

“In America They Call Us Empowered”:
Lesbianism and Our Bodies, Ourselves

Introduction: Reclaiming Our Bodies

During the second half of the twentieth century many Americans began to question the degree of control they exerted over their own bodies. Whether debating issues of medical consent¹ or discussing concerns about women’s reproductive rights,² segments of the American public were beginning to realize that the only way in which they would be able to exercise personal agency over their bodies was to politically challenge those who had taken it away.

This concern was especially clear to women’s health activists of the late 1960s. By the end of this decade, many second wave American feminists had come to the conclusion that women would never gain adequate health care if they did not achieve personal autonomy over their bodies. Legal rights to acceptable reproductive health options still needed to be acquired.³ Activists realized that to benefit from these freedoms, women needed to control when they received medical care, where they were treated and what type of procedures were used. In other words, having access to abortions or contraceptive care alone would only perpetuate physician

¹ According to medical ethicist Jay Katz, the years between 1957 and 1972 marked the “birth and development of informed consent” (59). Katz explains that during this period the American public began demanding the right to know how and why they were being medically treated. Many no longer trusted physicians and felt that they were not being informed about all their options or about the dangers of some medical treatments. As a result, many turned to the legal system as a means of fighting for control over their own bodies. See: Jay Katz *The Silent World of Doctor and Patient* (Baltimore: Johns Hopkins University Press, 2002), 59-84.

² Leslie Reagan *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 160-193.

³ Reagan’s *When Abortion Was a Crime* explains how during the late 1960s and into the 1970s several women’s health groups became highly concerned with both legalizing abortion and allowing women to decide for themselves whether or not they wanted the procedure. These groups felt that it was extremely problematic for physicians to control who could have an abortion. Aside from issues of racism, this power dynamic denied women personal autonomy. Such women’s health groups therefore fought for abortion rights to gain ownership over their own bodies. See: Leslie Reagan *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997), 160-193.

control — in most cases, male control — over their bodies.⁴ Therefore, activists of this era united under a variety of new feminist health organizations so that their demands for personal agency would be more effective and powerful.

Comprised of women from a variety of educational backgrounds, these feminist health groups employed an array of techniques to spread their philosophies for empowerment. For example, groups like the Women's Health Network used the legal system to gain bodily empowerment. They believed that by making changes in the safety and efficacy protocols of the FDA and by establishing feminist-oriented medical research, women would receive medical care tailored to their needs.⁵ Groups such as Jane secretly provided abortions, allowing women to be active decision-makers in their pregnancies. In contrast to the Women's Health Network and Jane, some feminist health groups relied primarily on lectures, pamphlets and self-help manuals to stir activism. One of the most famous groups to do so was the Boston Women's Health Book Collective.

Originally established in 1969 by women of all educational backgrounds who harbored “feelings of frustration and anger toward specific doctors and the medical maze in general,”⁶ the Boston Women's Health Book Collective decided to champion the self-help manual as a way of publicly enabling women to assert control over their bodies. These women believed that teaching women about their own reproductive organs would not only demystify pelvic exams, but ultimately challenge traditional male medical hierarchies. To accomplish this goal, the women of the Boston Women's Health Book Collective first decided to investigate their own

⁴ Sandra Morgen *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002), 1-15. Most likely this movement was highly influenced by the Patient Rights Movement during this era. See: Jay Katz *The Silent World of Doctor and Patient* (Baltimore: Johns Hopkins University Press, 2002), 59-84.

⁵ Morgen, 26-7.

⁶ Boston Women's Health Book Collective *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973), 1.

bodies and then present their findings in a class “for women on women.”⁷ Yet while compiling their research, the members of this group concluded that as long as women continued to lack essential information about their bodies, they would never gain autonomy over them. As a result, the Boston Women’s Health Book Collective published *Our Bodies, Ourselves* in 1971 as a foundational effort to spread agency through knowledge. This text not only offered American women important information about their bodies, but “it also asserted women’s rights to this information and women’s inherent authority regarding their own bodily experiences.”⁸ Even more importantly, this text attempted to remove women from a medically subjugated position to one in which they were “active learners and sources of knowledge.”⁹

After the success of the 1971 limited printing,¹⁰ the Boston Women’s Health Book Collective revised and reprinted *Our Bodies, Ourselves* in order to include new information — specifically, a chapter on lesbianism. As a result, this predominately heterosexual¹¹ feminist health group contacted the Boston Gay Collective to assemble this chapter so that an accurate portrayal of lesbianism would be included. After all, how could women be united in a fight for bodily empowerment if they found themselves divided by sexual orientation? Historian Molly McGarry argues that in fact this conflict was at the very heart of the feminist movement during that era. Lesbian feminists felt that even though they shared “common needs as women [with heterosexual women] ... their sexuality was neither acknowledged nor accepted among straight

⁷ Ibid.

⁸ Judith Aliza Hyman Rosenbaum *Whose Bodies? Whose Selves?: A History of American Women’s Health Activism, 1968-Present* Dissertation (Providence: Brown University, May 2004), 39.

⁹ Ibid.

¹⁰ According to Sarai Walker — the associate editor of *Our Bodies, Ourselves* — over 250,000 copies alone were sold by word-of-mouth alone. Sarai Walker. “*Our Bodies, Ourselves: 35 Years of Women’s Health Education and Advocacy*” ourbodiesourselves.org (May 10, 2005) <<http://www.ourbodiesourselves.org/about/timeline.asp>>.

¹¹ Rosenbaum, 39.

women.”¹² Because of this, a major divide in the feminist movement developed. Conscious of this split, the Boston Women’s Health Book Collective attempted to reconcile it through the help of the anonymous lesbian authors¹³ of the chapter entitled “In Amerika They Call Us Dykes.” By including this chapter in the 1973 edition of *Our Bodies, Ourselves*, the members of the Boston Women Health Collective informed their readers and other feminists that empowerment could come with unity — a unity among all women.

In this paper I intend to argue that although “In Amerika They Call Us Dykes” was written by the Boston Gay Collective, it was used to unite lesbian and heterosexual female communities by removing the stigma of lesbianism, thereby empowering the entire feminist community — straight and gay. To demonstrate this I intend to examine how “In Amerika They Call Us Dykes” employs: 1) specific rhetorical strategies to break down this barrier between lesbian and heterosexual women; 2) distinct artistic techniques to legitimize lesbianism; 3) exposures of medical misconceptions about lesbianism, and; 4) suggestions for future areas of lesbian health activism. An examination of these four methods of empowerment will demonstrate how this distinct chapter of *Our Bodies, Ourselves* enabled those of the lesbian community to claim their identity, assume ownership over their bodies, and relate to heterosexual women — each method essential to a united feminist health movement.

¹² Molly McGarry and Fred Wasserman *Becoming Visible: An Illustrated History of Lesbian and Gay Life in Twentieth Century America* (New York: New York Public Library, Penguin Studio, 1998), 180.

¹³ The Boston Women’s Health Book Collective “Contributors to the 2005 Edition of *Our Bodies, Ourselves*” *Our Bodies, Ourselves Book Companion Website* (May 10 2005). (Accessible Online) <<http://www.ourbodiesourselves.org/book/default.asp>>.

Section 1: The Rhetoric of Empowerment

Unlike other chapters in the 1973 *Our Bodies, Ourselves*, “In Amerika They Call Us Dykes” purposely takes on a unique compositional language style to empower the lesbian community. Rather than following the traditional format of other chapters in this text— summaries of factual information intertwined with brief personal testimonies — the Boston Gay Collective “insisted on complete control over the style and content of this chapter”¹⁴ to make a political statement about their lifestyle. Owing to a history of misrepresentation¹⁵ by the medical community, these authors did not want to simply display a summary of facts about lesbianism. Instead, the Boston Gay Collective arguably hoped that heterosexual readers would empathize with the many conflicts with which lesbians struggle daily through the specific rhetorical strategies of the chapter. The members of the Boston Gay Collective attempted to do this through their distinctive use of narration. With this technique, they were able to empower the lesbian community by critiquing early medical documentary styles which prioritized physicians’ representations of lesbianism.

Throughout this chapter the Boston Gay Collective departs from the rhetorical strategy of *Our Bodies, Ourselves* by drawing on a distinct combination of first person singular and plural narration to give lesbians agency over their identities. No longer just the subject of a text, the lesbian community becomes the voice and master of the chapter. Individuals’ thoughts, feelings and beliefs are all intertwined through personal histories and background information presented

¹⁴ In a footnote, the Boston Women’s Health Book Collective included this statement to reinforce how this chapter differed from the others. They also included it to reinforce that this chapter was composed by the Boston Gay Collective in their voice. Boston Gay Collective “In Amerika They Call Us Dykes.” Boston Women’s Health Book Collective. *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973), fn, 56.

¹⁵ Physicians who created the now problematic theories about lesbianism did so because they were products of their time and held certain opinions about homosexuality to be true. So when I use the term “misrepresentation” I am acknowledging how these opinions were perceived during the 1970s — the time period which I am most concerned about in this paper.

strategically both in first person singular and plural. “Writ[ing] from many points of view,”¹⁶ the authors compel heterosexual readers to feel as if they have personally met these lesbians and so can appreciate their emotional struggle. The authors explain: “We have included ... our lives so that you may see us as we see ourselves — as real people.”¹⁷ The authors do not want their heterosexual readers to feel that lesbians are any different from them; instead, this chapter hopes heterosexual readers will form a symbolic friendship via the “I/We” relationship and empathize with their lesbian sisters. In other words, these lesbian authors will not only assert personal agency over their bodies through their use of the dominant pronoun “I,” but through the liberating “we” will also empower and equalize all women — symbolically breaking down the barrier between lesbian feminists and heterosexual feminists.

Interestingly, this unifying “I/We” style further unites the authors of this chapter and their heterosexual readers in the way in which it critiques the style of medical literature composed prior to 1973. Much of this medical literature on lesbianism stigmatized it through an informal first person narration form. Specifically, such literature was written from the physician’s perspective, not the patient’s. According to historian Jennifer Terry’s *An American Obsession*, physicians using this version of the first person form would not hesitate to include their own opinions about individual cases.¹⁸ This in turn led them to omit the personal concerns of their patients and to quote them in such a way that they became deviant spectacles. Physicians “had the final word in summarizing each case, which uniformly consisted of denoting the underlying

¹⁶ Ibid, 56.

¹⁷ Ibid.

¹⁸ Physicians of that time would often write medical reports based on individual cases rather than establish specific studies and comprehensive arguments or theories. See: Jennifer Terry *An American Obsession: Science, Medicine and Homosexuality in Modern Society* (Chicago: The University of Chicago Press, 1999), 72.

pathology of the subject.”¹⁹ With a commanding voice over medical texts and the power to classify the patient’s actual disease, physicians gained autonomy over lesbian bodies. In fact, some physicians like gynecologist Robert Latou Dickinson even believed that the physician’s voice was so paramount in medical texts that information about and from the actual patient would be gratuitous. In his text *One Thousand Marriages* (1931) Dickinson argued that “the patient [was] the secondary source ... [and for the reader to fully] comprehend the human material it [is] necessary to take into account the primary source, the doctor who is the questioner recorder.”²⁰ According to historian Michel Foucault, because “the patient [in this case, the lesbian woman] is the rediscovered portrait of the disease,” the physician can hold power over this patient and dehumanize her.²¹ By writing in a first person narrative style physicians prevented these women from controlling their own representations and from being perceived as equal to heterosexual women. In this way, the Boston Gay Collective’s reappropriation of “I/We” enabled the lesbian community to regain the power lost to them via the strategies of earlier medical texts. Through this personalized approach, these lesbian writers empowered themselves and their audience in a non-accusatory and non-pathologizing manner, ultimately unifying gay and straight women’s health activists.

In addition to subverting traditional representations of lesbianism in medical texts, this strategy also attempted to allay the heterosexual anxieties which had been caused by these kinds of pathologizing portraits. According to the Boston Gay Collective, these fears divided lesbians “from other women ... keep[ing] all women isolated from each other ... [preventing] women

¹⁹ For more information on this power dynamic in medical writings and research/experimental studies on homosexuality, see: Jennifer Terry *An American Obsession: Science, Medicine and Homosexuality in Modern Society* (Chicago: The University of Chicago Press, 1999), 224.

²⁰ Robert Latou Dickinson *One Thousand Marriages: A Medical Study of Sex Adjustment* (Baltimore: Williams and Wilkins, 1931), 430.

²¹ Michel Foucault *The Birth of a Clinic: An Archeology of Medical Perception* Translation by A. M. Sheridan (New York: Vintage Books, 1994), 205.

from becoming friends ... [and holding] women ‘in their place.’”²² The authors reinforce this suggestion by providing personal histories about a variety of different types of women — young and old, single and married, college-educated and high school-educated — so that the reader might find one individual whom they most resemble. For example, a college-educated single woman in her twenties might be able to identify with Sarah, a twenty-something college graduate who became a lesbian because she realized that being “with women seemed natural, exciting, and intense.”²³ Meanwhile a forty-year old married woman with children might feel more camaraderie with Nell — a divorced, recently self-identified lesbian with three children. The authors attempt to personalize lesbianism so that their heterosexual readers will overcome their fears and misconceptions and eventually form a new, empowered sisterhood including both gay and straight women.

Clearly, the personal histories found within “In Amerika They Call Us Dykes” provide a positive and personal perspective of lesbianism. In doing so, these stories represent lesbians in a way that is neither coarse nor sexually explicit. Instead, these vignettes focus on these women’s childhoods, occupations, relationships and respective levels of involvement in the women’s movement. In addition, all of the stories seem to be in dialogue with one another.²⁴ By experiencing similar problems, the women in these narratives embody power and unity in the lesbian community, reinforcing the need for all women to form a united sisterhood without fears of lesbianism.

²² Ibid, 224.

²³ Boston Gay Collective, 58.

²⁴ Many of the personal histories are connected because the women were friends or partners. This format gives the reader a feeling of continuity and kinship with the women present. In other words, the readers can feel that they are not only a part of their lives, but also a part of their social family. See Boston Gay Collective “In Amerika They Call Us Dykes.” Boston Women’s Health Book Collective *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973), 57-73.

By using these personal narratives to elicit the empathy of the reader, the Boston Gay Collective indirectly critiques the traditional medical documentary format which spectacularized and pathologized lesbianism. According to historian Lillian Faderman's *Odd Girls and Twilight Lovers*, at the end of the nineteenth century and into the twentieth century medical texts identified lesbianism as a disease of sexual deviancy by including excerpts from patients and summaries of the more scandalous aspects of their cases.²⁵ These case histories often embellished lesbian sexual experiences and relationships, ultimately encouraging the reader of these texts to perceive this form of sexual expression as sensational and illicit. For example, in *Sex Variants* (1948), psychiatrist George Henry sensationalizes lesbian sexuality by including a racy passage highlighting one lesbian's sexual preferences:

She has never enjoyed lingual caresses and she prefers to take the position of a male in intercourse. With her enlarged clitoris she says she is able to produce orgasms in other women. She enjoys especially the caressing of women's breasts. 'Titty calms me. If I can't have it every day, I get evil.'²⁶

In this instance, Henry wants to spark the attention of his readers with this risqué and pornographic representation. He is not concerned with how lesbians will be culturally perceived, but rather attempts to gain shock value. Historian Carol Groneman notes in *Nymphomania: A History* that even until the second half of the twentieth century such physicians tended to provide information which both surprised and titillated the reader. When writing about lesbianism, they would often include how they had diagnosed their patients' conditions by using their own fingers to stimulate them and how their procedures had occasionally induced sexual feelings in their patient.²⁷ In such instances, physicians could actively transform patients into

²⁵ Lillian Faderman *Odd Girls and Twilight Lovers* (New York: Penguin, 1991), 37-62.

²⁶ George W. Henry *Sex Variants: A Study of Homosexual Patterns, With Sections Contributed by Specialists in Particular Fields* (New York: Paul B. Hober, Inc. Medical Book Department of Harper and Brothers, 1948), 776-7.

²⁷ Terry, 198-203.

spectacles for their own prurient interests via the medium medical histories.²⁸ It seems the goals of these invasive treatments and descriptions were not only to pathologize lesbianism, but to scopophilically spectacularize this lifestyle for enjoyment. Lesbian women arguably became medical freaks, sideshows for invasive physicians.²⁹ Such unfortunate situations resulted not only in lesbian subordination and loss of bodily agency, but also a severing from the heterosexual world of normalcy. Medical documents such as Henry's emphasize how the lesbian community faced the threat of not only being pathologized by physicians, but also of being perceived as subordinate to heterosexuality. Lesbians therefore became hypersexual deviants — a form of live entertainment, rather than patients.

In addition to spectacularizing the lesbian body through their erotic readings of women's histories, many Victorian physicians' medical texts used these case narratives to describe lesbianism as a "sexual pathology"³⁰ which caused women to act aggressively, initiate sexual encounters and exhibit predatory instincts. In fact, many texts even used these case histories to portray these "masculine women ... [as] danger[ous] to impressionable young women whom they seduced."³¹ By presenting lesbian women as neurotically charged women who sought multiple sexual partners, these case histories promoted pejorative sociomedical representations of lesbian women. Although erotic and pathological representations of lesbianism were dominant in medical literature prior to the 1970s, these representations even continued to be present in works contemporary to *Our Bodies, Ourselves*. According to historian Mari Jo Buhle,

²⁸ Carol Groneman *Nymphomania: A History* (New York: W. W. Norton and Company, 2000), 3-35.

²⁹ This spectacularization of the lesbian body can arguably be equated with histories about "freaks." One notes in Rosemarie Thomson's *Freakery* how medical professions of the twentieth century would often invasively examine such individuals and parade them in the same manner as sideshows. See: Rosemarie Garland Thomson, ed. *Freakery: Cultural Spectacles of the Extraordinary Body* (New York: New York University Press, 1996), 13.

³⁰ Marylynn Diggs "Romantic Friends or a 'Different Race of Creatures'? The Representation of Lesbian Pathology in Nineteenth-Century America" Judith Walzer Leavitt, ed. *Women and Health in America: Historical Readings* (Madison: The University of Wisconsin Press, 1999), 215.

³¹ Terry, 64.

lesbianism was described as a neurosis until 1973 — the same year that *Our Bodies, Ourselves* first included this chapter on lesbianism. Buhle discusses how psychologist Edmund Bergler’s works — popular in the sixties and early seventies — considered lesbianism to be an “extreme pathology.”³² It seems that the authors of this chapter wanted to *reclaim* their history by representing the same-sex desire of lesbianism. In doing so, the Boston Gay Collective highlighted the problematic ways in which lesbian sexuality was — and in some cases still is — perceived. In particular, the woman of this collective critiqued the harmful medical perceptions of their sexuality by suggesting that lesbianism is not a disease and that women “weren’t born lesbians.”³³ In addition to eliminating associations between lesbianism and disease, the Boston Gay Collective seems also to be referring to Simone de Beauvoir’s *Second Sex*. In her book, de Beauvoir notes that “[o]ne is not born, but becomes a woman. No biological, psychological, or economic fate determines the figure that the human female presents in society: it is civilization as a whole that produces this creature ... which is described as feminine.”³⁴ The authors of “In Amerika They Call Us Dykes” are trying to remove all control over their bodies from medical hegemony. They want to be fully autonomous individuals who are biologically and physically the same as their heterosexual sisters. Through the aid of these personal narratives, the authors of this chapter attempt to claim their own histories and to emphasize that women are lesbians because they “made choices, conscious or not ... to turn to women for love and friendship.”³⁵

³² Mari Jo Buhle *Feminism and Its Discontents: A Century of Struggle with Psychoanalysis* (Cambridge: Harvard University Press, 1998), 270. For other examples of how the medical profession pathologized lesbianism, see: Frank S. Caprio. *Female Homosexuality: A Psychodynamic Study of Lesbianism* (New York: Citadel Press, 1954), 304. Albert Ellis. *The Art and Science of Love* (New York: Lyle Stuart Press, 1960), 272.

³³ Boston Gay Collective, 56.

³⁴ Simone de Beauvoir *The Second Sex* (New York: Bantam Books, 1952), 249.

³⁵ Boston Gay Collective, 57. It is important to note that there were conflicting arguments during that era about whether or not homosexuality was a congenital disorder. In fact, a 1965 article printed in the lesbian magazine *The Ladder* argues that “science will be important for the homophile movement” (16-17). Such a statement suggests that even members of the lesbian community came to believe that the only way lesbianism would gain legitimacy would be through the classification of lesbianism as a disease. After all, if it was a disease, then the lesbian population

By using such powerful statements, the Boston Gay Collective removed any physical/physiological boundaries separating them from their heterosexual readers and united them in one body — an empowered one.

Section II: The Art of Empowerment

Reclaiming identity through unity is also present in the photography and sketches included in this chapter. The Boston Gay Collective incorporated representations of lesbians which gave no indication of their sexuality. In fact, these images depicted groups of women as friends, hugging or standing alone — visual representations unlike lesbian art of the time. Art historian Margo Hobbs Thompson explains in *Sex and Sensibilities* that lesbian artists “intended to arouse their female audience both sexually and politically.”³⁶ But the photographs and drawings in this chapter do not express the same visual concerns. They are not intended for sexual arousal or shock. What is similar between these images and those produced by lesbian artists of the time is the intended audience — both were female. However, in this case the art is not exclusionary,³⁷ but inclusive of all women.³⁸ Therefore, the Boston Gay Collective used these images to “break down the myths, misrepresentations and outright lies that make possible [their] oppression and exploitation as lesbians, and that control[ed] not only [their] lives but the

could no longer be blamed for behavior deemed socially inappropriate. This point is further reinforced in Kenji Yosino “The Epistemic Contract of Bisexual Erasure” *Stanford Law Review* 53:2 (January 2000), 353-463.

³⁶ Margo Hobbs Thompson *Sex and Sensibilities: The Aesthetic and Political Struggles Over Women’s Representations of the Female Body, 1966-1980* Dissertation (Evanston: Northwestern University, 1998), 130.

³⁷ When I use the term “exclusionary,” I am reinforcing Hobbs’s suggestion that lesbian art of the 1970s was intended solely for the lesbian community, not for heterosexual women and least of all for men. In the case of *Our Bodies, Ourselves*, I argue that the art was used as a way of uniting the lesbian and heterosexual communities. For more information on the intended audience of lesbian art of the 1970s see: Margo Hobbs Thompson *Sex and Sensibilities: The Aesthetic and Political Struggles Over Women’s Representations of the Female Body, 1966-1980* Dissertation (Evanston: Northwestern University, 1998), 125-255.

³⁸ For more information on lesbian art from the 1970s see: Thompson, 128-200; Harmony Hammond *Lesbian Art in America: A Contemporary History* (New York: Rizzoli International Publications, 2000), 15-42.

lives of straight women as well.”³⁹ In doing so, the authors of this chapter create a new, fresh look at lesbianism — one which unifies women of all orientations through the absence of explicit representations of sexuality.

In each of the four black and white photographs chosen by the Boston Gay Collective,⁴⁰ lesbian women are depicted laughing, smiling and confident. Whether depicted alone or with friends or partners, the women in each of these photographs do not seem to question their identity, but rather to be happy that they can openly share it with others. In images 1 and 2, the photographer attempts to convey this message by forcing the audience to look directly into the eyes of these women. This way, readers of this chapter can visually empathize with the lesbian subjects of these pictures, just as they did through the “I/We” construction of the personal narratives. Additionally, because these women are presented fully-clothed, in casual non-specific locations and in relaxed genderless poses, there is no way for the viewer to identify these women as lesbians. Even though the text surrounding these photographs informs the viewer of their sexuality, these images are non-sexual. If isolated from the text, the viewer would have no way of labeling the true identity of these women.⁴¹ The Boston Gay Collective arguably employed this strategy to inform their audience that lesbian women are essentially the same as their heterosexual sisters. Moreover, these images focus on physical and emotional closeness between women, promoting feelings of love and sisterhood rather than anxiety and sexual desire. For example, images 3 and 4 portray one lesbian couple embracing as friends and partners. As the two women hug, they metaphorically embrace each other’s sexualities. Both photographs force the viewers to question their preconceived notions about lesbianism and to dispel misconceptions of sexual deviance and pathology. Even though the gaze between the two

³⁹ Boston Gay Collective, 56.

⁴⁰ See Appendix A: “Images from *Our Bodies Ourselves*” Pictures 1-4.

⁴¹ Ibid, Pictures 1 and 2.

women within image 3 appears to be more intense than that of image 4, it seems that the photographer wanted to convey to the readers that lesbian relationships are built on the same bonds of love and friendship as heterosexual relationships — not on lust and perversion.⁴² Such a distinction was not only important for lesbian identity, but also for the unification of all women. According to historian Donna Penn’s “The Sexualized Woman,” until the publication of this chapter lesbians were continuously identified as prostitutes and hypersexual individuals, causing a divide in the female heterosexual and lesbian communities.⁴³ These distinct new images removed the boundaries between heterosexuality and homosexuality by empowering both the lesbian and heterosexual women who viewed them.

Much like the aforementioned photographs, the three charcoal illustrations in the chapter also redefine lesbian identity. But unlike the photographs, the illustrations explore nude representations of women — either alone or in the arms of another woman.⁴⁴ If one examines images 5, 6, and 7, one can see that even though these women are naked, their bodies can only be viewed in blurry, unrealistic profile. This visual technique greatly contrasts and implicitly critiques medical illustrations — illustrations which include clear, rigid lines and delineated surfaces. With these blurry boundaries the artists are able to communicate how hazy boundaries are in the real world in terms of both gender and sexuality.⁴⁵ This aesthetic strategy encourages heterosexual female viewers to accept not only lesbianism, but also the diffuse sex/gender

⁴² Ibid, Pictures 3 and 4.

⁴³ Donna Penn “The Sexualized Woman: The Lesbian, the Prostitute and the Containment of Female Sexuality in Postwar America” Joanne Meyerowitz, ed. *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* (Philadelphia: Temple University Press, 1994), 335-358.

⁴⁴ See Appendix A: “Images from *Our Bodies Ourselves*.” Pictures 5,6 and 7.

⁴⁵ I use the term “blurry boundaries” to identify how sex and gender cannot be located solely in binary terms. Instead, according to Anne Fausto-Sterling, the two-sex system has been so enforced by Western culture and the scientific community that both perceive normalcy as heterosexual masculinity and femininity. Eliminating this system and these perceptions will be extremely difficult. See: Anne Fausto-Sterling “The Five Sexes, Revisited” *The Sciences* (July/August 2000), 22-23.

boundaries associated with it as well.⁴⁶ This way, the audience can move past the confining cultural boundaries preventing all women from embodying non-traditional sex/gender roles and gaining empowerment through acceptance.

The images in “In Amerika They Call Us Dykes” not only present lesbianism in a new light, but implicitly critique previous visual representations of lesbians in medical photography and illustrations. Professor of queer theory Dana Seitler explains that — unlike the Boston Gay Collective’s imagery — most medical photographs between the late nineteenth and the first half of the twentieth century depicted lesbians either nude with their faces obscured or criminalized. This invited the viewer to scopophilically pathologize the subject.⁴⁷ For example, in Henry’s *Sex Variants* (1941) he includes two photographs — images 8 and 9 — of lesbians in the nude. The faces of these women are blurred in such a way that the viewer cannot tell if this represents a real person or a medical model. In addition to visually subordinating these lesbian women to sub-human status, these pictures sexualize them as well. Photograph 8, in particular, suggests that the subject is flaunting her body: her left shoulder is slightly elevated, causing her breasts to be perkily pushed out at the audience.⁴⁸ By examining such photographs one can infer that Henry did not intend to use these photographs to legitimize lesbianism. As Seitler notes, these medical images of lesbians reinforced notions of sexual inversion through promiscuous poses and bizarre articles of clothing and props, ultimately creating a freak-show-like quality to these images.⁴⁹

⁴⁶ In addition to the exploration of breaking sex/gender boundaries, the Boston Gay Collective notes how “[b]isexuality might be possible in a healthy society.” Such a statement suggests that multiple forms of sexual and gender preferences are acceptable when people confront blurry boundaries. See Boston Gay Collective “In Amerika They Call Us Dykes” Boston Women’s Health Book Collective. *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973), 57.

⁴⁷ Dana Seitler “Queer Physiognomies; Or, How Many Ways Can We Do the History of Sexuality?” *Criticism* 48:1 (2004) 71-102.

⁴⁸ See Appendix A: Robert Latou Dickinson “Photographs From Sex Variant Study.” George W. Henry. *Sex Variants: A Study of Homosexual Patterns, With Sections Contributed by Specialists in Particular Fields* (New York: Paul B. Hober, Inc. Medical Book Department of Harper and Brothers, 1941), 1122.

⁴⁹ *Ibid.*; For more information on the images about freak shows please see: Rosemarie Garland Thomson, ed. *Freakery: Cultural Spectacles of the Extraordinary Body* (New York: New York University Books, 1996), 1-37.

Medical illustrations of lesbians also tended to focus on sexual promiscuity and deviance as opposed to normalcy. To do so, physicians often focused their art on the genitals. Historian Sander Gilman notes in *Sexuality* how physicians during both the 19th and 20th centuries purposely enhanced sketches of lesbian clitorises to emphasize physiological theories about lesbian hypersexuality. For example, Gilman explains that some physicians established a “linkage between ... [two] models of sexual deviancy, the prostitute and the lesbian ... [because they were] seen as possessing the physical signs that set them apart from the normal.”⁵⁰ In 1948, gynecologist Dickinson created a series of medical drawings which compared “a ‘normal’ woman’s vulva ... [to that of] a typical sex variant.”⁵¹ In one example of these drawings, image 10, Dickinson both stylistically exaggerated the lesbian genitalia and added wording to describe it as “[of] extraordinary size ... wrinkled, thickened ... protruding” and an example of “hypersexuality.”⁵² By contrast, image 11— depicting “normal” women’s vulvas — lacked descriptive adjectives and instead included only the scientific names of the organs.⁵³ Such a presentation abnormalized lesbian genitalia while reinforcing the perceived normalcy of heterosexual genitalia. Similarly, image 12 emphasizes the abnormally elongated type of clitoris purportedly found in lesbians.⁵⁴ As a result, medical drawings such as these created prior to the Boston Gay Collective’s depictions of lesbianism were not used to legitimize it, but to pathologize and subordinate it.

⁵⁰ Sander L. Gilman *Sexuality: An Illustrated History: Representing the Sexual in Medicine and Culture from the Middle Ages to the Age of AIDS* (New York: John Wiley and Sons, 1989), 299.

⁵¹ Terry, 203

⁵² Ibid.

⁵³ Robert Latou Dickinson “Typical vs. Average Vulva.” George W. Henry. *Sex Variants: A Study of Homosexual Patterns, With Sections Contributed by Specialists in Particular Fields* (New York: Paul B. Hober, Inc. Medical Book Department of Harper and Brothers, 1948), 1122.

⁵⁴ Robert Latou Dickinson “Susan’s Excursions.” George W. Henry *Sex Variants: A Study of Homosexual Patterns, With Sections Contributed by Specialists in Particular Fields* (New York: Paul B. Hober, Inc. Medical Book Department of Harper and Brothers, 1948), 1125.

In addition to visually reclaiming lesbian bodies, the imagery of the Boston Gay Collective implicitly critiques the way in which images of lesbians were obtained. Because women in each of the chapter's photographs are smiling, poised and staring at the viewer, one can conclude that they were both aware of the photographer and what the photographer's images would be used for. This contrasts greatly with how photographs were obtained prior to the 1970s. According to historian James Reed, some twentieth century physicians would secretly take photographs of women's genitalia during pelvic examinations, while others convinced the subjects that they should pose for these photographs because it might help their diagnoses. Drawings were also coercively obtained during exams.⁵⁵ Much of the medical imagery regarding the lesbian body prior to the 1970s not only pathologized it, but systematically prevented it from being associated with "normal" heterosexual bodies. These representations dangerously disempowered and reinforced the division between lesbian and heterosexual women.

By stylistically removing connotations of deviance and pathology from lesbianism through the visual strategies of this pioneering chapter, the Boston Gay Collective empowered lesbians as well as their heterosexual sisters. In doing so, these authors enabled women to exert control over how their bodies were presented and understood by the American public. Ultimately, these strategies enabled the Boston Gay Collective to verbally challenge medical theories through the content of their groundbreaking chapter.

Section III: Attacking Medicine, "Healing" Lesbianism

⁵⁵ James Reed *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York: Basic Books, 1978), 156-7.

Even after the famous Stonewall Riots of 1969 and the emergence of a definable women's health movement, many lesbians still felt that their lifestyle was not considered "normal" or "acceptable" by the medical profession. Lesbians continued to be identified as psychologically disturbed.⁵⁶ According to Epidemiologist and Bioethicist Sana Loue, many physicians prior to 1973 continued to consider lesbianism a disease stemming from "rape, incest, tomboyish behavior, seduction by an older woman, masturbation and fear of dominance."⁵⁷ As result, lesbians were treated as unhealthy individuals in need of sexual and gender-altering treatments which included "psychiatric confinement, electroshock treatment, genital mutilation, aversive therapy, psychosurgery, hormonal injection, psychoanalysis, and psychotropic chemotherapy" to correct their 'unnatural' status.⁵⁸ According to historian Molly McGarry, this diseased status influenced the relationships between lesbian and heterosexual women in feminist organizations such as the National Organization for Women.⁵⁹ In 1972 lesbian feminist Rita Mae Brown explained that "lesbianism is the one word which gives the New York N.O.W. Executive Committee a collective heart attack."⁶⁰ Others meanwhile called lesbians the "Lavender Menace" or "perverse" and wished that they would leave the movement so that they would be more successful at accomplishing their agenda.⁶¹

Such beliefs and treatments persisted until 1973 — significantly, the same year that this chapter in *Our Bodies, Ourselves* first appeared — when the American Psychiatric Association

⁵⁶ Simon LeVay *Queer Science: The Use and Abuse of Research into Homosexuality* (Cambridge: MIT Press, 1996), 222-230.

⁵⁷ Sana Loue *Gender, Ethnicity, and Health Research* (New York: Kluwer Academic/Plenum Publishers, 1999), 160.

⁵⁸ Patricia E Stevens "Lesbian Health Care Research: A Review of the Literature From 1970 to 1990" Phyllis Noerager Stern, ed. *Lesbian Health: What Are the Issues?* (New York: Taylor and Francis, 1992), 1.

⁵⁹ McGarry, 180-1.

⁶⁰ Quoted in Sidney Abbot and Barbara Love *Sappho Was a Right-On Woman: A Liberated View of Lesbianism* (New York: Stein and Day Press, 1972), 112.

⁶¹ McGarry, 180-1.

officially removed homosexuality from the *Diagnostic and Statistical Manual of Mental Disorders*.⁶²

In light of such a change, it is no wonder that the Boston Gay Collective saw the publication of this chapter as an opportunity both to regain control over their bodies and to bridge the gap between lesbian and heterosexual feminist health activists. By communicating the myths existing in the public and medical community regarding lesbianism, the Boston Gay Collective could identify how they were, in fact, no different from their heterosexual sisters, uniting the two groups — an essential step for sufficient women-oriented healthcare.

At the beginning of “In Amerika They Call Us Dykes” the members of Boston Gay Collective explained how their sexuality is not only the best aspect of their lives, but also the very aspect that complicates their existence.⁶³ By underscoring this disparity, the authors hoped to bring to the surface the harmful association between lesbianism and disease which promotes social isolation and stigma. In doing so they were able to identify why the lesbian community had been ostracized from the larger feminist community. This rhetorical strategy becomes useful if one examines it in terms of historian of science Bert Hansen’s theory about the identification of “diseases” like lesbianism. According to Hansen, once a “disease” like lesbianism is “framed” or identified within a cultural setting, those thought to be afflicted with the condition are isolated from the larger community. Hansen explains how these individuals begin to form their own

social roles (pattered behaviors and the expectations held by others of these patterns)[;] a self-conscious identity (the personal internalization that one *is* that kind of person, not just acting out a role)[;] social institutions (recognized settings for particular activities), and [;]community (a shared sense of belonging to a group with others who have the same role or identity).⁶⁴

⁶² Loue, 160-1; Terry, 372-3

⁶³ Boston Gay Collective, 56.

⁶⁴ Bert Hansen “American Physicians’ ‘Discovery’ of Homosexuals, 1800-1900: A New Diagnosis in a Changing Society.” In Charles Rosenberg and Janet Golden, eds. *Framing Disease: Studies in Cultural History* (New Brunswick: Rutgers University Press, 1992), 109. Additionally, the term “framed” in this case refers to Charles Rosenberg’s theory on disease. See: Charles Rosenberg and Janet Golden, eds. *Framing Disease: Studies in Cultural History* (New Brunswick: Rutgers University Press, 1992), xiii-xxvi.

As Hasen notes, this identification resulted in sociomedical stigmatization and a larger division in the second wave feminist movement. As a result, the women of the Boston Gay Collective explain in their chapter that a woman's identification as a lesbian was "used to discredit everything that [she had to] say and to make [her] into scapegoa[t] for everyone else's problems."⁶⁵ This stigmatization prevented lesbians from exerting power and broadcasting their voices in the larger society. Because of this, the Boston Gay Collective used this chapter to expose the destructive nature of traditional medical theories and to force the reader to engage in their contradictory nature. In this way, heterosexual feminists could identify with lesbian feminists.

The authors of "In Amerika They Call Us Dykes" specifically force their viewers to grapple with older, contradictory perceptions of lesbian health through personal histories. These included stories about healthy lesbians who encountered problematic medical theories concerning their sexuality and then realized their inaccuracy through the help of the women's movement. The authors presented these histories so that readers would also be forced to reconsider the legitimacy of such medical theories. The personal histories begin by presenting information about the subject's life, family, friends and partners, enabling the reader to empathize with the subject. After concluding that lesbians are no different from other women, readers are asked to reconsider their opinions about the medical representation of lesbianism. In doing so, the text problematizes the pathological way in which lesbians were presented even before the lesbian subjects of the narratives do.⁶⁶ Heterosexual readers are then able to question how healthy, fully-functioning women — lesbians with whom they have spent the last few pages identifying — can embody a disorder. These realizations help the heterosexual reader begin to dispel previously held misconceptions about lesbianism and replace them with the new perspective that lesbianism is not a psychological or physical disturbance.

⁶⁵ Boston Gay Collective, 56.

⁶⁶ Ibid, 56-69.

Until the publication of “In Amerika They Call Us Dykes,” medical professionals not only suggested that lesbianism originated from a psychological disturbance, but agreed that it had a physiological origin as well. One physician whose theory about lesbianism persisted until the Boston Gay Collective composed its chapter was Albert Ellis. In his book *The Art and Science of Love*, Ellis suggested that this sexual preference was caused by an enzymatic or hormonal imbalance.⁶⁷

Although he did not subscribe to the idea that this behavior resulted from physical abnormalities intrinsic to lesbians, as many of his contemporaries did,⁶⁸ Ellis thought that if a woman’s hormones or enzymes were incorrectly balanced, then she could take on a lesbian persona.⁶⁹

Despite the prevalence of perspectives like Ellis’s, the Boston Gay Collective persuasively argued against any physiologically based theory of lesbianism by using personal narratives to subvert these older medical perceptions and to exert control over how lesbianism was defined. In one narrative, a woman named Sarah explained that when she was first discovering her lesbian identity she felt convinced that because she was attracted to women and was not inclined to heterosexual relationships she was “not a complete woman.”⁷⁰ Sarah believed “that there was something [physically] wrong with [her] — not enough sex hormones.”⁷¹ Yet after joining the women’s movement and realizing that she was she was no different physiologically than heterosexual women — i.e., her hormone levels were indeed normal — Sarah accepted her sexuality. Shrewdly, the Boston Gay Collective realized that sexual empowerment began with the debunking of older medical

⁶⁷ Albert Ellis *The Art and Science of Love* (New York: Lyle Stuart Press, 1960), 270; Terry, 181-2.

⁶⁸ Interestingly, this perception was also prevalent in literature. One of the most famous examples is Radclyffe Hall’s *The Well of Loneliness*. In the introduction to Hall’s novel, sexologist Havelock Ellis significantly explains that homosexuality resulted from a natural hormonal imbalance causing the afflicted individual to desire only others from the same biological sex as themselves. Ellis argued that this medical condition was a form of inversion rather than perversion. Radclyffe Hall *The Well of Loneliness* (1928) (New York: Random House, 1990), i-iii. Literary Critic Shari Benstock even notes that by creating a main character who comes to embody a pathological theory of inversion, Hall effectively agrees that homosexuality is abnormal and a congenital defect. Shari Benstock *Women of the Left Bank: Paris, 1900-1940* (Austin: University of Texas Press, 1986), 303.

⁶⁹ Ellis, 181-2.

⁷⁰ Boston Gay Collective, 59.

⁷¹ *Ibid.*

opinions like Ellis's. Characteristically, other personal histories in this chapter demonstrate how subjects assumed control over their identities after rejecting medical myths.⁷² To reinforce this theme, the authors also provided background information addressing how "[l]esbianism is not a physical characteristic — unlike the quality of being black or being a woman."⁷³ The authors further empower their narrators by explaining that being a lesbian involves "accepting and becoming comfortable with feelings that [they] ... always had,"⁷⁴ not a congenital anomaly requiring medical treatment.

This strategy of removing the stigma of pathology to enable agency may owe a debt to Martha Shelly's 1969 article "Notes of a Radical Lesbian." Being one of the founders of the Gay Liberation front, the Boston Gay Collective would have been familiar with her work. Shelly explains in this article how the lesbian community must abandon the belief that lesbianism is a deviance or disease and reclaim its identity. The Boston Gay Collective essentially takes Shelly's advice and removes the pathological associations of lesbianism by directly critiquing them. Such an action provides the lesbian community with a new identity — one different from the "sick society" described by Shelly.⁷⁵

In addition to confronting such medical theories about lesbianism, the Boston Gay Collective also countered the claim that lesbianism was a psychological condition, specifically confronting Sigmund Freud's theory that lesbians remained in a state of arrested development.⁷⁶ After all,

⁷² Ibid, 60-69.

⁷³ Ibid, 61.

⁷⁴ Ibid, 59.

⁷⁵ Martha Shelly "Notes of a Radical Lesbian" (1969) Jeffrey Escoffier, ed. *Sexual Revolution* (New York: Thunder's Mouth Press, 2003), 498-502

⁷⁶ Tamsin Wilton *Lesbian Studies: Setting An Agenda* (New York: Routledge, 1995), 70-73. In particular, Freud discusses his perception of lesbianism in *Dora: An Analysis of a Case of Hysteria*. In this study, Freud suggests that Dora's psychosomatic problems are a result of her Oedipal complex. Because her preoccupation with Frau K. causes lesbian feelings to emerge and she perceives Frau K. "in accents more appropriate to a lover" than a friend (54), when Dora's father has an affair with Frau K. Dora acts "more like a jealous wife" (48). Dora's Oedipal attraction to Frau K. inevitably causes her to exhibit lesbian tendencies. In other words, Freud applies "the importance of the homosexual

numerous psychologists of that time seem to have latched onto Freud's perception of lesbianism and treated it as a psychological disorder stemming from childhood. The lesbian magazine *The Ladder* noted how in 1959 psychologist Blanch Baker said:

Factors leading to homosexuality lie deep in the individual nature. It is a psychological problem in which early childhood has its effect. All people have a certain amount of maleness and femaleness in their constitution, and a child experiences tend to throw us to one side of the scale or the other.⁷⁷

Baker does not believe as the Boston Gay Collective does that women choose to become lesbians. Like Freud, Baker reinforces the received medical perception that lesbianism results from a psychological disturbance.

The members of the Boston Gay Collective despised the psychological/psychiatric theories about lesbianism so much that they confronted them in a section entitled "The Rapists."⁷⁸ The title of this section alone — a pun on the word "therapist" — suggests that the authors felt that medical professionals had "raped" or forcibly stripped the lesbian community of its identity. Historian Buhle explains that by labeling the lesbian community as psychologically disturbed, these psychologists had forcibly dehumanized and disempowered the lesbian community.⁷⁹ Because Freud's ideas on lesbianism were prevalent in American culture, the Boston Gay Collective explained that "people seem to think that to call homosexuality a sickness is somehow more humane than to call it a crime."⁸⁰ This statement only reinforces why it was difficult for lesbians to gain agency over any aspect of their life. Additionally, by being

current of feeling" (110) and the "bisexual nature of hysterical symptoms" (119) to Dora's case. See: Sigmund Freud *Dora: An Analysis of a Case of Hysteria* (1905) (New York: Simon and Schuster, 1963).

⁷⁷ Del Martin "Two-Hour Broadcast on Homophile Problem" *The Ladder* (January 1959), 7-9.

⁷⁸ Boston Gay Collective, 63.

⁷⁹ Buhle, 270-2.

⁸⁰ Boston Gay Collective, 64.

identified as diseased, lesbians were further distanced from heterosexual women. The authors of this chapter note how “[o]nce you’ve been labled a deviant, you’re convicted without a trial.”⁸¹

To contradict these pathologizations of lesbianism, the Boston Gay Collective included a section about child-rearing. By providing examples of how lesbian women successfully raised children and empowering them to do so, the Boston Gay Collective challenged widely held belief that lesbians are both infantile in mind and unfit as parents because of their own maladjusted childhoods. The authors of this chapter included examples of three women who are lesbians and have two or more well-adjusted children.⁸² Because these children have been raised in such a home, they do not harbor prejudices toward homosexuality. Instead, these children were not “afraid of gayness or think of it as sick or mysterious. [Instead, they] know that lesbians are strong and loving women.”⁸³ Additionally, they explain that because women are “nourishers of a billion infants” it is beneficial for children when two women unite and start a family.⁸⁴ Through such examples, the reader is able to understand why the popular psychological theories about lesbianism are problematic. After all, if lesbianism originates from a childhood disturbance or an arrested state of development, how can these woman have well-adjusted children? Heterosexual readers of this chapter can identify with the women depicted and appreciate how their intellectual development is not psychologically arrested.

The authors of this chapter exert control over their own bodies by subverting these perceptions about their psychological/psychiatric and physiological development. By exposing older medical perceptions, the Boston Gay Collective reappropriates these theories about lesbianism and creates their own empowering dialogue. Finally, by addressing the traditional

⁸¹ Ibid.

⁸² The authors of this chapter define a “well-adjusted child” as one who is happy, feels loved and is not deprived of any of its basic needs.

⁸³ Ibid, 72.

⁸⁴ Ibid, 72-3.

medical theories about lesbianism, these authors take control of their own herstory and encourage others to do so as well. The emerging narrative of equality and power— one which empowered both lesbian and heterosexual health activists through unity — enabled the lesbian community to present a plan of activism for the future.

Section IV: Bringing Discrimination Out of the Closet Through Potential Activism

When “In Amerika They Call Us Dykes” was first presented to the American public in 1973, the lesbian community had not only suffered because their lifestyles were considered pathological, but they had experienced directed forms of discrimination. As a result, the Boston Gay Collective attempted to use this chapter to confront the medical mistreatment lesbians faced.⁸⁵ By dragging these issues out of the closet, the Boston Gay Collective thought they could publicly represent lesbianism. Their goal was to make their contribution to *Our Bodies, Ourselves* “part of a larger beginning, as more and more gay women throughout the country ha[d] started to write, argue, sing, and shout their message to the straight world.”⁸⁶ Therefore, the authors of this chapter broadcast the ways in which the lesbian community was being discriminated against so that they could potentially join the larger political dialogue aimed at changing the status of lesbians in America.

⁸⁵ Even though this chapter prioritizes lesbian healthcare activism, it does mention other points of potential activism — social and legal discrimination against lesbian women. For example, lesbians in particular suffered from job discrimination and were usually fired if their employers discovered their sexuality. Additionally, the authors of this chapter explain that some of this social discrimination resulted from legal discrimination. They note how homosexuality was considered illegal in all states but Illinois, unfortunately promoting police harassment and discriminatory treatment. See: Boston Gay Collective “In Amerika They Call Us Dykes” Boston Women’s Health Book Collective *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973), 61-73.

⁸⁶ Boston Gay Collective, 57.

Attempting to fit the lesbian voice into the burgeoning women's healthcare movement, the Boston Gay Collective promoted a lesbian activism campaign centered on gynecological health. By proposing this campaign via their text, the authors were playing into the very movement that had sparked the original publication of *Our Bodies, Ourselves* — a healthcare movement concerned with gynecological self-examinations. According to historian Judith Rosenbaum, many women's health activists during the late 1960s and early 1970s attempted to gain personal agency by exploring all facets of their own bodies, including those parts which were once socially taboo to examine. For example, on April 7, 1971 — two years before “In Amerika They Call Us Dykes was included in *Our Bodies, Ourselves* — a woman named Carol Downer performed a gynecological exam on herself with a plastic speculum during a women's group meeting at a bookstore in Los Angeles.⁸⁷ This action sparked the growth of an abundance of self-help groups across America who also took “the tools of the medical profession into their own hands ... to gain direct information about their own bodies.”⁸⁸ These women wanted to subvert the power dynamic between doctors and patients. As a result, “[t]he speculum ... bec[ame] the symbol of the women's health movement.”⁸⁹ Because personal agency was at the heart of this movement, the Boston Gay Collective focused its activism campaign on gynecology.

In this chapter, the Boston Gay Collective examines how many gynecologists discriminated against lesbian women through their treatment methodology and advice. In one example, a woman named Jody describes how her gynecologist diagnosed her endometriosis as a psychological condition because of her homosexuality. Pointing out how discriminatory his

⁸⁷ Judith Aliza Hyman Rosenbaum *Whose Bodies? Whose Selves? A History of American Women's Health Activism, 1968-Present* Dissertation (Providence: Brown University, May 2004), 96-105.

⁸⁸ *Ibid.*, 102.

⁸⁹ *Ibid.*

diagnosis was, Jody asked him: “Are you telling me that I spent five years in pain, spent months in and out of doctors’ offices, and finally had surgery for a psychological disease?”⁹⁰ This example demonstrates to the reader that for lesbian patients like Jody, physicians were no longer treating their real conditions (in this case, Jody’s endometriosis), but their perceived disorders (Jody’s sexuality). The authors of this text suggest that medical misconceptions about lesbianism needed to be dispelled in order for all patients to be treated respectfully and accurately. If one compares Jody’s story with Dickinson’s discussion of lesbian pelvic examinations from the middle of the twentieth century one can see how preconceived perceptions dictated the outcome of these exams. Dickinson notes that “an examination of pelvis, breast, and vulva reveal[ed] [the] erotic life” of his patient.⁹¹ In fact, Dickinson further explained that because there were striking gynecological differences associated with particular sexual behaviors, he was able to accurately glean information about his patients’ sexual preferences. According to members of the Boston Gay Collective, reproductive and sexual healthcare for women was simply not enough. Physicians needed to be conscious of *all* women’s healthcare needs — straight and gay. Only at this point would prejudicial treatment — as in the case of pelvic examinations — be eliminated and replaced by non-judgemental healthcare for all women’s bodies.

By promoting healthcare for all women, the Boston Gay Collective played into the tradition of knowledge through activism and activism through knowledge. As a result, the authors of “In Amerika They Call Us Dykes” make it clear that more literature needed to be written about lesbian activism in general because, as they themselves admit, they “do not deal adequately with questions of class, role-playing, legal problems, and many other subjects.”⁹²

The authors expressed hope that their brief discussion of such issues would reinforce the need for

⁹⁰ Boston Gay Collective, 63.

⁹¹ Dickinson, 430.

⁹² Boston Gay Collective, 56.

activism, politically motivating their readers. Ultimately, they viewed their chapter as a starting point for larger, more informative texts exploring lesbianism in richer and greater detail. In other words, they “hope[d] to eventually expand this chapter and use it as the beginning of an anthology by and about gay women.”⁹³

Conclusion: The Beginning of a New Change

The appearance of the Boston Gay Collective’s “In Amerika They Call Us Dykes” in *Our Bodies, Ourselves* arguably signified to the feminist community that lesbian women needed to play a crucial role in the movement in order for social, legal and medical changes to occur and to continue to occur.⁹⁴ It established that lesbian women needed to be an integral aspect part of gaining sexual and gender equality for all women — just as the Boston Women’s Health Book Collective understood that this chapter was critical to any text addressing women’s health and sexuality. The very appearance of this chapter in 1973 announced to the American public that lesbian women were just like all women, but needed help breaking down the myth and misconceptions surrounding their lifestyles. Although it is difficult to know how this specific chapter was received separately from the rest of the text, it is clear that it was “one of the first

⁹³ Ibid.

⁹⁴ Although there is no conclusive evidence suggesting this very correlation, it is clear from the preface of *Our Bodies, Ourselves* that the authors of this text thought it was important to include a chapter on lesbianism and have it be accurate. If they did not feel this way, why would the members of the Boston Women’s Health Collective have given fully control of “In Amerika They Call Us Dykes” to the Boston Gay Collective? From Morgen’s *In Our Own Hands* we also know that *Our Bodies, Ourselves* was heralded by the feminist movement in general. See: Boston Women’s Health Book Collective *Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, 1973); Sandra Morgen *Into Our Own Hands: The Women’s Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002).

expressions that women loving women exist[ed], [wa]s possible and [wa]s good.”⁹⁵ Finally, this text has been crucial to the lesbian community in the manner in which it attempts to offer a fair and impartial perspective on lesbianism and is continually updated. Later editions of this text, in fact, have expanded upon the Boston Gay Collective’s pioneering effort. These editions argue for specific lesbian health rights and concerns, discuss lesbian relationships in depth, explore child-rearing by lesbian couples, and examine a hostess of other topics. Additionally, with each edition of *Our Bodies, Ourselves*, an even larger list of resources about lesbianism has appeared.⁹⁶ In sum, with over four million copies of *Our Bodies, Ourselves* sold within the first five years of publication,⁹⁷ “In Amerika They Call Us Dykes” introduced revolutionary notions of lesbian acceptance and equality to millions of heterosexual readers, symbolically unifying women of all sexual orientations in an empowered feminist healthcare movement.

⁹⁵ Jane Pincus “How a Group of Friends Transformed Women’s Health” *Women’s News* (March 13, 2002) (Accessible Online) <<http://www.womensenews.org/article.cfm/dyn/aid/844>>.

⁹⁶ With each new edition of *Our Bodies, Ourselves* the authors included more inclusive lists of recommended books, video/audio tapes, magazine, journal articles and now websites. See: Boston Women’s Health Collective *The New Our Bodies, Ourselves: A Book By and For Women* (New York: Simon and Schuster, Inc., 1984); Boston Women’s Health Collective *Our Bodies, Ourselves: A Book By and For Women, For the New Century* (New York: Simon and Schuster, 1998). For the most recent additions see: Boston Women’s Health Collective *Our Bodies, Ourselves: A New Edition for a New Era* (New York: Simon and Schuster, 2005).

⁹⁷ Judy Norsigian, Vilunya Diskin, Paula Doress-Worters, Jane Pincus, Wendy Sanford, and Norma Swenson “The Boston Women’s Health Book Collective and *Our Bodies, Ourselves: A Brief History and Reflection*” *Journal of the American Medical Women’s Association* 54:1 (Winter 1999), 36.

Appendix A



Image 1



Image 2



Image 3



Image 4



Images 5, 6 & 7

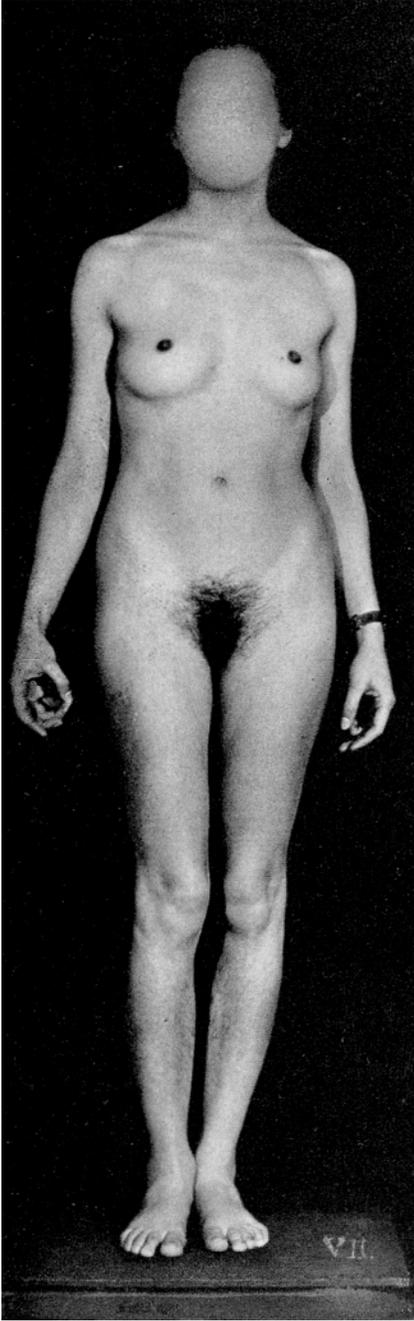


Image 8

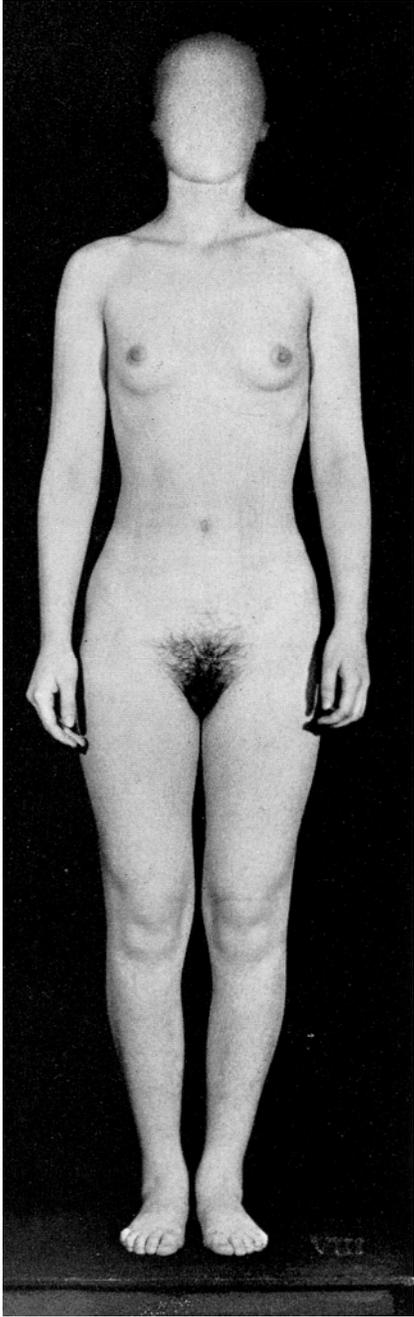


Image 9

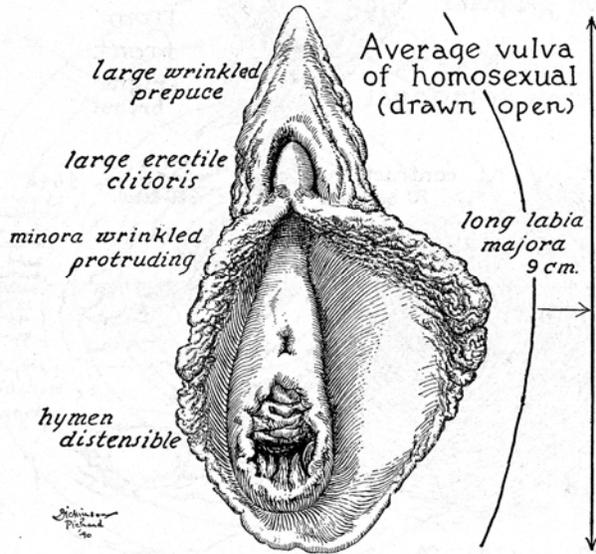


Image 10

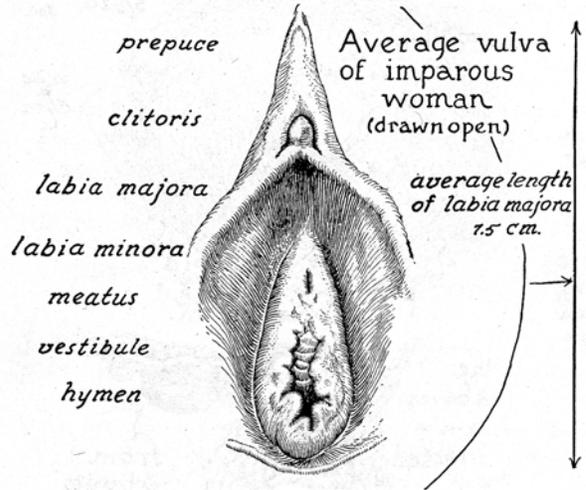


Image 11

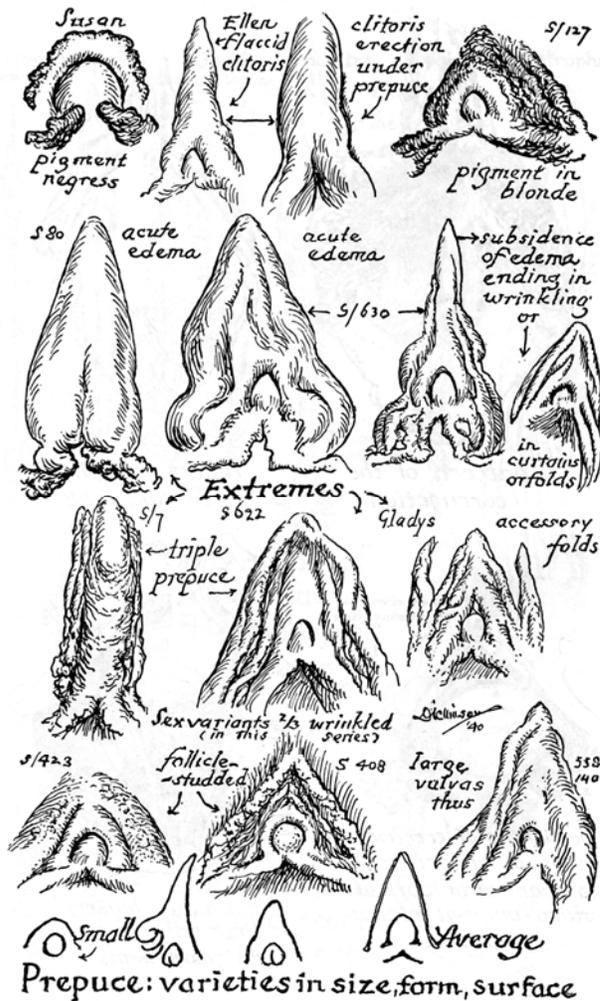


Image 12

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