translation of *Our Bodies, Ourselves* produced in mainland China, the 1987 Chinese adaptation does not indicate which English edition it is translated from. The whole book is 183 pages long, and the translator-editor stated in the preface: "Only a small part of the source text has been translated. The untranslated texts either have little to do with Chinese women, such as substance abuse, or seem unacceptable to the translator."¹⁸ Even so, as a popular health science book, it has a publisher's foreword that says: "Some of the book's arguments are 'off' and not applicable to our country's situation, and thus should not be generalized to us." This Chinese translation also deleted all of the photos in the source text, and only kept nine illustrations to show women's anatomy, physiology and self-defense strategies.

The 1989 edition is translated from the 1976 English edition, contains 18 chapters and is 644 pages long¹⁹. This translation is more faithful to the source text in terms of the structure and the content. It even kept the American book's discussions of topics quite ahead of its time, such as homosexuality, sexual fantasy and sexual relationships. However, this translation deleted all photos and illustrations. One of the most important features of *Our Bodies, Ourselves* is its use of photos to engage readers and illustrations to help women learn about their body anatomy. Thus, this change makes the translation less enjoyable than the source text.

In 1995, the Fourth UN Conference on Women was held in Beijing, and "brought into China valuable experiences in global women's health movements and new information about the transformation of contemporary models of health care." This became an opportunity for Chinese Women's Health Network to translate *Our Bodies, Ourselves* into Chinese, "a milestone book on American women's health movements and technological developments in healthcare"²⁰. This Chinese edition was

translated from the 1992 English version, and produced by Knowledge Publishing House in 1998. The book kept the images, but deleted the part on homosexuality in the chapter on sexuality, some details about sex education, discussions about prostitution, and 17 photos and illustrations. This is due to cultural differences between the US and China and regulations of Chinese publishing law. Moreover, it did not include some of the information, references, and biographical information of the authors included in the American book.

4. Conclusion

Looking back at the history of *Our Bodies, Ourselves* and comparing its different editions, we can not only observe the shifting focus of discussions on women's health in different historical periods, but also peek into the shift of focus of the movements from physiological dimensions to psychological dimensions, from domestic dimensions to social dimensions, and from fertility age only to changes during the whole course of life. In its advice for women on health care, the focus shifted from health indexes and advances in biomedicine to situating women's health issues in the economic and political context of the contemporary society. The book seeks institutional safeguards for women with regard to public health, trying to promote reforms in the health care system.

Furthermore, *Our Bodies, Ourselves* is not only concerned with health care issues but also looks into political issues that affect women's health, including the representation of women's bodies and the inclusion of women of colour and women in developing countries. It invites women to work to improve the lives of women, from a call to change in the American culture to developing a global awareness for women's health, and inviting collaboration between the Global North and the Global South in the realm of health. Concurrently, the Boston Women's Collective reflected on the negative impacts of the globalization of healthcare on developing countries, such as the exploitation of women in developing countries as cheap labor force by transnational countries; the recruitment of Third World women in clinical trials by pharmaceutical companies, and the dumping of drugs for these women. These problems all require attention and further research.

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