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Patients' Rights, Patients' Politics: Jewish Activists of the U.S. Women's Health Movement, 1969-1990

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PATIENTS' RIGHTS, PATIENTS' POLITICS:
JEWISH ACTIVISTS OF THE U.S. WOMEN'S HEALTH MOVEMENT, 1969-1990

by

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DEDICATION

I dedicate this dissertation to those we have lost during the COVID-19 pandemic and the countless essential workers who fought for us worldwide. Your sacrifices will not be lost to history.

ACKNOWLEDGEMENTS

Years ago, I opened a fortune cookie and the thin strip of paper quoted Democritus: “Education is an ornament for the prosperous, a refuge for the unfortunate.” As a historian of the twentieth century United States, I am not an expert on the ancient world or Democritus, but the fortune’s sentiment still rings true with me nonetheless. Education, in its many manifestations, has always been a refuge to me. All things seemed possible through education. Therefore, as I write these acknowledgements, I first and foremost would like to thank all the teachers, librarians, and professors who encouraged me to embrace learning and to never shy away from asking, “Why?”

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ABSTRACT

As the women's health movement grew out of second wave feminism in the late 1960s, activists demanded women be taken seriously as health care consumers and critics of male-dominated medicine. Health feminists aimed to fundamentally redefine the relationship between patient and practitioner. Jewish women helped found and sustain the women's health movement, yet their activist identities are often separated from Jewishness in histories of health reform. "Patients' Rights, Patients' Politics: Jewish Activists of the U.S. Women's Health Movement, 1969-1990," considers the impact of Jewish identity on Jewish activists' conceptions of social justice while also tracing their significant contributions to women's health care. Using organizational records, oral histories, personal papers, and more, this study shows how Jewish women's identities as Jews were closely tied to their health activism and feminism(s). Whether they identified as secular or religious, liberal feminist or radical, many Jewish activists connected their Jewishness to their patient politics. This study shows how Jewish women pioneered health feminist rhetoric and developed strategies to address issues like birth control safety, breast cancer, patients' rights, and mental health care. Jewish women occupied a complex position within the movement, as many were members of the white majority and yet their activism was informed by the experiences of their religious and ethnic minority group. Attention to Jewish identity not only helps historians understand Jewish women's roles and representation within the women's health movement, it complicates the history of second wave feminism's cultural, ethnic, and religious intersections and divides.

TABLE OF CONTENTS

Dedication	iii
Acknowledgements	iv
Abstract	x
Chapter 1: Toward a Jewish History of the Women’s Health Movement	1
Chapter 2: The Pill, Patients’ Rights, and Partners-in-Care: Barbara Seaman as the Mother of the Women’s Health Movement	48
Chapter 3: “No Slab of Silly-Putty to be Manipulated”: Rose Kushner and Breast Cancer Activism	101
Chapter 4: “Research That Demystifies the World for Women”: Pauline B. Bart, Sociology, and Women’s Health Activism	150
Chapter 5: Radical Revisions to Mental Health: Phyllis Chesler and the Impact of the Psychologist-Activist	209
Conclusion: Mothers and Prophets of the Women’s Health Movement	262
Bibliography	274

CHAPTER 1

TOWARD A JEWISH HISTORY OF THE WOMEN'S HEALTH MOVEMENT

In April 1975, the Conference on Women and Health at Harvard University brought nearly 2,500 women together to discuss the women's health movement and issues including patients' rights, abortion politics since 1973 the *Roe v. Wade* ruling, lesbian health care, maternity care, and violence against women.¹ In her presentation titled "Physician Heel Thyself," women's health activist and author Barbara Seaman argued that men used women's biological differences to "legitimize all other forms of discrimination." After identifying the two recognizable channels in the feminist women's health movement - those who worked to reform American medicine and those who established alternative models of health care – and discussing future aims of the movement, Seaman ended her remarks with a reading from the Passover Haggadah.² Her selection from the *Haggadah for the American Family* read, "In every new age, some

¹ "Harvard Conference on Women and Health, 1975," overview and proceedings, *Our Bodies Ourselves* Blog, accessed November 12, 2017, <http://www.ourbodiesourselves.org/history/womens-health-movement/harvard-conference-on-women-and-health-1975/>.

² Barbara Seaman, "Physician Heel Thyself" in Proceedings for the 1975 Conference on Women and Health, 25-27. Heel in original. Seaman may have intentionally used "heel" as in physicians should be brought to heel. In other writings she used the phrase "bringing medicine to heal." The proverb "physician, heal thyself" is used in Luke 4:23.

new freedom is won and established, adding to the advancement of human happiness and security. Yet, each age uncovers a formerly unrecognized servitude, requiring new liberation to set man's soul free." It is evident that Seaman saw medical paternalism as a formerly unrecognized servitude. Feminist women's health activists would have to seize bodily liberation and medical knowledge for themselves.³

Barbara Seaman's use of the Haggadah during a women's health conference was a public embrace of her feminist and Jewish identities. Rather than simply referencing Exodus and stories of liberation, she chose to quote directly from a Jewish text in order to underscore the importance of women's health activism. Jewish women were not only founders and sustainers of the women's health movement, their Jewishness informed and shaped their perspectives on activism, liberation, and justice. Though the women's health movement was universalist and secular in much of its messaging, this study explores how Jewish tradition, history, and teachings influenced the Jewish women who propelled the movement forward through their commitment to patients' rights and feminist patient politics in the late twentieth century.

In 1977, journalist and author Claudia Dreifus introduced the women's health movement to readers of her anthology *Seizing Our Bodies: The Politics of Women's Health*. Defining the women's health movement as an "extraordinary social movement" driven by the contention that women should control and understand their bodies, Dreifus described how the movement attracted women of all ages, races, and classes, often because they had negative experiences with the health care system or patronizing physicians. "Radical, anarchic, sometimes leaderless, sometimes not, the women's health

³ Seaman, "Physician Heel Thyself," 26.

movement cannot be defined as one set thing,” wrote Dreifus, “Health professionals staff the movement, and nonprofessionals, too, including housewives, mothers, students, writers, lesbians, socialists, herbalists, and even some women who consider themselves witches.”⁴ Though Dreifus largely described activists’ occupations and politics, attention to religion and ethnicity would have spoken to Jewish women’s prevalence in the cause.

American Jewish women in the women’s health movement embraced roles as self-help authors, health journalists, feminist clinic organizers and staffers, scholar-activists, feminist clinicians, underground abortion service organizers, and more. Jewish women helped create influential organizations working for health literacy, patients’ rights, and women’s voices in national health policy. Eight of the twelve founders of the Boston Women’s Health Book Collective, authors of groundbreaking health manual *Our Bodies, Ourselves* were Jewish.⁵ Four of the five founders of the National Women’s

⁴ Claudia Dreifus, ed., *Seizing Our Bodies: The Politics of Women’s Health* (New York: Vintage Books, 1977), xxiv-xxv. Dreifus is also Jewish.

⁵ Barbara Seaman, “Health Activism, American Feminist,” *Jewish Women: A Comprehensive Historical Encyclopedia*, Jewish Women’s Archive, March 20, 2009, <http://jwa.org/encyclopedia/article/health-activism-american-feminist>. Seaman wrote that Nancy Miriam Hawley, Jane Pincus, Vilunya Diskin, Pam Berger, Joan Ditzion, Paula Doress-Worters, Ruth Bell Alexander and Esther Rome were Jewish. The non-Jewish founders were Judy Norsigian, Wendy Sanford, Norma Swenson and Mary Stern. Joyce Antler wrote there were eight Jewish founders; Hasia Diner wrote nine. This difference may be due to the varied understandings of Jewish belonging or who is considered a “founder.” See Joyce Antler, *Jewish Radical Feminism: Voices from the Women’s Liberation Movement* (New York: New York University Press, 2018), 158; Hasia R. Diner, *The Jews of the United States, 1654-2000* (Berkeley: University of California Press, 2004), 350-351.

Health Network were Jewish, as well.⁶ Yet histories of this movement often overlook the influence of Jewish identity on Jewish activists and their health feminist work.⁷

This study argues that analyzing the feminist health activism of Jewish women parallel to their life histories offers an opportunity to interpret these women both as feminists and as Jews. Rather than flattening Jewish women's identities and submerging them within generalized understandings of white women's feminism as seen in many histories of the women's health movement and second wave feminism, I show how health activists interwove their Jewish identities with feminism in complex ways.⁸ Though many

⁶ The five founders of the National Women's Health Network were Alice Wolfson, Barbara Seaman, Phyllis Chesler, Belita Cowan, and Dr. Mary Howell. All but Howell were Jewish. See Seaman, "Health Activism, American Feminist."

⁷ Historian Joyce Antler focused on the Boston Women's Health Book Collective as a case study for exploring Jewishness within the women's health movement in a chapter of *Jewish Radical Feminism*. Historians and sociologists studying the women's health movement frequently discuss the work of the Jewish activists like Barbara Seaman and Rose Kushner; however, few give substantial attention to Jewish tradition, political activism, or history when speaking about a Jewish woman's influences. See Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger Publishers, 1978); Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick, N.J: Rutgers University Press, 2002); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003); Kathy Davis, *The Making of Our Bodies, Ourselves: How Feminism Travels Across Borders* (Durham: Duke University Press, 2007); Wendy Kline, *Bodies of Knowledge: Sexuality, Reproduction, and Women's Health in the Second Wave* (Chicago: University of Chicago Press, 2010); Michelle Murphy, *Seizing the Means of Reproduction: Entanglements of Feminism, Health, and Technoscience* (Durham: Duke University Press, 2013); Jennifer Nelson, *More Than Medicine: A History of the Feminist Women's Health Movement* (New York: New York University Press, 2015); Antler, *Jewish Radical Feminism*, 154-201.

⁸ Jewish women are seen largely as white, middle-class feminists even work with close attention to ethnicity, such as Benita Roth's *Separate Roads to Feminism*. Roth argued the second wave "has to be understood as a group of feminisms...from the beginning, largely organized along racial/ethnic lines." Jewish women of color are not often discussed. Few works on second wave feminism broadly emphasize Jewish women's ethnic, religious, and cultural differences. See Benita Roth, *Separate Roads to Feminism: Black, Chicana, and White Feminist Movements in America's Second Wave* (New York: Cambridge University Press, 2003), 2; Winifred Breines, *The Trouble Between Us: An*

Jewish women in the women's health movement identified more with secular or cultural understandings of identity rather than religious observance, Jewishness often mattered deeply to their conceptions of justice, service, and political engagement. The women's health movement did not have to be a "Jewish" movement to be shaped by Jewish tradition.

In his article on approaches to writing American Jewish history, historian David A. Hollinger argued a "dispersionist" approach that "takes a fuller account of the lives in any and all domains of persons with an ancestry in the Jewish diaspora," may help historians consider to what extent the women's movement in the United States was a Jewish story. Hollinger suggested that this approach may substantially reframe the study of second wave feminism, a movement with many leaders of Jewish ancestry who largely lived secular lives.⁹ With Jewish women active across the many fronts of the women's health movement, I believe it is necessary to ask to what extent the story of the women's health movement is a Jewish story.

Uneasy History of White and Black Women in the Feminist Movement (Oxford: Oxford University Press, 2006); Antler, *Jewish Radical Feminism*, 198. For conversations about the inclusion of religious women in feminist historiography see also Ann Braude, "A Religious Feminist – Who Can Find Her?: Historiographical Challenges from the National Organization of Women," *Journal of Religion* 84, no. 4 (2004): 555-572 and Susannah Heschel, "Gender and Agency in the Feminist Historiography of Jewish Identity," *Journal of Religion* 84, no. 4 (2004): 580-591.

⁹ Hasia Diner wrote "diffusionist" may be a better term for the framework Hollinger suggested. She argued it requires historians to "think of our Jewish subjects in all of their multiple contexts, those understood as "communally" Jewish and those that are not." Jewish women among feminist leaders included Betty Friedan, Bella Abzug, Gloria Steinem, Vivian Gornick, Robin Morgan, Shulamith Firestone, Meredith Tax, Letty Cottin Pogrebin, and Florence Howe. See David A. Hollinger, "Communalist and Dispersionist Approaches to American Jewish History in an Increasingly Post-Jewish Era," *American Jewish History* 95, no. 1 (2009): 4-8; Hasia Diner, "Why Historians Really Ignore American Jewish History," *American Jewish History* 95, no. 1 (2009): 37-39; Diner, *The Jews of the United States*, 350-351.

I argue that directly engaging with health activists' Jewishness, even in the lives of the secular or non-observant, can enrich the history of the women's health movement and our understanding of Jewish women's roles in shaping American medicine in the twentieth century. Inclusive and flexible, Jewishness as a category allows historians to include a range of Jewish meaning, practice, and self-understanding. In this study, I understand Jewishness to include the entire spectrum of Jewish belonging, including secular, religious, ethnic, and cultural understandings of Jewish identity. This approach helps to better represent the range of Jewish self-expression present in the women's health movement and the women's movement generally.¹⁰ Attention to Jewishness also helps push back against the tendency in scholarly discussions of the women's health movement to minimize Jewish difference, whether in terms of ethnicity or religion, and leave Jewish activists' identities under-or-unexplored. Many of the Jewish women in this study had a lived experience that was certainly not identical to the experiences of other

¹⁰ Historian Susan A. Glenn and comparative literature scholar Naomi B. Sokoloff wrote the attempt to define Jewish identity is "one of the most vexed and contested issues of modern religious and ethnic group history" and there are many "Jewish epistemologies", or ways of knowing who or what is Jewish." For more on conceptions of Jewish identity, see Glenn and Sokoloff, *Boundaries of Jewish Identity* (Seattle: University of Washington Press, 2010) and Shaul Magid, "The Holocaust and Jewish Identity in America: Memory, the Unique, and the Universal," *Jewish Social Studies* 18, no. 2 (2012): 100–135; for conversations about Jewishness and genes, see Shelly Tenenbaum and Lynn Davidman, "It's in My Genes: Biological Discourse and Essentialist Views of Identity among Contemporary American Jews," *The Sociological Quarterly* 48, no. 3 (2007): 435–50 and Susan A. Glenn, "In the Blood?: Consent Descent, and the Ironies of Jewish Identity," *Jewish Social Studies* 8, no. 2/3 (2002): 139-152; for the connotation of "Jewishness" and changing notions of race and Jewish identity since the nineteenth century, see Sander L. Gilman, *The Jew's Body* (New York: Routledge, 1991) and Eric L. Goldstein, *The Price of Whiteness: Jews, Race, and American Identity* (Princeton: Princeton University Press, 2006); for reflections on reconceptualizing Jewishness as an "interpretative mode" rather than a "personalist or territorial claim," see Lila Corwin Berman, "Jewish History Beyond the Jewish People," *AJS Review* 42, no. 2 (2018): 269-292.

white feminists with whom they are usually grouped. Some Jewish feminists experienced anti-Semitism, others were deeply concerned about the erasure of Jewish feminists as Jews. Non-Jewish white women would not have had these same experiences. Using an inclusive understanding of Jewishness, this study considers the impact of Jewish religious beliefs, Yiddish language and culture, and American Jewish culture and history on the perspectives of health activists. Observant feminist Jews, Zionists, Jewish lesbians, moderate feminists, and children of Jewish immigrants are all present in this narrative.

Four case studies make up the bulk of this study and the chapters speak to the history of informed consent, patients' rights, birth control safety, mental health care, breast cancer, and rape as a women's health concern. Sources include personal papers, memoirs, oral histories, correspondence, feminist and mainstream newspapers, organizational records, conference proceedings, feminist women's health publications and health manuals, and testimony given before congressional subcommittees. Primary source materials indicate Jewish women were actively connecting Jewish themes to health feminism as the movement developed in the 1970s and 1980s, not only considering the interconnectedness of Jewishness and activism decades later in retrospect.¹¹ I highlight the work of journalist and birth control safety activist Barbara Seaman, breast cancer activist Rose Kushner, radical feminist sociologist and women's health scholar Pauline B. Bart, and radical feminist psychologist Phyllis Chesler in order

¹¹ Though histories like Antler's do use primary sources from the 1960s through the 1980s, she frequently utilized more recent interviews with Jewish women to explore or explain these themes. This dissertation uses a similar approach, but more often emphasizes archival records rather than recent interviews in order to show that a number of Jewish health feminists were actively reflecting on themes of Jewishness, social justice, and health even in the peak decades of the women's health movement, not only doing so in retrospect.

to show the diversity of issues Jewish health feminists cared about and speak to their differing strategies for change. Due to the thorough coverage of the abortion, childbirth, and sterilization abuse in existing studies, I do not focus on these concerns extensively here. An aim of this study is to exhibit how the history of women's health should include, but also extend beyond, issues in obstetrics and gynecology.¹² Since the case study chapters focus so intently on the lives and work of the four individual activists and their networks, this introductory chapter will serve multiple purposes. It will place the women's health movement in context of the history of the 1970s and developments in Jewish history, second wave feminism, the history of medicine, and patient activism as well as discuss my methodology and historiographical interventions.

Polls from the 1970s suggest that Americans felt “a complicated mix of admiration for and resentment of the medical profession.”¹³ This mix often played out in the press and feminist publications as activists, patients, and physicians voiced their perspectives on American medicine. By the mid-1970s, and possibly earlier, activists

¹² Due to the centrality of the family and motherhood in shaping women's lives, opportunities, and views of traditional gender roles, issues like birth control, abortion, and the politicization of reproductive rights are a major concern for historians. For more on these histories, see Rickie Solinger, *Wake Up Little Susie: Single Pregnancy and Race Before Roe v. Wade*, second edition (New York: Routledge, 2000); Johanna Schoen, *Choice and Coercion: Birth Control, Sterilization, and Abortion in Public Health and Welfare* (Chapel Hill: University of North Carolina Press, 2005); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement*; Donald T. Critchlow, ed., *The Politics of Abortion and Birth Control in Historical Perspective* (University Park: Pennsylvania State University Press, 1996), and Elena R. Gutiérrez, *Fertile Matters: The Politics of Mexican-Origin Women's Reproduction* (Austin: University of Texas Press, 2008).

¹³ Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers* (Chapel Hill: University of North Carolina Press, 2016), 289. Tomes underscores that patient-consumer demands around issues of value and risk had precedent in the nineteenth century.

who used feminist politics to critique medicine and call for health care reform identified as “health feminists.” Women’s health activists encouraged alternative medical services for women such as feminist clinics and self-help as well as substantial reforms within the existing medical system and culture. Health feminists supported reforming the patient-practitioner relationship, creating accessible and trustworthy health education resources, ensuring safe medical products and pharmaceuticals, endorsing and informing women of their patients’ rights, and pushing for greater access for women to medical school.¹⁴

While the term “health feminist” is not as widely known today, activists at the time utilized the term to self-identify as a member of the movement which blended feminist politics with a defense of patients’ rights and the rhetoric of consumerism. Health feminism utilized the tactics and perspectives of both liberal and radical feminism to create a more flexible strategy to advance women’s health reform. Although tactics varied, the activists of the women’s health movement always prioritized women’s rights as patients and individuals. They called for women to be partners-in-care rather than passive patients. “We are seizing the means of reproduction and taking our bodies back. Because our bodies belong to us,” argued Pauline B. Bart in the late 1970s, “And if medicine cares about women, it will accept that fact and provide health care not to us or on us but with us as partners.”¹⁵ Patienthood was increasingly political.

¹⁴ Contributors to *Seizing Our Bodies* included Rose Kushner, Barbara Seaman, poet Adrienne Rich, and feminist pamphleteers Barbara Ehrenreich and Diedre English, authors of *Complaints and Disorders: The Sexual Politics of Sickness* and *Witches, Midwives, and Nurses: A History of Women Healers*. “Health feminist” is used by Dreifus in 1977 and Seaman in 1975 in reference to events in 1969. See Dreifus, *Seizing Our Bodies*, xxix; Seaman, “Physician Heel Thyself.”

¹⁵ Pauline B. Bart, “Does Medicine Care About Women?” talk, c. 1977, box 23, folder 5, Pauline B. Bart Papers, David M. Rubenstein Rare Book and Manuscript Library, Duke University. Bart also published an article with this title in *The Guthrie Bulletin* in 1977.

The narrative in this study primarily focuses on the years 1969 to 1990. A recognizable women's health movement had emerged within second wave feminism by 1969 with the publication of foundational works like *The Doctors' Case Against the Pill* by Barbara Seaman and the organization of feminist women's health groups across the country, including what would become the Boston Women's Health Book Collective.¹⁶ Sociologist Carol S. Weisman suggested the feminist women's health movement of the 1960s through the 1980s should be considered as part of the "women's health megamovement" in American history. This framing linked feminist health activism to the Popular Health Movement that began in the 1830s and the health reform efforts of the Progressive Era in the early twentieth century. Weisman argued women's health activism often occurs at periods of significant transformation in "American gender role ideology."¹⁷ By the mid-1970s, more than 250 feminist organizations provided women's health education, advocacy, and other services in the United States. Additionally, there were nearly 2,000 informal "self-help groups" and projects aimed at shifting the balance of power in medicine from the overwhelmingly white, male medical experts to women and patients themselves.¹⁸ Women studied medical literature and feminist health manuals,

¹⁶ Sheryl Burt Ruzek, "Map of the Women's Health Movement," in Barbara Seaman with Laura Eldridge, eds., *Voices of the Women's Health Movement, Volume II* (New York: Seven Stories Press, 2012), 308-315.

¹⁷ Carol S. Weisman, *Women's Health Care: Activist Traditions and Institutional Change* (Baltimore: Johns Hopkins University Press, 1998), 37-39, 68-69.

¹⁸ Ruzek, "Map of the Women's Health Movement," 309. For discussion of the health activism of the Black Panther Party and the Young Lords, see John Ehrenreich, ed., *The Cultural Crisis of Modern Medicine* (New York: Monthly Review Press, 1978) and Alondra Nelson, *Body and Soul: The Black Panther Party and the Fight Against Medical Discrimination* (Minneapolis: University of Minnesota Press, 2011).

learned about anatomy, shared their experiences interacting with the medical profession, and learned how to conduct cervical self-exams to view their cervix for the first time.

Although abortion often dominated early feminist women's health organizing, in the 1970s a more broad-based women's health movement emerged and addressed issues including childbirth, contraceptive safety, mental health care, sexuality, nutrition, menopause, breast cancer, and medical education. The movement continued widen in scope and appeal to new groups of women. Though many women's health organizations and activists recognized the influence of racism and economic position on access to medical care and patient experiences, many groups still used universalistic language to speak of women broadly and a generalist approach which focused on many health issues. Often feeling overlooked or underserved by groups dominated by white women with universalist rhetoric speaking about women as a class, Black women, other women of color, rural women, older women, and lesbian women organized to create groups or resources which expressly focused on their communities' health concerns in the 1980s.¹⁹

This study concludes in 1990 for a number of reasons. Acquired immune deficiency syndrome (AIDS) and breast cancer activists were successful in raising awareness of their specific concern and in securing increased research funding in the late

¹⁹ Organizations like the National Black Women's Health Project and the National Latina Women's Health Organization created a model of health activism that addressed the impact of racism and poverty on health, the experiences of people of color in medical care, and reproductive rights including the right to have children. For more on efforts to end sterilization abuse in the 1970s, the work of Dr. Helen Rodríguez Trías, and coverage of black women's health activism and activists Byllye Avery and Loretta Ross in the 1980s, see Jennifer Nelson, *Women of Color and the Reproductive Rights*; Elena R. Gutiérrez with Jael Silliman, Marlene Gerber Fried, and Loretta Ross, *Undivided Rights: Women of Color Organizing for Reproductive Justice* (Boston: South End Press, 2004); and Morgen, *Into Our Own Hands*; Ruzek, "Map of the Women's Health Movement."

1980s and 1990s. Activists working on AIDS and breast cancer utilized health activism strategies which were developed, in part, by feminist health activists in the women's health movement including staging protests at the Food and Drug Administration (FDA).²⁰ The success of single-issue groups helped reshape women's health organizing from favoring multi-issue, grassroots organizations to embracing more professionalized, single-issue groups. Many new women's health organizations did not have an explicit commitment to feminism or to decentering professional authority. Sociologist Sheryl Burt Ruzek noted new "professionalized support and advocacy" groups often turned to women physicians, scientists, and professionals for leadership.²¹ Changes at the federal level also influenced the direction of women's health activism. The creation of the Office of Research on Women's Health in 1990 and Women's Health Initiative in 1991, both at the National Institutes of Health (NIH), represented a new scientific interest in women's health. In 1993, the NIH Revitalization Act mandated women and minorities be included in research funded or performed by the NIH.²² For years, a health feminist aim was the greater inclusion of women and minorities in clinical trials and increased women's health

²⁰ Lisa Diedrich, "Doing Queer Love: Feminism, AIDS, and History," *Theoria: A Journal of Social and Political Theory* 112 (2007): 25-50; Barbara Seaman, "A Mother's Story," in *The Conversation Begins: Mothers and Daughters Talk about Feminism*, Christina Looper Baker and Christina Baker Kline, eds., (New York: Bantam Books, 1996), 121; Barron H. Lerner, *The Breast Cancer Wars: Fear, Hope, and the Pursuit of a Cure in Twentieth-Century America* (Oxford: Oxford University Press, 2001), 180.

²¹ Ruzek, "Map of the Women's Health Movement," 310-315; Karen L. Baird with Dana-Ain Davis and Kimberly Christensen, *Beyond Reproduction: Women's Health, Activism, and Public Policy* (Madison, NJ: Fairleigh Dickinson University Press, 2009), 9-34.

²² Ruzek, "Map of the Women's Health Movement," 310-315; Weisman, *Women's Health Care*, 77-89. For in-depth coverage of the shifts in women's health organizing and federal women's health policy during the 1990s, see Baird et al., *Beyond Reproduction*.

research funding. With women's health less marginalized in the 1990s, many women's health activists adapted their aims and strategies for a new health policy landscape.²³

Throughout this study, I understand a feminist women's health activist as anyone who vocally supported and worked to advance the aims of the women's health movement to "demystify" medicine for women and "seize control" of their own bodies and health. Women's health activists, both male and female, sought to change what they saw as a misogynist culture of medicine as well as redefine who had the opportunity to practice medicine and who had a voice in medical decision-making. Health feminists were often laypeople working through grassroots organizations, though many health professionals and women's health scholars embraced activism. Women's health advocates and activists spoke for women and patients broadly. They also served as government watchdogs and worked to influence women's health policy on federal, state, and local levels. Since many health feminists used the terms activism and advocacy to speak of their work and utilized a multitude of political strategies including public demonstrations, speak-outs, lobbying, and providing testimony in congressional subcommittee hearings, I have made no sharp

²³ For more on health activism in the 1990s and calls for clinicians to use a "social model" of women's health care that recognizes how "social factors from poverty or gender discrimination impact women's health and illness, Anne S. Kasper, "Understanding Women's Health: An Overview," *Clinical Obstetrics and Gynecology* 45, no. 4 (2002): 1189-1197. Despite the recognition by the NIH in the 1990s that more women and other minorities be included in drug trials, health activists today are still fighting to diversify drug trials and to include more women and people of color. For more on current issues in women's health activism and reform, see Jennifer Block, *Everything Below the Waist: Why Health Care Needs a Feminist Revolution* (New York: St. Martin's Press, 2019).

distinctions between the terms health advocate and health activist in this particular study.²⁴ The press often used both terms to refer to health feminists, as well.

In addition to their leadership roles in the Boston Women's Health Book Collective and the National Women's Health Network, Jewish women were prevalent among the membership of women's health organizations, in regional and local initiatives, and as "solo" activists.²⁵ Jewish women embraced roles as "single-issue" or disease-specific activists and "multi-issue" activists addressing a number of women's health concerns. There was no one understanding of Jewish identity or one model of health activism embraced by Jewish women. Throughout the 1970s, Jewish women helped build the rhetorical and political strategies of the cause and make inroads for health feminists at the FDA and NIH. In the 1980s, Jewish women continued to be active in the movement as it matured and addressed new women's health concerns, despite conservative hostility to health feminist aims and the Reagan administration's significant cuts in domestic spending supporting state and local preventative health programs and services.²⁶ Though many Jewish men and liberal Jewish organizations were supportive of women's rights,

²⁴ A slight difference between tactics and the geographies of activism may be considered between activism and advocacy - activists may be interpreted as working outside of institutions like the NIH, FDA, and Congress and advocates as working with them - however, health feminists used many strategies and both terms in these decades. Later professionalized women's health advocates may have limited their use of the word "activist" to minimize the perception of their work as controversial.

²⁵ Barbara Seaman, "Health Activism, American Feminist"; Antler, *Jewish Radical Feminism*, 158; Diner, *The Jews of the United States*, 350-351.

²⁶ Morgen, *Into Our Own Hands*, 67-69, 143-144, 181-185. The Reagan administration also eliminated the use of patient package inserts for estrogen products, though it was later restored under the Clinton Administration. See Judy Norsigian, "Our Bodies Ourselves and the Women's Health Movement in the United States: Some Reflections," *American Journal of Public Health* 109, no. 6 (2019): 844-846.

this study focuses on Jewish women's activism as they were the most vocal defenders of health feminism among American Jews.²⁷

Historians of Jewish women's activism emphasize the diversity of Jewishness in social and political movements. Their scholarly work shows the unwieldy nature of analyzing competing, intersecting, and dynamic identities. Historian Melissa Klapper argued that between 1890 and 1940, Jewish women activists' notions of identity were "fluid" or "fluctuating" and for individual activists their "Jewish identity, with or without religion per se" informed their political commitments whether that be to suffrage or the early birth control movement.²⁸ In the mid-twentieth century, a number of American Jewish women participated in the New Left, the civil rights movement, and the anti-war movement.²⁹ Like Klapper, historian Debra Schultz argued that Jewish women in the civil rights movement expressed the "many ways of being Jewish" as well as the many ways of connecting that Jewishness to social justice.³⁰ In her chapter considering the founding of the Boston Women's Health Book Collective, Joyce Antler also discussed varied understandings of Jewishness in the lives of the collective's founders. Some

²⁷ For more on Jewish women's involvement in organizing family planning services that was not clearly a linked to women's rights rationale but rather population control and curbing societal ills like "illegitimacy," see Ellen G. Rafshoon, "Esther Kahn Taylor: Hadassah Lady Turned Birth Control Advocate," *Southern Jewish History* 19 (2016): 125-154.

²⁸ Klapper, *Ballots, Babies, and Banners of Peace*, 3, 14. For more on Jewish women's involvement in the early birth control movement, see Judith Rosenbaum, "'The Call to Action': Margaret Sanger, the Brownsville Jewish Women, and Political Activism," in Marion A. Kaplan and Deborah Dash Moore, eds., *Gender and Jewish History* (Bloomington: Indiana University Press, 2011).

²⁹ See Debra L. Schultz, *Going South: Jewish Women in the Civil Rights Movement* (New York: New York University Press, 2001) and Hasia Diner, Shira Kohn, and Rachel Kranson, eds., *A Jewish Feminine Mystique?* (New Brunswick: Rutgers University Press, 2010); Diner, *The Jews of the United States*, 259-267.

³⁰ Schultz, *Going South*, 162-165.

identified with secular or cultural Jewishness, some were religiously observant or from Orthodox families, and one was a child survivor of the Holocaust. “While Jewishness was not a precipitating factor in the mix of circumstances that led the founders to create the initial collective, it did matter a great deal,” Antler argued.³¹ Historians of Jewish women’s activism often use biography as a tool to navigate complex features of identity in social and political activism. I use a similar method in this study to capture the nuance of individual experiences and understandings of identity.

For many American Jewish women in the late twentieth century, their identity as Jews did not beget feminist political action. However, in the case of the Jewish activists of the women’s health movement, Jewishness cannot be overlooked as a factor that could shape personal perspectives of justice. Whereas Barbara Seaman discussed Jewish identity in her reflections on patriarchy, religion, and Jewish women’s strength, Rose Kushner spoke of her experience as the daughter of Jewish immigrants and how she felt deeply connected to the Yiddish language. Pauline B. Bart was explicit throughout her life about her identity as a Jewish woman and her interest in Jewish women’s experiences, including in mental health care, in the lesbian community, and as victims of rape. Phyllis Chesler directly connected her feminism to the passion for justice she learned from Jewish teachings as a child and she later helped create feminist seder traditions. Together, these case studies show how women’s health activists interwove Jewish tradition, religion, culture, and feminism. These cases also underscore how there were many forms of Jewish self-understanding in the late twentieth century outside of religious observance or Jewish community engagement.

³¹ Antler, *Jewish Radical Feminism*, 154-201.

CONTEXTUALIZING THE WOMEN'S MOVEMENT IN THE "LONG 1970s"

In order to place Jewish women's work in the women's health movement in context of the 1970s and 1980s at large, it is necessary to take a wider view of these tumultuous years which provide the backdrop to the case studies in this study. Historian Bruce Schulman conceptualized the period between 1969 and 1984 as "the long 1970s, fifteen malaise-and-mayhem-filled years" during which the United States "experienced a remarkable makeover" in political ideologies, culture, and gender relations.³² It was a decade shaped by the "grand expectations" of the Sixties-era economic prosperity, social movements, and faith in postwar liberalism followed by the disillusionment and uncertainty that emerged in response events like the war in Vietnam and Watergate.³³ The disruptive forces of these years also reached into Jewish communal and religious life. These threads – from the mainstream to the Jewish in particular – influenced Jewish women's lives and activist perspectives. The women's health movement came of age during the "long 1970s" and reflected as well as contributed to dramatic changes in American politics, activism, and medicine.

Historians now argue the 1970s through the early 1980s is the period that crafted our contemporary world with its many opportunities, inconsistencies, and ambivalences. Though the *New West* magazine described the decade as "the worst of times" in 1979, for some, it was also a time when the promises of earlier civil rights and social justice

³² Bruce J. Schulman, *The Seventies: The Great Shift in American Culture, Society, and Politics* (Cambridge, MA: De Capo Press, 2001), xvi.

³³ James T. Patterson, *Grand Expectations: The United States, 1945-1974* (New York: Oxford University Press, 1996), viii-ix.

activism became more tangible and the changes wrought by the Sixties were finally felt.³⁴ Feminism was a “broad cultural force” in the 1970s, impacting everyday gender relations, culture, politics, and education.³⁵ Advances were made in the progress of the Equal Rights Amendment, abortion rights, and gun control, yet a conservative revival pushed back and sought to limit the reach of progressive aims.³⁶ Scholars have argued that the Seventies saw a clash of “established values” with alternative values Americans sought in the cultural and societal void left by the events of that decade. “As conventional answers failed to resolve the problems of the age,” wrote historian Peter N. Carroll, “Americans looked increasingly toward alternative values and institutions to create a sense of community.”³⁷ Though the roots of the women’s health movement were in the 1960s, it was in the following decade where the health feminism could grow and reach increasingly receptive audiences as many Americans grew disillusioned with established authorities and sought new information for themselves.³⁸

³⁴ Peter N. Carroll, *It Seemed Like Nothing Happened: The Tragedy and Promise of America in the 1970s* (New York: Holt, Rinehart and Winston, 1982), ix; Dan Berger, ed., *The Hidden 1970s: Histories of Radicalism* (New Brunswick: Rutgers University Press, 2010), 4. Berger wrote that scholarly and activists’ accounts have shown that the Seventies was “when many of the hallmark events and issues of ‘the Sixties’ actually transpired.”

³⁵ Schulman, *The Seventies*, 161-166.

³⁶ Carroll, *It Seemed Like Nothing Happened*, 339, 344, 348.

³⁷ Carroll, *It Seemed Like Nothing Happened*, ix. See also Schulman, *The Seventies*; Barbara Keys, Jack Davies, and Elliot Bannan, “The Post- Traumatic Decade: New Histories of the 1970s” *Australasian Journal of American Studies* 33, no. 1 (2014): 1-17; David Frum, *How We Got Here: The 70’s: The Decade That Brought You Modern Life (For Better or Worse)* (New York: Basic Books, 2000); Thomas Borstelmann, *The 1970s: A New Global History from Civil Rights to Economic Inequality* (Princeton: Princeton University Press, 2012); and Robert O. Self, *All in the Family: The Realignment of American Democracy Since the 1960s* (New York: Hill and Wang, 2012); Dan Berger, ed., *The Hidden 1970s: Histories of Radicalism* (New Brunswick: Rutgers University Press, 2010).

³⁸ See Weisman, *Women’s Health Care*, 37-39, 68-69.

Though common and scholarly wisdom long held that the Seventies were just a historical through road between the vibrancy and dramatic changes of the Sixties and the “conservative ascendancy” of the New Right and Ronald Reagan during the Eighties, scholars today interpret the Seventies as an increasingly meaningful period for understanding the roots of contemporary political divides and social tensions.³⁹ This period was marked by significant change, including in terms of reforms to American medicine and who had access to medical education. More concerned with realistic strategies and practical applications of health feminism than idealism, many American health activists in the 1970s were comfortable supporting alternative models of medical care while also working with politicians, government agencies, and physician allies to advance women’s health reforms. By the early 1980s, women’s health activists continued their work against increasingly vocal opposition. Conservative antipathy towards abortion rights and sex education underscored the importance of accessible, affordable health manuals and feminist clinics providing women’s health care including abortion.⁴⁰

Studying the women’s health movement offers another defense for the historical relevance of the 1970s, as feminists helped an entire generation learn about their own

³⁹ Historians debate whether to adopt the “long 1970s” frame or fold the pre-1974 years into the Sixties historiography. See Schulman, *The Seventies*, xii; Philip Jenkins, *Decade of Nightmares: The End of the Sixties and the Making of Eighties America* (New York: Oxford University Press, 2006), 4-5.

⁴⁰ The Seventies went through a historiographical revival in the early 2000s. In 1994, historian David Farber wrote “the 1970s disappeared before they even ended.” In 2004, he coedited a volume on the decade and argued that though the decade had “few impassioned champions,” it offered “a different kind of drama” than the Sixties. See David Farber, ed., *The Sixties: From Memory to History* (Chapel Hill: University of North Carolina Press, 1994), 1; Beth L. Bailey and David Farber, eds., *America in the Seventies* (Lawrence: University Press of Kansas, 2004), 1-2; Carroll, *It Seemed Like Nothing Happened*, 348-350; Self, *All in the Family*, 198-202; for clinics see Jennifer Nelson, *More Than Medicine*, 123-166; Morgen, *Into Our Own Hands*, 70-105; 181-205.

bodies, sexuality, and rights through health manuals and books. Health feminists argued that women should know their bodies and “seize” bodily knowledge through self-examinations and learning other simple health care skills.⁴¹ Studying Jewish women’s support for health activism also helps expand our understanding of how religious tradition contributed to the creation of feminist identities and health politics.

From the perspective of health feminists, patient politics in the Seventies were defined by attention to one’s own rights to bodily knowledge and respectful care as well as the health rights of all. While the beginning of second wave feminism is often placed with the publication of Betty Friedan’s *The Feminine Mystique* in 1963, feminism flourished in 1970s as it moved into new political and geographic spaces. These years saw the publication of the first newsprint edition of *Our Bodies, Ourselves* titled “Women and Their Bodies” and the now-classic feminist anthology *Sisterhood is Powerful* in 1970, the New York Radical Feminists’ “Speak Out on Rape” in 1971, the *Roe v. Wade* ruling establishing a woman’s right to an abortion in 1973, and National Women’s Conference in Houston in 1977.⁴² Notably, this decade also saw the rise of a conservative

⁴¹ Kline, *Bodies of Knowledge*, 41-96; Ruzek, *The Women’s Health Movement*, 121.

⁴² In the early 2000s, sociologists found that men and women who were young adults during the height of second wave feminism were more likely to identify as “feminists” than those in younger or older generations. The birth years would be roughly 1936 to 1955. Originally a 193-page, stapled book titled “Women and Their Bodies,” *Our Bodies, Ourselves* was republished by the New England Free Press in 1971. Health subjects in *Sisterhood is Powerful* include women in medical professions, mental health, birth control, body odor, and female sexuality. See Ruth Rosen, *The World Split Open: How the Modern Women’s Movement Changed America*, Revised Edition (New York: Penguin Books, 2006): xx-xxxi; Robin Morgan, ed., *Sisterhood is Powerful* (New York: Vintage Books, 1970), 212, 219, 245, 257, 274; Jason Schnittker, Jeremy Freese, and Brian Powell, “Who are Feminists and What Do They Believe?: The Role of Generations,” *American Sociological Review* 68, no. 4 (2003): 607-622; for a timeline of editions, see *Our Bodies, Ourselves*, “Our History: OBOS Timeline, 1969-Present,”

women's movement that fought to curb abortion rights in measures through measures like the Hyde Amendment in 1976, which prohibited the use of Medicaid funds for most abortions.⁴³ Historian Marjorie J. Spruill argued that these two women's movements both "played an essential role in the making of modern American political culture."⁴⁴ The successes and the frustrations of feminism form a major backdrop to how the women's health movement's adapted over the two decades discussed in this study.

During the Seventies, much of the ideological tensions and specificities between liberal feminists and radical feminists were, in a sense, blurred. This was of vital importance to the development and success of the women's health movement, as the cause benefitted from both the political savvy, connections, and lobbying skills of liberal feminists as well as the wholesale radical feminist critique of sexism in medical institutions and views of the female body. In the 1960s, liberal feminists and groups like the National Organization for Women called for women's equality in politics, the workplace, and education.⁴⁵ Radical feminists demanded liberation from patriarchal and oppressive gender norms and expectations, including within the family. Radical feminists succeeded raising the profile the "women's liberation movement" nationally and in pushing liberal feminists to a more thorough critique of sex, gender, and power in

accessed December 1, 2020, <https://www.ourbodiesourselves.org/our-story/history/obos-timeline-1969-present/>.

⁴³ Rosen, *The World Split Open*, 159.

⁴⁴ Marjorie J. Spruill, *Divided We Stand: The Battle Over Women's Rights and Family Values That Polarized American Politics* (New York: Bloomsbury, 2017), 1.

⁴⁵ Rosen, *The World Split Open*, 87. Many liberal feminists had roots in the labor and civil rights movements. For Betty Friedan's roots as a labor journalist see Daniel Horowitz, "Rethinking Betty Friedan and *The Feminine Mystique*: Labor Union Radicalism and Feminism in Cold War America," *American Quarterly* 48, no. 1 (1996): 1-42.

society. However, by the mid-1970s radical feminism as a distinct movement “ceased to exist” as many formally radical views were absorbed into mainstream feminist activism.⁴⁶

Historian Sara Evans argued that in the 1970s, women’s rights activists “adopted feminism as a common label, bridging enormous ideological and strategic differences” and the women’s movement “moved into a new era of institution and theory building.”⁴⁷

Though the movement did see infighting, the 1970s was also a time of creative new applications of feminism, with the women’s health movement being one.⁴⁸

In these years, the feminist movement moved into new geographies and attracted a more racially, economically, and regionally diverse cadre of women. The movement, which initially began in the cities of the West and East Coasts, could now be seen in places like Dayton, Ohio and Fort Wayne, Indiana. Consciousness-raising (CR), a method refined by radical feminists wherein a group of women would discuss their personal experiences and come to recognize the patriarchal gender politics underscoring their lives, spread around the country.⁴⁹ What was once seen as a movement of white, middle-class women now included more older women, students, women of color,

⁴⁶ Alice Echols, *Daring to be Bad: Radical Feminism in America, 1967-1975*, second edition (Minneapolis: University of Minnesota Press, 1991), 3-5. Echols argued radical feminism was “eclipsed” by cultural feminism.

⁴⁷ Sara M. Evans, *Tidal Wave: How Women Changed America at Century’s End* (New York: Free Press, 2003), 3-4, 129; for discussion of the historical treatment of the women’s liberation movement and assumptions about it, see Sara M. Evans, “Women’s Liberation: Seeing the Movement Clearly,” *Feminist Studies* 41, no. 1 (2015): 138-149 and Sara M. Evans, “Beyond Declension: Feminist Radicalism in the 1970s and 1980s,” in Van Gosse and Richard Moser, eds., *The World the Sixties Made: Politics and Culture in Recent America* (Philadelphia: Temple University Press, 2003).

⁴⁸ Historian Linda Gordon argued that for many women, “the separation [between liberal and radical feminism] never existed.” See Dorothy Sue Cobble, Linda Gordon, and Astrid Henry, *Feminism Unfinished: A Short, Surprising History of American Women’s Movements* (New York: Liveright Publishing Company, 2014), 71.

⁴⁹ Schulman, *The Seventies*, 166-167.

lesbians, and working-class women. Although the fragmentation of the women's movement pained some activists, the feminist movement of the mid-1970s was more diverse and inclusive. The "dizzying diffusion of feminism" meant that women who never before identified with the cause were drawn to start new institutions like feminist credit unions, health centers, and women's law centers. Some women became active in male-dominated unions to advance their view of women's rights. Feminist women of color and lesbians also organized groups to address the needs of their own communities.⁵⁰

Although feminists of the 1970s faced the rise of a well-organized anti-feminist, "pro-family" movement under Phyllis Schlafly, the decade nonetheless witnessed a mainstreaming of women's activism and a new visibility of women's issues. Blending feminist politics with consumer rights rhetoric, the women's health movement evolved in the 1970s well beyond the call for abortion rights alone. Described by activist and historian Ruth Rosen as "arguably one of the most important and successful accomplishments of second-wave feminism," the women's health movement focused on the health concerns of women and the complexities of the embodied female experience. Significantly, this movement "helped feminists rediscover their 'difference'" after years of women's rights activists emphasizing the sameness of women and men in order to demand equal access and opportunity.⁵¹ The health feminist contention that American medicine should recognize women's biological differences and needs while treating women with the same rights and respect afforded to male patients shows the nuanced

⁵⁰ Rosen, *The World Split Open*, 273-274.

⁵¹ Rosen, *The World Split Open*, 175.

approach many health activists took to debates about equality and difference. They also pushed for physicians to respect that patients wanted to participate in their own care.⁵²

This study contributes to the historiography of second wave feminism and the women's health movement by interpreting the Jewish women's health activists as Jews and as feminists, rather than only framing them as white feminists. Hasia Diner suggested a great deal of research would be necessary to "tackle the larger history of Jewish women in the feminist movement" and truly understand the "nature of that involvement and its Jewish component." I believe case studies are one model of how to get at the "Jewish component" of secular feminist activism and show the many different manifestations of Jewish belief and belonging in Jewish feminists' political work.⁵³ Jewishness matters to the history of the women's health movement because it mattered to the Jewish women who helped define the feminist critique of medicine and health care.

In her extensive study of the relationship between of consumer culture and consumerism to American medicine in the twentieth century, historian Nancy Tomes wrote that the United States has "a long and rollicking history of questioning medical authority." From the late 1960s through the mid-1980s, this rollicking history came to be defined by increased calls for patients' rights and feminist revisions to health care. In these years, the public distrust and declining confidence in established authorities bled over into a loss of faith in the professional class at large. Americans were disillusioned with physicians, lawyers, lawmakers, and their respective institutions. In the 1960s,

⁵² For more conversations on "difference" feminists versus the perspectives of equality feminists who worked to "transcend that biological barrier by deemphasizing the body," see Kline, *Bodies of Knowledge*, 2-39.

⁵³ Diner, "Why Historians Really Ignore American Jewish History," 40-41.

anxieties over rising medical costs, “unnecessary surgery,” and the cost and side effects of prescription drugs led journalists and politicians to declare that the country was in a “full-blown health care crisis.” During the fiscal year ending in June 1976, \$139.3 billion was spent on health care in the United States, or about 8.6 percent of the gross national product.⁵⁴ In 1977, historian Stephen R. Graubard noted that evidence of fraud and malpractice contributed to the “widespread opinion that in health – as in education, justice, and welfare – things have recently gone strangely awry and that only substantial reforms will set them right.”⁵⁵ In the 1970s, the sense of crisis “escalated as a far more radical critique of medicine’s failings,” with feminist and consumer rights activists leading “a revolt of the patients.”⁵⁶ Seen by some as a desperately needed challenge to medical sexism and a check on physicians’ power and interpreted by others as an “assault on medicine,” patient activism helped define health care in the late twentieth century.⁵⁷

The right to health care and patients’ rights within American medicine were two dominant themes in the history of 1970s medicine and health. At this time, there were also greater calls for increased rights people with disabilities, mental illness, developmental challenges, and individuals who were subjects in medical research.⁵⁸ Sociologists observed that there was also a “growing conviction” in the United States that

⁵⁴ U.S. Department of Health, Education, and Welfare, *Health, United States, 1976-1977*, (Washington, D.C.: GPO, 1977), viii.

⁵⁵ Stephen R. Graubard in *Doing Better and Feeling Worse*, John H. Knowles, ed. (New York: W.W. Norton and Company, 1977), viii.

⁵⁶ Nancy Tomes, *Remaking the American Patient*, 3-6.

⁵⁷ John C. Burnham, *Health Care in America: A History* (Baltimore: Johns Hopkins University Press, 2015), 407.

⁵⁸ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 388-389.

health care was a right rather than a privilege.⁵⁹ The contemporary roots of the concept of health care as a right in the United States can be traced to at least the 1940s.⁶⁰ By the 1970s, the Johnson-era Great Society programs of Medicare and Medicaid had “considerably changed the nature of health care” in the nation.⁶¹ Though not universal health insurance, the creation of these programs suggested that even the most marginalized Americans deserved health care.⁶² The nature of that care and the conduct of physicians and hospitals towards patients became a point of increasing activism.

Although the patients’ rights movement was largely decentralized and unstructured in the 1970s, it nonetheless was supported through local patients’ rights

⁵⁹ Renee C. Fox, “The Medicalization and Demedicalization of American Society,” in *Doing Better and Feeling Worse*, 9-10. Ivan Illich was one of the most vocal critics of medicine in the 1970s and he argued that the “medical establishment had become a threat to health” in *Medical Nemesis* (1975). There was a great deal of discussion in the 1970s about “overmedicalization” in women’s health, especially in terms of childbearing.

⁶⁰ Mahiben Maruthappu, Rele Ologunde, and Ayinkeran Gunarajasingam, “Is Health Care a Right? Health Reforms in the USA and Their Impact Upon the Concept of Care,” *Annals of Medicine and Surgery* 2, no. 1 (2013): 15-16.

⁶¹ Patterson, *Grand Expectation*, 573-575. In the fiscal year ending 1976, Medicaid and Medicare combined accounted for 62 percent of public program expenditures. See U.S. Department of Health, Education, and Welfare, *Health, United States, 1976-1977*, viii.

⁶² President Lyndon B. Johnson signed Medicare and Medicaid into law with the Social Security Amendments of 1965. Historian Beatrix Hoffman argued that the history of health policy and politics is defined by rationing, or limits on medical service, and how Americans think of their own health rights. Program-specific studies often discuss how Medicaid was stigmatized because of its association with the poor, while Medicare was seen by Americans as an “earned” entitlement by virtue of old age and therefore Americans grew to understand Medicare as a “right.” See Alan B. Cohen, et al. *Medicare and Medicaid at 50: America’s Entitlement Programs in the Age of Affordable Care* (New York: Oxford University Press, 2015); Jonathan Engel, *Poor People’s Medicine: Medicaid and American Charity Care since 1965* (Durham: Duke University Press, 2006); Beatrix Hoffman, *Health Care for Some: Rights and Rationing in the United States Since 1930* (Chicago: University of Chicago Press, 2012); Jonathan Oberlander, *The Political Life of Medicare* (Chicago: University of Chicago Press, 2003); Paul Starr, *Remedy and Reaction: The Peculiar American Struggle over Health Care Reform*, revised edition (New Haven: Yale University Press, 2013).

organizations as well as larger organizations with a specific health politics vision like the feminist National Women's Health Network. Guides on patients' rights published by the American Civil Liberties Union underscored that both the United Nations and the World Health Organization recognized the right to health care, though the guide noted the right to health care was not a constitutional right in the United States.⁶³ The concept of the "empowered patient-consumer" was one model by which patients sought more control in the patient-practitioner relationship and the fight against medical paternalism, despite the fact that many activists were critical of the impact of capitalism on health care, health inequities, and access. Historians credit consumer protection activist Ralph Nader and the Health Research Group with bringing the term "body rights" and general ideas of medical consumerism to mainstream American politics in the early 1970s.⁶⁴

Multiple organizations pushed for a Patient's Bill of Rights in these years. The National Welfare Rights Organization utilized the idea as a "organizing tool" and attempted to get patients' rights accepted by professional medical groups.⁶⁵ In 1972, the trustees of the American Hospital Association adopted a Patient's Bill of Rights which included the patient's right to informed consent and the right to respectful and considerate care. These aims had a number of critics in and outside of medicine, especially those who commented that a Patient's Bill of Rights was more of a "public

⁶³ Fox in *Doing Better and Feeling Worse*, 9-10; George J. Annas, *The Rights of Hospital Patients: The Basic ACLU Guide to a Hospital Patient's Rights* (New York: Sunrise Books/Dutton, 1975), 6.

⁶⁴ Tomes, *Remaking the American Patient*, 263-266. For a feminist analysis on capitalism and medicine, see Lucy Candib, "Women, Medicine, and Capitalism: An Introductory Essay," in Boston Women's Health Book Collective, *Women and Their Bodies: A Course* (Printed by Boston Women's Health Book Collective, 1970), 6-8.

⁶⁵ Tomes, *Remaking the American Patient*, 270-274; Ruzek, *The Women's Health Movement*, 150.

relations gesture than an agenda for change.”⁶⁶ Yet, many activists saw the value in raising awareness of patients’ rights and educating patients about how they could become more active participants in their care.

The women’s health movement, with its blend of feminist and consumerist rhetoric, advanced a model of the “empowered patient” which recognized the power in accessing information about the body, understanding patients’ rights, and working to “reinvent constructions of the female body.” Though the women of *Our Bodies, Ourselves* found that some doctors were receptive and “genuinely cooperative” to women’s desire for increased medical knowledge, others still saw patients as needing to be “managed.”⁶⁷ The fact that in May 1976, the Department of Health, Education, and Welfare sponsored a national symposium on patients’ rights represents how widely recognized calls for patients’ rights had become. The work of feminists in supporting patients’ rights was expressly acknowledged at the symposium by Virginia H. Knauer, a Special Assistant to President Gerald Ford for Consumer Affairs. While some physicians supported patients’ rights as a human rights issue, others saw the push for patients’ rights as an attack on physician authority and the independence of the medical profession.⁶⁸

⁶⁶ Tomes, *Remaking the American Patient*, 270-274; Starr, *The Social Transformation of American Medicine*, 388-393; Annas, *The Rights of Hospital Patients*, 3-4.

⁶⁷ Boston Women’s Health Book Collective, *Our Bodies, Ourselves: A Book By and For Women*, second edition, revised and expanded (New York: Simon and Schuster, 1976), 25.

⁶⁸ Lawrence K. Altman, “Hospital Patients’ Bill of Rights Backed,” *New York Times*, January 9, 1973; Burnham, *Health Care in America*, 424-426; U.S. Department of Health, Education, and Welfare, *Proceedings: National Symposium on Patients’ Rights in Health Care* (Washington, D.C.: GPO, 1976): 4-10. Patient rights also included the right to refuse treatment and the right to access one’s medical records.

By the end of the 1970s, due in large part to agitation by activists and affirmative action policies, the culture and composition of American medicine had begun to shift. After the Assembly of the Association of American Medical Colleges passed an equal opportunity resolution in 1970 and discriminatory policies in admissions at schools receiving federal funding were banned by Title IX of the Higher Education Act Amendments of 1972, acceptance of women and other minority groups to medical school increased. Feminism and cultural changes also encouraged more women to pursue medical degrees. The sheer number of women graduating with medical degrees started to change American medicine.⁶⁹ In the forty years following 1930, only 14,000 women graduated from medical school. Between 1970 and 1980 more than 20,000 women earned medical degrees.⁷⁰ In the early 1970s, only 3 percent of gynecologists and roughly 15 percent of pediatricians, psychiatrists, and general practitioners were female. By 1980, 12 percent of all obstetrician-gynecologists were women.⁷¹ Though the majority of medical students were still white, middle-class males, an increasing number of medical practitioners and students were willing to criticize colleagues whose bedside manner was defined by what one historian summarized as “arrogance and authoritarian ways.”⁷²

HISTORIOGRAPHIES OF HEALTH AND THE JEWISH SELF

⁶⁹ Between 1972 and 1980, the number of women accepted to medical school increased from 15 to 28 percent. The percentage of black students entering medical school increased from 0.9 percent to 6.3 percent from 1969 to 1975. See Ira Rutkow, *Seeking the Cure: A History of Medicine in America* (New York: Scribner, 2010), 275; Robert H. Ebert, “Medical Education in the United States,” in *Doing Better and Feeling Worse*, 180.

⁷⁰ Michele A. Paludi and Gertrude A. Steuarnagel, eds., *Foundations for a Feminist Restructuring of the Academic Disciplines* (New York: Haworth Press, 1990), 236.

⁷¹ Seaman, “Physician Heal Thyself”; Michele Chandler, “Women OB-GYNs,” *Chicago Tribune*, April 10, 1996.

⁷² Burnham, *Health Care in America*, 425-426.

While health feminism itself had deep roots in the Popular Health Movement and Progressivism, Jewish women's health activism is also part of an extensive activist lineage in American Jewish history and the much longer story of the high regard for medicine and the healing profession in Jewish culture.⁷³ "Jewish identity, ambiguously located among changing American interpretations of ethnicity, religion, people, and race, lent itself to political redefinition," wrote historian Deborah Dash Moore of the 1960s and 1970s, "For many Jews, what mattered most was politics, and politics therefore defined Jewish identity."⁷⁴ If politics defined Jewish identity for many Jews, then Jewish women's participation in feminist activism was yet another expression of Jewishness. The study of Jewish women's experiences in and their impact on the women's health movement complicates existing work that considers the intersection of ethnicity, religion, health, and the body.⁷⁵ Attention to Jewish identity and Jewishness not only helps historians understand Jewish women's representation and roles within the movement, it

⁷³ Historian Susan M. Reverby argued that the women's health movement began with the "birthing movements" in the 1950s. See Susan M. Reverby, "Feminism & Health," *Health and History* 4, no. 1 (2002): 7; Weisman, *Women's Health Care*, 37; Joyce Antler, *The Journey Home: How Jewish Women Shaped Modern America* (New York: Schocken Books, 1997). For an overview of Jews, medicine, healing in Jewish law, and religion, see Natalia Berger, ed., *Jews and Medicine: Religion, Culture, Science* (Philadelphia: Jewish Publication Society, 1995).

⁷⁴ Moore, "Introduction," in Deborah Dash Moore, ed., *American Jewish Identity Politics* (Ann Arbor: University of Michigan Press, 2008), 9. See also Michael E. Staub, *Torn at the Roots: The Crisis of Jewish Liberalism in Postwar America* (New York: Columbia University Press, 2002).

⁷⁵ See Nelson, *More than Medicine*; Nelson, *Women of Color and the Reproductive Rights Movement*; and Morgen, *Into Our Own Hands*. For considerations of Jews as a "white Other" in the twentieth century and whiteness studies, see Norman L. Kleeblatt, ed., *Too Jewish? Challenging Traditional Identities* (New York: Jewish Museum and New Brunswick: Rutgers University Press, 1996); Peter Kolchin, "Whiteness Studies: The New History of Race in America," *Journal of American History* 89, no. 1 (2002): 154-173; and Goldstein, *The Price of Whiteness*.

complicates our history of second wave feminism's diverse cultural intersections and internal divides. Historians and feminist theorists offer tools to analyze Jewish women as one of many groups whose ethnic, cultural, and religious backgrounds informed conceptions of health and politics.

In many ways, Jewish religious and cultural tradition recognizes the connection between what scholars have called “care of the soul and care of the body.”⁷⁶ Physician and Jewish medical ethics scholar Fred Rosner wrote that “although studying medicine is permissible in Jewish law, it is optional...however, once a person has become a physician, it is then obligatory upon him to heal the sick.” There is a biblical mandate for physicians to heal the sick and preserve human life as well as a number of Talmudic citations which support the interpretation that a patient is not only permitted to seek medical care but likely required to do so when ill or in pain.⁷⁷ Jewish discourse on healing, health, and wellness is drawn from sacred texts and Jewish law as well as the medical writings of medieval Jewish philosopher-physician Maimonides, the Jewish medical writer and physician of late antiquity Asaph, and the ninth-century Moroccan physician Isaac Israeli among others. In the twentieth century, the long-standing and

⁷⁶ Jeff Levin and Michelle F. Prince, “Judaism and Health: Reflections on an Emerging Scholarly Field,” *Journal of Religion and Health* 50, no. 4 (2011): 765-777.

⁷⁷ Rosner wrote, “Specific Divine license for a physician to heal is derived by the Rabbis from the biblical phrase [translated literally] *and heal he shall heal* [Exodus 21:19], which relates to compensation for personal injuries.” He noted the Talmud interprets emphasis on “heal” as “intended to teach us that authorization was granted by God to the physician to heal.” Rabbi Elliot N. Dorff emphasized that “we have a universal duty to heal others because we are all under the divine imperative to help God preserve and protect what is God’s.” See Fred Rosner, *Modern Medicine and Jewish Ethics*, second revised and augmented edition (Hoboken, NJ: KTAV Publishing House, 1991), 5-19; Elliott N. Dorff, *Matters of Life and Death: A Jewish Approach to Modern Medical Ethics* (Philadelphia: Jewish Publication Society, 2003), 26.

historically rooted “Jewish affinity for the healing professions” persisted.⁷⁸ The American Jewish experience in the medical profession evolved from a story of discriminatory admissions quotas in medical schools and Jewish physicians’ second-class status in hospitals in the early decades of the twentieth century to Jewish physicians and researchers celebrated as medical innovators by the mid-to-late century.⁷⁹

Many Jewish women within the women’s health movement were relatively secular, lay activists and there is little evidence that they connected concepts like the laws of *niddah* (“family purity” laws related to menstruation) or Talmudic interpretations of

⁷⁸ David L. Freeman and Rabbi Judith Z. Abrams, *Illness and Health in the Jewish Tradition: Writings from the Bible to Today* (Philadelphia: The Jewish Publication Society, 1999), xxi-xxvii. Since the Middle Ages, Jews have regarded medicine as an honorable profession. Curator Natalia Berger noted Jews entered the field “in much greater numbers than their percentage of the population would seem to warrant.” See Berger, *Jews and Medicine*, 13-15 and David L. Freeman, “Healing and Medicine in Judaism,” in *Encyclopedia of Religion*, Volume 6, second edition (New York: Macmillan Reference, 2005), 3828-3821; William Cutter, *Healing and the Jewish Imagination: Spiritual and Practical Perspectives on Judaism and Health* (Woodstock, Vermont: Jewish Lights Publishing, 2007).

⁷⁹ The history of American Jews and modern medicine largely focuses on male physicians, hospital administrators, and researchers. However, studies considering Jews in nursing, midwifery, and Progressive Era activism do consider Jewish identity, gender, and health in the early-to-mid-twentieth century. Some histories of European medicine include information about Jewish women doctors, especially in pre-World War II central Europe. There is substantial related literature on anti-Semitism, immigration, and disease/hygiene discourses. See Alan M. Kraut and Deborah A. Kraut, *Covenant of Care: Newark Beth Israel and the Jewish Hospital in America* (Piscataway: Rutgers University Press, 2007); Evelyn R. Benson, *As We See Ourselves: Jewish Women in Nursing* (Indianapolis: Center Nursing Publishing, 2001); Klapper, *Ballots, Babies, and Banners of Peace: American Jewish Women’s Activism, 1890-1940*; Mitchell B. Hart, *The Healthy Jew: The Symbiosis of Judaism and Modern Medicine* (New York: Cambridge University Press, 2007); Adrienne Denoyelles, “‘Peculiar Resistance’: Tuberculosis, Identity and Conflict among Jewish Physicians in Early-Twentieth Century America,” *American Jewish History* 100, no. 3 (2016): 349-377; Roni Caryn Rabin, “Tracing the Path of Jewish Medical Pioneers,” *New York Times*, May 14, 2012; Harriet Pass Freidenreich, “Jewish Women in Medicine,” in *Jews and Medicine*, 185-193; and Seymour I. Schwartz, “Contributions of Jewish Surgeons in the United States,” *Rambam Maimonides Medical Journal* 2 no. 1 (2011): 1-8.

the patient to feminist health activism. However, their impact on American medicine in the late twentieth century shows the extent to which the patient-activist also belongs in the history of medicine broadly and Jewish health feminists belong in histories of Jewish participation in medicine in particular.⁸⁰ While the history of American Jewish women in the women's health movement is undoubtedly connected to the story of Jewish women's philanthropy and community activism in earlier decades, studying the patient politics of Jewish health feminists in late twentieth century adds to our understanding of Jewish women's engagement with medicine in America. This study contributes one example of how to trace the impact of Jewish tradition within the history of modern medicine. While many historians include activists in their studies of twentieth century medicine and health care, others choose not to emphasize the work of patient activists.⁸¹ Histories of medicine are richer and more representative of the many stakeholders in health care when patients, allied health professionals, and health activists are integrated into the narrative.⁸²

⁸⁰ Historian Roy Porter suggested "doing history from below" could decenter physicians. He argued that the "physician-centered account of the rise of medicine may involve a major historical distortion." See Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14, no. 2 (1985): 175-198; for reflections on laws of *niddah* and ritual impurity, see Chava Weissler, "Mizvot Built into the Body: *Tkhines* for *Niddah*, Pregnancy, and Childbirth," in Howard Eilberg-Schwartz, ed., *People of the Body: Jews and Judaism from an Embodied Perspective* (Albany: State University of New York, 1992), 101-115; Elyse Goldstein, *ReVisions: Seeing Torah Through a Feminist Lens* (Woodstock, Vermont: Jewish Lights Publishing, 2001); and Sharon Gillerman, "More than Skin Deep: Histories of the Modern Jewish Body," *Jewish Quarterly Review* 95, no. 3 (2005): 470-478.

⁸¹ For example, surgeon and historian Ira Rutkow wrote as recently as 2010 that his sweeping history of American medicine makes "little reference to essential, but particularized phenomena" such as AIDS and the growth of patient activism. See Rutkow, *Seeking the Cure*, 3.

⁸² Other historians have focused a great deal on consumerism and the dynamic between the patient, physicians, activism, and the health care industry. See Tomes, *Remaking the American Patient* and Starr, *The Social Transformation of American Medicine*.

Though the twenty years after World War II could be described as a “golden age” in the history of American Jewry, the years following the Six-Day War in Israel in 1967 were marked by divisions in the American Jewish community over the precise nature of their Jewish lives. Increasing debates over the future of Judaism in America, the relationship of American Jews to the social movements, the simultaneous comfort and discomfort of suburban life, and changing roles of women in Jewish religious and communal life underscore the American Jewish experience in the late twentieth century. “For some Jewishness intensely defined them and their daily lives and they talked about Jewish life boldly in public...yet for an increasing number of others, Jewishness became a matter of minor significance,” wrote historian Hasia Diner. Despite the tensions in the Jewish community during these years, their position within American society had never been so secure as many formal barriers to educational, professional, and social opportunity had been removed by mid-century. A significant in American Jewish life in these decades was the *havurah* movement, which began to create new interpretations of Jewish worship and ritual. Drawing from the 1960s counterculture and simultaneously pushing back against what they saw as the “bourgeois respectability” of suburban postwar Judaism, the young people of the *havurah* movement – translating to “fellowship” – emphasized equality and “inventiveness” in their Judaism.⁸³

As identity politics “exploded” in the Seventies, American Jews began to reckon with the multitude of identities which defined their worldview and personal politics. Sparked by civil rights activism and Black nationalism, identity politics also encouraged

⁸³ Diner, *The Jews of the United States*, 259-267, 305-306, 345-347.

Jews to reconsider what it meant to be a contemporary American Jew.⁸⁴ “The politics of consensus was giving way to the politics of identity,” historian Jonathan Sarna argued, “Americans of all kinds came to focus on roots, race, ethnicity, and gender.” In many cases, particularist politics overcame universalist rhetoric. The Six-Day War was a “turning point in American Jewish consciousness” for some Jews who became drawn to focusing on Israel, Holocaust remembrance, and the cause of Soviet Jewry rather than concerns in American society broadly. Many American Jews closely followed developments in Israel and the Middle East throughout the 1970s, including the Yom Kippur War.⁸⁵ In late twentieth century, Jewish community leaders and individuals were also contending with how to interpret legalized abortion, new forms of contraception, organ transplantation, and artificial insemination through Jewish law (*halakha*) and Jewish medical ethics.⁸⁶ Orthodox Jews increasingly supported conservative politics, while the liberal voting patterns of most American Jews “stood in stark contrast to the rightward drift of much of white America.”⁸⁷

Arguably, the connection between feminist politics and Jewish identities is most clear when considering those Jewish women who interpreted Judaism through a feminist lens to reconceive life cycle rituals, prayers, and women’s religious participation.⁸⁸ These

⁸⁴ Moore, *American Jewish Identity Politics*, 1-2.

⁸⁵ Jonathan D. Sarna, *American Judaism: A History* (New Haven: Yale University Press, 2004), 315-318; Diner, *The Jews of the United States*, 323.

⁸⁶ Fred Rosner, *Modern Medicine and Jewish Law* (New York: Yeshiva University Department of Special Publications, 1972). For recent debates in Jewish medical ethics, see Elliot N. Dorff and Jonathan K. Crane, *The Oxford Handbook of Jewish Ethics and Morality* (Oxford: Oxford University Press, 2013).

⁸⁷ Diner, *The Jews of the United States*, 337.

⁸⁸ See Paula E. Hyman, “Jewish Feminism Faces the American Women’s Movement,” in Pamela Nadell, ed., *American Jewish Women’s History: A Reader* (New York: New York University Press, 2003), 297-309; Diner, *The Jews of the United States, 1654-2000*, 350-

histories fit naturally at the intersection of the history of religion and the history of feminism. Recent work shows new, though somewhat more complex, avenues for drawing connections between feminist political action and the many facets of Jewish self-understanding. Joyce Antler's analysis of Jewish radical feminists contributes to the historiography on Jewish women's political activism, social movements, and identity in the twentieth century. As with the work of Melissa Klapper and Debra Schultz, Antler's *Jewish Radical Feminism* shows the many interpretations of Jewish identity and political action among American Jewish women. Some feminists in Antler's larger study of Jewish radical feminism credited Jewish teachings with infusing them with a passion for justice and *tikkun olam* (repair of the world), while others felt at the time that their Jewishness had little to do with their feminism but came to make the connection later in life.⁸⁹ Collective co-founder Paula Doress-Worters argued that the group identified as universalists. "It wouldn't have been proper to call ourselves radical Jews. But that is exactly what we were," she observed in retrospect in the 1990s.⁹⁰ Historian Rachel Kranson's work shows how some religiously identified Jewish women negotiated a

358; Pamela Nadell, *America's Jewish Women: A History from Colonial Times to Today* (New York: W.W. Norton & Company, 2019); and Sylvia Barack Fishman, *A Breath of Life: Feminism in the American Jewish Community* (Waltham: Brandeis University Press, 1993); Riv-Ellen Prell, ed., *Women Remaking American Judaism* (Detroit: Wayne State University Press, 2007). Hyman wrote the Jewish feminist movement "transformed the public space of American Jewry," and brought feminist interventions into Jewish Studies.

⁸⁹ Antler, *Jewish Radical Feminism*, 11-12, 31-33; 97, 231; Aviva Cantor Zuckoff, "An Exclusive Interview with Dr. Phyllis Chesler," *Lilith*, Winter 1976/1977, <http://lilith.org/articles/an-exclusive-interview-with-dr-hyllis-chesler/>.

⁹⁰ This quote is from an interview conducted by Antler with Paula Doress-Worters for *The Journey Home* in the 1990s but it is also featured in *Jewish Radical Feminism*. See Antler, *Jewish Radical Feminism*, 11-12, 164 and Antler, *The Journey Home*, 283. For a history of Jewish activists, identity, and second wave feminism broadly, see Dina Pinsky, *Jewish Feminists: Complex Identities and Activist Lives* (Urbana: University of Illinois Press, 2010).

complex political discourse surrounding reproductive rights by adapting their defense abortion care “through the principal of religious freedom rather than through an endorsement of women’s rights” during the conservative Reagan era.⁹¹ These works help unpack the multiple levels of political identity formation. Like these historians, I also use a blend of biography, oral history, and personal papers in this study to capture the nuance of individual experiences and understandings of identity in flux.

By the 1970s, a number of Jewish women pushed back against the tendency of the feminist movement to operate on the “presumption that gender trumped all other aspects of identity.” Though American Jewish women were prevalent in the women’s movement, relatively few joined specifically Jewish feminist groups. However, many Jewish women still vocalized the centrality of Jewishness, Jewish historical experience, and Jewish culture to their identities and personal-political lives.⁹² Religious and secular Jewish feminists alike critiqued what they saw as “a tendency of some on the political left to delegitimize Jewish particularity and even to indulge anti-Semitism.”⁹³ Anti-Semitism in the women’s movement and concerns about Jewish erasure compelled a number of Jewish women to demand feminists recognize Jewishness as a category of difference.

For some Jewish American feminists, their feminist identities were encouraged and shaped by “virtue of their family histories,” however, for others it was only with the

⁹¹ Rachel Kranson, “From Women’s Rights to Religious Freedom: The League for Conservative Judaism and the Politics of Abortion, 1970-1982,” in *Devotions and Desires: Histories of Sexuality and Religion in the Twentieth Century United States*, ed. Gillian Frank, Bethany Moreton, and Heather R. White (Chapel Hill: University of North Carolina Press, 2018), 170.

⁹² Paula E. Hyman, “Jewish Feminism Faces the American Women’s Movement: Convergence and Divergence,” in *American Jewish Identity Politics*, 221-226.

⁹³ Hyman, “Jewish Feminism Faces the American Women’s Movement,” 226.

emergence of a white ethnic revival that they “embraced their ethnic identity *as* ethnic identity.”⁹⁴ Historians of 1970s America vary in their interpretation of white ethnic revival. Some suggest this interest in ethnic identity could have been a means by which white Americans with immigrant roots could distance themselves from the long history of white supremacy in the United States.⁹⁵ Others see the embrace of Irish, Italian, Jewish, Greek, and other ethnic identities to be evidence that these groups ceased to “emulate WASP models” and no longer valued assimilation above their own familial history.⁹⁶

Studies of Black and Chicana women’s health activism show how close attention to race, class, and ethnicity create rich and revealing histories of women’s health organizing. Historians of medicine and medical sociologists argue that race, ethnicity, and class shaped activists’ experiences with the medical establishment and their health reform goals for their communities. Work by Sandra Morgen, Jennifer Nelson, Loretta Ross, and Elena R. Gutiérrez underscores the central importance of race and class to women of color whose conceptions of health reform addressed a range of issues including sterilization abuse, racism in medical care, and poverty.⁹⁷ Although ethnicity is increasingly studied in the history of women’s health, Jewish women’s stories are largely absorbed into overarching majority narratives that merges them with Christian, Euro-

⁹⁴ Matthew Frye Jacobson, *Roots Too: White Ethnic Revival in Post-Civil Rights America* (Cambridge: Harvard University Press, 2006), 257.

⁹⁵ Jacobson, *Roots Too*, 1-2.

⁹⁶ The Ethnic Heritage Studies Program Act of 1974 supported ethnic and immigration studies in universities. Deborah Dash Moore argued that “such recognition helped to solidify the viability of identity politics in the United States.” See Schulman, *The Seventies*, 80-81; Deborah Dash Moore, *American Jewish Identity Politics*, 3-4; Philip Nobile and Maureen Kenney, “Congress Passed an Ethnic Heritage Studies Program Act in 1974 to Encourage Looking Backward,” *New York Times*, February 27, 1977.

⁹⁷ See Guterrez et al., *Undivided Rights*; Morgen, *Into Our Own Hands*.

American women, despite the fact that some Jewish women within the feminist movement felt “not quite white” and some experienced Othering.⁹⁸ Notably, Jews of color are not typically part of the analysis. The case studies in this dissertation show how some Jewish health feminists became increasingly vocal about their Jewishness in response to a greater societal interest in white ethnicity and their experiences facing anti-Semitism in the women’s movement. This offers another perspective on the role of ethnicity and difference in the women’s health movement.

Histories of health activism have typically not analyzed the life histories of white women who saw rapid economic mobility in their own lifetimes, despite the impact this would have on their history of health care access and engagement with the medical system. American Jewish women did attain high levels of education in the postwar period and many Jews in this period had attained middle-class status.⁹⁹ However, discussions of immigration, Americanization, and acculturation can add depth to an analysis of Jewish women’s changing views of identity, health, and marginalization. My work aims to correct this imbalance and show how experiencing poverty, illness, and growing up the child of immigrants shaped some Jewish activists’ views of both politics and medicine.

Though many Jewish health feminists did not necessarily frame their own experiences in theoretical language, women’s and gender studies scholarship offers tools for understanding the medicalization of women’s bodies and the marginalization of women as patients. Foundational documents of Black feminist thought like the Combahee River Collective’s influential 1977 statement identified a number of health issues as sites

⁹⁸ Antler, *Jewish Radical Feminism*, 198; Zuckoff, “An Exclusive Interview with Dr. Phyllis Chesler.”

⁹⁹ Diner, et al. *A Jewish Feminine Mystique?*, 2-3.

for Black feminist activism including the need for rape crisis centers in Black neighborhoods.¹⁰⁰ Blending feminist thought with the recognition of women's health as politics underscored the work of the women's health movement. As American Studies scholar Alondra Nelson recently wrote, "Health is politics by other means."¹⁰¹ Feminist theoretical interventions such as standpoint epistemology, situated knowledges, intersectionality, and embodiment can help historians of Jewish women consider their relationship to medicine and to the women's movement.¹⁰²

Sociologists Patricia Hill Collins and Sirma Bilge argued that intersectionality proposes a "more sophisticated map of social inequality that goes beyond class-only accounts" and an intersectional analysis offers a way of "understanding and analyzing the complexity in the world, in people, and in human experience."¹⁰³ In the case of many

¹⁰⁰ Combahee River Collective Statement, April 1977 as reproduced in Keeange-Yamahtta Taylor, *How We Get Free: Black Feminism and the Combahee River Collective* (Chicago: Haymarket Books, 2017), 19, 26.

¹⁰¹ Nelson, *Body and Soul*, ix.

¹⁰² See Susan Hekman, "Truth and Method: Feminist Standpoint Theory Revisited," *Signs* 22, no. 2 (1997): 341-365. See also Myfanwy Franks, "Feminisms and Cross-Ideological Feminist Social Research: Standpoint, Situatedness, and Positionality – Developing Cross-Ideological Research," *Journal of International Women's Studies* 3, no. 2 (2002): 38-50; Sarah Emanuel, "'How Pure is Your Hate?': Reflections on Passing, Privilege, and a Queer Jewish Positionality," *AJS Perspectives*, Spring 2020, 66-68.

¹⁰³ Patricia Hill Collins and Sirma Bilge, *Intersectionality* (Malden, MA: Polity Press, 2016), 15-16, 25, 66-67, 78-79. Collins and Bilge pointed to Frances M. Beal's essay "Double Jeopardy: To be Black and Female," published in 1969 as an early example of an intersectional argument. Collins and Bilge argued the greater inclusion of women of color in the academy during the 1980s and 1990s helped bring Black feminist thought into universities, including the "explicit analysis of the interconnectedness of race, class, gender, and sexuality as systems of power." The work of lawyer and critical race theory scholar Kimberlé Crenshaw is often cited as the origin of the term "intersectionality." See Kimberlé Crenshaw, "Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color," *Stanford Law Review* 43, no. 6 (1991): 1241-1299. For a discussion about the marginalization of Jewish women in conversations about intersectionality in the 1990s and expanding the definition of oppression and difference in analyses, see Jessica Greenbaum, "Placing Jewish Women into the Intersectionality of

Jewish women's health activists, their world was very complex indeed. Their experiences as American Jews, as members of an historically oppressed ethnic and religious minority, as individuals who benefited from the privileges of whiteness yet still suffered anti-Semitism, and their lives as women in America shaped their historical and sociological intersection.

In 1971, radical feminist sociologist Pauline B. Bart reflected on how feminists could utilize experience as evidence in analyzing sexism in society. "We are interweaving biography and history because we discovered that what we thought were private problems were in fact public issues...Our personal experiences are *data*," wrote Bart. Historian Joan W. Scott analyzed experience and knowledge claims in her essay "The Evidence of Experience" in 1991. Scott argued that experience is "at once always already an interpretation *and* something that needs to be interpreted." Bart understood this two decades earlier.¹⁰⁴ Many of the Jewish women in this study experienced anti-Semitism, gender discrimination, the anxieties of being the first American-born generation in their families, and the privileges of whiteness and a middle-class lifestyle. In my analysis of their lives, I work to show how religion, ethnicity, and gender intersected. Sharing their experiences, and a historical analysis and contextualization of

Race, Class and Gender," *Race, Gender & Class* 6, no. 4 (1999): 41-60. For general discussions on the absence of Jewish women's stories in women's studies, see Evelyn Torton Beck, "The Politics of Jewish Invisibility," *NWSA Journal* (1988): 93-102.

¹⁰⁴ Pauline Bart made a t-shirt in the 1970s that read "Everything is data" on the front and "But data isn't everything" on the back. See Bart, "Sexism and Social Science," 734. Emphasis in original. Historians Joan Scott and Ellen Herman discussed how individuals utilized "experience" to make knowledge claims. See Ellen Herman, *The Romance of American Psychology* (Berkeley: University of California Press, 1995), 277, 292-297, 301-303; Joan W. Scott, "The Evidence of Experience," *Critical Inquiry* 17 (1991): 773-797; Paula A. Treichler, *How to Have Theory in an Epidemic: Cultural Chronicles of AIDS* (Durham: Duke University Press, 1999), 361.

those experiences, shows how Jewish women developed their analyses of medical patriarchy and how they navigated the world as American Jews.

Feminist interpretations of body theory and embodiment are also helpful for analyzing Jewish women's health activism and the position of the Jewish activist within a universalist movement. Sociologist Kathy Davis described *Our Bodies, Ourselves* an "epistemological project," and argued that feminist theory on the body did not have to "distance itself from feminist health activism in order to develop a better feminist critique of science." The body was more than a surface or cultural text, argued Davis, and reconceptualizing the body would not necessarily mean a turn toward biological determinism. Rather, feminist theory should acknowledge that bodies are "anatomical, physiological, experimental, and culturally shaped entities," and the "details of each woman's embodiment vary according to her specific social location."¹⁰⁵ Analyzing the work of Jewish women in the women's health movement means recognizing that Jewish feminists' embodiment differed because of their social location as Jews.

This study is in conversation with earlier work attempting to trace the influence, or lack of thereof, of Jewish identity, ethnicity, and religion in Jewish women's politics. Using stories of individual women helps show the nuance in Jewish self-understanding in these years and how women often did not have one set conception of themselves as Jews or what it meant to be Jewish. This, too, was in flux as their political identities and

¹⁰⁵ Kathy Davis, "Reclaiming Women's Bodies: Colonialist Trope or Critical Epistemology?" *The Sociological Review* 55, Supplement 1 (2007): 50-51, 61; see also Howard Eilberg-Schwartz, ed., *People of the Body*; Kay Aranda, *Feminist Theories and Concepts in Healthcare* (New York: Palgrave, 2018). See also Kathy Davis, *The Making of Our Bodies, Ourselves: How Feminism Travels Across Borders* (Durham: Duke University Press, 2007).

interests changed throughout their lives. Jewish activists of the women's health movement had a wide range of responses to Jewish feminism and ethnic revival. While some found inspiration in linking their feminism to their Jewishness and Jewish history, others rarely foregrounded Jewish identity in their public discussions of health or thought much of Jewish identity at all. Jewish women's politics, like Jewish religious and cultural expression in these years, varied greatly from person to person and there is no one model of how American Jewish women understood themselves in the late twentieth century.

TOWARD A JEWISH HISTORY OF THE WOMEN'S HEALTH MOVEMENT

Despite calls by David A. Hollinger and other scholars for a Jewish history that broadens its definition of who, and what, should be included in interpretations of the Jewish experience, the history of religious Jewish feminism and secular feminist Jews is still at its most sophisticated when addressing Jewish women directly in conversation with Judaism or the Jewish community itself.¹⁰⁶ While Joyce Antler's work has greatly contributed to our understanding of Jewishness, women's health, and radical feminism, there is nonetheless more analysis to be done on Jewish women in the women's health movement. Studying women who purposefully, and perhaps strategically, distanced themselves from the perception of radicalism despite their own decidedly feminist challenges to patriarchal medical authority offers another perspective on health feminism.¹⁰⁷ In this study, I highlight the work of Jewish activists who were ambivalent to militant or radical feminist rhetoric and activists who embraced radical feminism.

¹⁰⁶ See Hyman, "Jewish Feminism Faces the American Women's Movement," in *American Jewish Women's History*; Diner, *The Jews of the United States, 1654-2000*; Nadell, *America's Jewish Women*; Hollinger, "Communalist and Dispersionist Approaches to American Jewish History in an Increasingly Post-Jewish Era," 4-8.

¹⁰⁷ Antler, *Jewish Radical Feminism*, 3-9.

Each of the following chapters focuses on an individual Jewish health feminist activist and the health issues she championed from the late 1960s through the 1980s. The first two chapters are concerned with more moderate health feminists and the last two chapters emphasize the work of radical feminists. Each chapter begins with a consideration of the early life history of the activist and how they came to participate in the women's health movement. Blending the personal and the political, chapters show how activists drew inspiration from Jewish ritual, religion, tradition, or history as they conceptualized their own feminism and health politics. The chapters also explore activists' connections to networks of health feminists and, at times, the broader women's movement. Though the Jewish women in this study were part of the middle-class by the time they became health activists, I consider how many Jewish women occupied a complex position within the women's health movement, as they were members of the white majority and perceived as privileged, yet their activism was informed by the historical and contemporary experiences Jews as a minority group.¹⁰⁸ Three of the four activists profiled in this study were raised by at least one Jewish immigrant parent.

Case studies begin in Chapter Two with the life and work of Barbara Seaman, a health and medicine journalist who became known for her muckraking classic *The Doctors' Case Against the Pill*, which exposed women's lack of informed consent about the dangers of oral contraceptives. Seaman lived in New York City and was also active in Washington, D.C. Seaman worked to refine the strategies and reach of the women's health movement as an individual writer and through the organization she helped found,

¹⁰⁸ Roth, *Separate Roads to Feminism*, 2; Breines, *The Trouble Between Us*; Antler, *Jewish Radical Feminism*, 198.

the National Women's Health Network. Chapter Three considers Rose Kushner, another medical journalist-turned-activist, who was based outside of Washington, D.C. and became a breast cancer activist after her own diagnosis with the disease. She challenged the use of the "one-step" Halsted radical mastectomy, called for women to have greater choice in breast cancer surgery, and lobbied for more funding for breast cancer research. Like Seaman, Kushner supported a patient's right to informed consent, a second opinion, and information about alternative treatments. This chapter also shows how single-issue activists collaborated with multi-issue women's health organizations and activists.

The last two case studies consider how Jewish radical feminist activists conceptualized women's health activism and worked to advance the cause. Chapter Four follows Pauline B. Bart, a self-identified radical feminist sociologist in Chicago. As a women's health researcher, Bart saw her work on depression, sexism in medical school, and rape resistance strategies as outreach that could "demystify" the world for women. An expert in women's health but not a physician or health professional, Bart occupies a unique position in the spectrum of women's health activists between lay activists and clinician-activists. Chapter Five considers the work of Dr. Phyllis Chesler, a radical feminist psychologist in New York City whose now-classic *Women and Madness* in 1972 argued there was a "double standard" in psychological theories of mental wellness in women versus men and showed the impact of deeply rooted sexism in mental health care. As an activist-clinician and professor of psychology, Chesler helped advance feminist therapy in practice and in the psychology education.

With their relatively moderate rhetoric in comparison to more self-identified militant or radical feminists, Seaman and Kushner may be more representative of the

many Jewish women in the women's health movement than those who identified as radical. Seaman later wrote that social movements needed a "respectable" branch as well as a radical one to create change.¹⁰⁹ By definition, an activist who analyzed medicine as a patriarchal system and challenged traditional gender norms in health care could be considered a radical feminist, however, how activists saw and defined themselves is also historically relevant to understanding the differences between health feminists in the women's health movement.¹¹⁰ While the geographical scope of this study is limited to urban centers on the East Coast and in the Midwest, Jewish women were also active in feminist health activism in California and the American South. These spaces are avenues for future research. In order to capture a range of Jewish women's experiences, this dissertation contains case studies of women who came from largely secular Jewish families, women who married in Reform synagogues, and women who were from Orthodox families. These four activists reveal how Jewish women of their background negotiated feminist politics and their own mutable identities.

The diverse activists of the women's health movement helped redefine American medicine and helped to expand patients' rights rhetoric to include the needs of women of color, impoverished women, and lesbian women.¹¹¹ Jewish women's work in the women's health movement blended second wave feminism with their own interpretations of Jewish culture, tradition, and history. Though some Jewish communal activism had

¹⁰⁹ Barbara Seaman, *The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth* (New York: Hyperion, 2003), 129-136.

¹¹⁰ For a discussion of the different analyses of women and health care between liberal, radical, and Marxist feminists, see Elizabeth Fee, "Women and Health Care: A Comparison of Theories," in *Seizing Our Bodies*, 279-297.

¹¹¹ Boston Women's Health Book Collective, *Our Bodies, Ourselves*, second edition, revised and expanded, 337-338.

turned inward in the 1970s, Jewish women in the women's health movement tended to still use universalistic language and speak of women's health broadly, while also recognizing the complexities of race, class, and sexuality to health outcomes and care. Ultimately, Jewish women contributed to many overlapping movements and calls for change during the "long 1970s." Although it is difficult to define precisely how many Jewish women participated in the wide range of feminist causes and initiatives in these years, it is evident that Jewish women's influence far exceeded their position as roughly 1.5 percent of the United States population.¹¹² Just like many other American Jews in these years, Jewish activists of the women's health movement were also exploring what Jewishness meant to them in their daily lives and how to interweave the identities and beliefs which shaped their perspectives on justice and political action. It is to these individualized stories of feminism, Jewishness, and health reform that we now turn.

¹¹² Sarna, *American Judaism*, 375.

CHAPTER 2

THE PILL, PATIENTS' RIGHTS, AND PARTNERS IN CARE: BARBARA SEAMAN AS THE MOTHER OF THE WOMEN'S HEALTH MOVEMENT

“Girlcott your gynecologist and save your uterus,” women’s health activist and journalist Barbara Seaman advised readers in 1972. “And if he tells you not to worry your pretty little head about something, pick up your pantyhose and RUN – to a doctor who’ll take you seriously.”¹¹³ Behind Seaman’s humor was a key tenet of the women’s health movement: the days of patient passivity were over. As the movement grew, American women demanded to be taken seriously as health care consumers and critics of male-dominated medicine. Not only did the women’s health movement call for a dramatic reframing of the patient-practitioner relationship, it called on women to take an active role in demystifying their own bodies. Seaman, through her work as an author and as a co-founder of the National Women’s Health Network, worked to provide women with resources they needed to help them learn about their bodies and represent their needs in the patient-practitioner relationship. Seaman encouraged women to become savvy

¹¹³ Barbara Seaman Additional Papers, 1933-2008. Beth Fallon, “Just What the Doctor Ordered – But Do You Need It?,” *Daily News*, July 11, 1972. MC 695, box 1, folder 3. Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Mass. Emphasis in original.

consumers of medical care and vocal critics of the influence of drug companies, and physicians' egos, on shaping medical wisdom. Barbara Seaman was part of the founding of the women's health movement as well as its sustained growth. As a journalist-turned-activist, Seaman used the power of her writing and accessible platforms like newspapers and women's magazines to introduce the American public to the women's health movement. Her writing often included the voices of women patients and their families as well as physicians and researchers. In her 1969 muckraking classic *The Doctors' Case Against the Pill*, Seaman included the perspectives of doctors who supported explaining the extensive list of side effects to patients considering oral contraceptives as well as those physicians who chose to discuss side effects very briefly with their patients. In her journalism, Seaman's own voice as a patient and a mother was often used to make a larger call to action for women's health activism and patients' rights. Newspaper coverage of Seaman's work and interviews with her, including her choice and often humorous words about the medical establishment, amplified the message of the women's health movement even farther.

In addition to supporting the growth of health feminism through her platform as a journalist and writer, Barbara Seaman also worked closely with other feminists to advance the women's health movement through organizations that advocated for women's voices in health care, medical research, and health policy. In co-founding the National Women's Health Network (NWHN) and also supporting the work of the Boston Women's Health Book Collective, the Feminist Women's Health Center in Los Angeles,

and lesser-known organizations and individual activists as well, Seaman helped build a nationwide network of health feminists throughout the 1970s.¹¹⁴

Blending the insights and protest tactics of radical feminists with the lobbying skills and legislative vision of a liberal feminists, the National Women's Health Network helped create a model for health feminists to be active participants in shaping health policymaking in Washington, D.C. Women's health activists soon became active watchdogs of the National Institutes of Health, the Food and Drug Administration, and Congress. Though protest was one way of advocating for women's health issues, participating in the proceedings and providing testimony was another strategy for change. The National Women's Health Network also served as a clearinghouse for information to support informed decision-making in health care and a community wherein patients, grassroots organizations, health care professionals, and women's health researchers could discuss and debate issues of health politics and treatments in meetings and the NWHN newsletter.¹¹⁵ Women were invested in women's health policy not only because they were women, but also because they believed in patients' rights broadly. Patients and practitioners could be partners-in-care rather than the doctor having a monopoly on decision-making and authority.

While the health activism of Seaman may be well known in the history of the birth control pill and second wave feminism, her personal life as an American Jewish

¹¹⁴ Barbara Seaman and Gideon Seaman, *Women and the Crisis in Sex Hormones* (New York: Rawson Associates Publishers, 1977), vii-viii.

¹¹⁵ Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002), 28-29; Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950-1970* (Baltimore: The Johns Hopkins University Press, 1998), 128-131.

woman in the 1970s and 1980s is rarely analyzed alongside her health politics.

Throughout these years, she emphasized or deemphasized her Jewishness, depending on the audience, outlet, or recent events in the women's movement. Her discussions of Jewish identity and themes took place in public interviews, talks on women's health activism, and in reflections on herself as a Jewish woman. Seaman was widely known for her multi-issue health activism. She spoke on informed consent, birth control safety, the importance of women entering medical school, supporting women scientists as reproductive health researchers, and how patients can better communicate their wishes with gynecologists. For religious and secular Jewish feminists in the women's health reform cause, identity in the late twentieth century was dynamic, diverse, and changeable. Intersecting with Seaman's feminism were perspectives on liberation, patriarchy, and power shaped by her experiences as a Jewish woman. Seeing her work as part of the history of medicine as well as the history of Jewish American women helps create a fuller perspective on the multiplicity of social justice frameworks influencing her work and the women's health movement broadly.

"A REPORTER FINDS A CAUSE": BARBARA SEAMAN PRIOR TO EMBRACING HEALTH FEMINISM

Barbara Seaman did not always see herself as an activist, let alone a founding mother of a movement. However, close consideration of her experiences before she embraced an activist identity reveals how she developed ideas about the nature of service, social justice, and a patient's ability to subvert medical authority. Seaman's health feminism was rooted in her childhood during the Great Depression, her experiences as a young mother during the 1950s, and her years as an investigative health and medicine

journalist centering patients' voices. Though Seaman pointed to 1969 as the year she first became a health feminist, it is clear from her earlier history that she had the making of a social activist well before that date.¹¹⁶

Barbara Seaman's family valued political awareness and participation as well as service to the community. Seaman's parents had met at a Young People's Socialist League picnic and honeymooned in Russia.¹¹⁷ Her father Henry J. Rosner was a social worker, a lawyer, and a vocal socialist and strategist.¹¹⁸ "Hank" Rosner graduated from City College of New York and earned his law degree at Brooklyn Law School.¹¹⁹ City College was known in the interwar period as the "Jewish Harvard," due to high number of American Jews drawn there after quotas limiting Jewish enrollment and the high cost kept them from entering other elite colleges.¹²⁰ In 1933, Rosner and Louis E. Yavner coedited *A Socialist Plan for New York: Official 1933 Campaign Handbook of the Socialist Party*.¹²¹ Rosner managed socialist candidate Norman Thomas' 1929 mayoral

¹¹⁶ Barbara Seaman, "Physician Heel Thyself," in Proceedings for the 1975 Conference on Women and Health, *Our Bodies Ourselves* Blog, accessed November 12, 2017, <http://www.ourbodiesourselves.org/history/womens-health-movement/harvard-conference-on-women-and-health-1975/>.

¹¹⁷ Caroline Richmond, "Barbara Seaman: A Controversial Activist Concerned about the Dangers of the Pill," *The Guardian*, March 12, 2008.

¹¹⁸ Record for Henry J. Rosner and Louis E. Yavner, *A Socialist Plan for New York: Official 1933 Campaign Handbook of the Socialist Party* (1933), World Cat. Accessed December 1, 2020, <https://www.worldcat.org/title/socialist-plan-for-new-york-official-1933-campaign-handbook-of-the-socialist-party/oclc/836581958?referer=di&ht=edition>.

¹¹⁹ Rosner's twin sister went to work at sixteen to help put him through school and Seaman later remembered that this "broke his heart" because his sister was also talented intellectually. See Barbara Seaman, "A Mother's Story," in *The Conversation Begins: Mothers and Daughters Talk about Feminism*, Christina Looper Baker and Christina Baker Kline, eds., (New York: Bantam Books, 1996), 122; Henry Rosner, "Retired Official; In City Social Services Dept.," *New York Times*, March 18, 1982.

¹²⁰ Jonathan Sarna, *American Judaism*, 221.

¹²¹ Hank Rosner was also interested in questions of women's health care as a social issue. In 1961, Rosner was a coauthor of an article considering the sociological aspects of "out-

campaign in New York City and came to the attention of Thomas' then-opponent Fiorello LaGuardia, who appointed Rosner during his own administration to the Home Relief Board.¹²² Though Barbara Ann Rosner was not born until September 1935, her father's work on behalf of socialism, social justice, and services for the poor undoubtedly shaped the values he taught his three daughters. In 1970, Seaman credited her father as a great influence on her worldview. "My father always believes human nature to be decent," she told the *New York Post*.¹²³

One of the many Jewish Americans, and in particular Jewish socialists, working to advance the efforts of the New Deal, Henry Rosner's dedication to social work and welfare services suggests that his daughter Barbara was well aware of the importance of such efforts as a child.¹²⁴ In 1934, Henry Rosner went to work for social services programs under the administration of Mayor LaGuardia and built a lifelong career in

of-wedlock births" in New York City, the method and facilities for delivery, prenatal care, and the impact on the welfare system. See Jean Pakter, Henry J. Rosner, et al., "Out-of-Wedlock Births in New York City," *American Journal of Public Health* 51, no. 5 (1961): 683-96.

¹²² Seaman Additional Papers, Barbara Yuncker, "Woman in the News: Barbara Seaman – A Reporter Finds a Cause," *New York Post*, January 24, 1970, box 1, folder 1.

¹²³ By the early 1970s, Henry Rosner had served under sixteen commissioners. See Yuncker, "Woman in the News: Barbara Seaman – A Reporter Finds a Cause"; Seaman, "A Mother's Story," in *The Conversation Begins*, 122; Margalit Fox, "Barbara Seaman, 72, Dies; Cited Risks of the Pill," *New York Times*, March 1, 2008.

¹²⁴ Hasia Diner, *The Jews of the United States*, 236-238. Diner writes, "Most Jews, even if they declared themselves Socialists, enthusiastically embraced Franklin D. Roosevelt and the New Deal. They say Roosevelt as someone who understood them. More Jews served in the Roosevelt administration than in any previous administration." Jewish advisors to FDR included Sidney Hillman, Joseph Proskauer, Henry Morgenthau, Jr., and Felix Frankfurter. Jewish women were also active in the New Deal, including Rose Schneiderman on the Labor Advisory Board. For more on fulfilling the obligations of *tzedakah* and Jewish philanthropy during the Great Depression, see Diner, *The Jews of the United States*, 234.

social work and social services.¹²⁵ During the Great Depression, Rosner helped create the Aid to Dependent Children and food stamp programs.¹²⁶ In later reflections on her childhood, Seaman often spoke of her father's career in social work and his achievements during the Great Depression rather than focusing on events abroad during her childhood like the rise of fascism. Her emphasis on her father's work suggests how deeply he shaped her perspectives of politics, service, and justice.¹²⁷ Later, Henry Rosner served as an assistant city commissioner of social services in New York City under Mayor Robert F. Wagner, Jr and retired from that position in 1975.¹²⁸ In the 1990s, Barbara Seaman wrote that her only "real complaint" about her father was that he did not prepare her for the real world as she grew up believing "other men would be like him."¹²⁹

Barbara Seaman's mother Sophia "Sophie" Kimels Rosner encouraged intellectual curiosity, an appreciation of the arts, and creative expression. Sophie was a high school English teacher, a portrait painter, and real estate trader. In an autobiographical essay in the 1990s, Seaman described her mother as an "exotically beautiful" woman whose youth was "exceedingly harsh," as she grew up in the home of

¹²⁵ "Henry Rosner, "Retired Official; In City Social Services Dept.," *New York Times*, March 18, 1982.

¹²⁶ Barbara Seaman in *The Conversation Begins: Mothers and Daughters Talk about Feminism*, Christina Looper Baker and Christina Baker Kline, eds., (New York: Bantam Books, 1996), 122.

¹²⁷ As seen in the notes above, Seaman discussed her father's work in social services in interviews in the early 1970s as well as later autobiographical essays written in the 1990s. Although other women in this study like Pauline B. Bart had vivid memories of learning about international concerns and the Holocaust from their childhoods in 1930s-1940s New York City, others like Rose Kushner and Barbara Seaman discussed the Great Depression more prominently in their reflections.

¹²⁸ "Henry Rosner, "Retired Official; In City Social Services Dept.," *New York Times*, March 18, 1982.

¹²⁹ Seaman, "A Mother's Story," in *The Conversation Begins*, 122.

an aunt, “where she was very much the poor relation in a relatively affluent and educated Jewish family.” Seaman’s parents thought new clothes were a “terrible waste of money” and her parents often dressed the children in hand-me-downs.¹³⁰ Still, Sophie Rosner encouraged her daughters to have a broad cultural education and Barbara had piano lessons, art lessons, and ballet lessons as well as modern dance lessons with Martha Graham and speed-writing lessons, book club memberships, and a ticket subscription to a “poetry reading series” at the 92nd Street Young Men’s Hebrew Association (YMHA).¹³¹ Seaman rarely mentioned religious observance or Jewish education in her published reflections, but she did discuss Jewish community organizations like the YMHA. Seaman’s descriptions of her childhood seem to reflect the general trend in 1930s New York wherein Jews, in the summation of historian Jonathan Sarna, “gave every appearance of being ‘at home’ in America” but were largely a “self-contained subculture” marked by middle-class “gilded ghettos” wherein Jewish identity was increasingly characterized by “ethnicity, propinquity, and culture” rather than religious observance.¹³²

During the 1950s, Barbara Seaman followed the path of many young middle-class Jewish women of the postwar years in attending college, marrying young, and raising a family. At sixteen, Seaman enrolled at Oberlin College as a Ford Foundation early admission scholar. Oberlin nurtured skills she would use as a journalist and, later, an

¹³⁰ Seaman noted in her interview with Tonner that the Rosner family never lived on West End Avenue, only side streets. As an adult Seaman and one of her sisters both lived in the West End and her father on Central Park West. See Seaman, “A Mother’s Story,” in *The Conversation Begins*, 122-123; Leslie Tonner, *Nothing But the Best: The Luck of the Jewish Princess* (New York: Coward, McCann, & Geoghegan, 1975), 184.

¹³¹ Seaman, “A Mother’s Story,” in *The Conversation Begins*, 122.

¹³² Sarna, *American Judaism*, 221-222. Propinquity may be defined as “closeness” but can also be literal “kinship,” a nearness of blood.

activist. “Ohio was a cultural shock,” recalled Seaman in her mid-thirties. “But it was good for a New York Jewish girl to see the other parts of the world.” A history major, Seaman became a competitive debate champion while at Oberlin.¹³³ She also excelled in a “Physics for Poets” course where she wrote a paper on the economic implications of atomic energy. The professor commended her work. “For somebody who doesn’t understand science, you explain it so clearly,” Seaman recalled in an interview with *Oberlin Alumni Magazine* decades later.¹³⁴ In 1957, she married Dr. Gideon Seaman, a psychiatrist, at the Stephen Wise Free Synagogue, a Reform synagogue.¹³⁵ They married while Gideon was completing his residency at the University of Cincinnati. Barbara met her husband five years earlier through his mother, Sylvia Bernstein Seaman, a writer and former suffrage activist. Sylvia even asked Barbara for her number for her son. “How’s that for a Jewish mother story?” Barbara later joked.¹³⁶ Sylvia Seaman would go on to write a book on her breast cancer experience in the mid-1960s, one of the earliest by a laywoman on having a radical mastectomy.¹³⁷

¹³³ Yuncker, “Woman in the News: Barbara Seaman – A Reporter Finds a Cause”; Fox, “Barbara Seaman, 72, Dies; Cited Risks of the Pill.”

¹³⁴ Trisha Gura, “Opening Eyes: Oberlin Alumni Take On Estrogen—and the Drug Industry That Sells It,” *Oberlin Alumni Magazine* 99, no. 4 (2004). Accessed April 1, 2021. https://www2.oberlin.edu/alummag/spring2004/feat_eyes.html

¹³⁵ Barbara’s first marriage to Peter Marks was annulled. Gideon Seaman was a 22-year-old medical student when his mother first met Barbara, who was 16-years-old at the time. Barbara graduated from Oberlin in 1956. See “Barbara Rosner a Bride: Oberlin Alumna Wed Here to Dr. Gideon Seaman,” *New York Times*, January 14, 1957; Yuncker, “Woman in the News: Barbara Seaman – A Reporter Finds a Cause”; Fox, “Barbara Seaman, 72, Dies; Cited Risks of the Pill.”

¹³⁶ Wolfgang Saxon, “Sylvia B. Seaman, 94, a Writer and a Suffragist,” *New York Times*, January 11, 1995.

¹³⁷ Georgia Dullea, “For Family’s Tree Generations of Feminists, a Memorable Day,” *New York Times*, August 25, 1980. Sylvia’s book was *Always a Woman: What Every Woman Should Know About Breast Surgery* (Larchmont, NY: Argonaut Books, 1965). This story about Sylvia, Barbara, and Elana Seaman participating in the tenth anniversary

Rather than discouraging her interest in journalism, Seaman's experiences as a young mother served as inspiration for her writing career. Shortly after her marriage, a number of distressing experiences placed Barbara Seaman on a path to a career in medical and health journalism. Her first child, a son named Noah, was born in 1957 when Seaman was 22-years-old. Like the other new mothers in the ward with her, she was given a packet of pills to take every four hours. Seaman planned to breastfeed Noah as she and her sisters were breastfed by their mother. She was suspicious of the medicine because her common sense warned that nursing women should "probably be wary of chemicals." Still, doctors and nurses would not answer her questions about the medicine and they even stood by her bed to make sure she took the pills. Baby Noah grew sick, turned jaundiced, and lost weight. Noah's pediatrician discovered that one of the pills given to Seaman was a laxative that should never be prescribed to nursing mothers.¹³⁸

march of the Women's Strike for Equality was picked up by a number of newspapers across the country, including the *Corvallis Gazette-Times* (Corvallis, Oregon) and *The Missoulian* (Missoula, Montana).

¹³⁸ In the postwar period, the widespread use of infant formula, considered a "scientifically perfect food for babies," was endorsed by physicians and scientists alike. With its roots in the late nineteenth century and its embrace of "expert" authority in all things childrearing, "scientific motherhood" was the norm in the 1950s. Yet, some women pushed back against "science in the nursery." Beginning in the mid-1950s, La Leche League called for women "bring mother and baby together again" during breastfeeding. In her retellings, Seaman did not directly credit La Leche League with her decision to breastfeed, however, La Leche League is certainly part of the growing support for breastfeeding during this period. For Seaman's retellings of her experience with the laxative and her son Noah, see Field Newspaper Syndicate, "'Ralph Nader of Women's Health Movement' has some words for women still 'on the Pill,'" *Great Falls Tribune* (Great Falls, Montana), February 15, 1981; Barbara Seaman, "Dear Injurious Physician," *New York Times*, December 2, 1972; Jewish Women's Archive, "Barbara Seaman," Accessed November 4, 2019, <http://jwa.org/feminism/seaman-barbara>. For more on the history of La Leche League and feminist health activists pushing back against medicalized childbirth and childrearing, see Lynn Y. Weiner, "Reconstructing Motherhood: The La Leche League in Postwar America," *Journal of American History* 80, no. 4 (1994): 1357-1381 and Wendy Kline, *Bodies of Knowledge: Sexuality,*

Seaman's story of her son's early days shows multiple points in which medical professionals failed to communicate with her as a patient and failed to inform her about the nature of the treatments they were prescribing. The doctors who gave her the laxative were operating under what Seaman later called "the blithe assumption that no modern mother would choose breastfeeding over formula." Baby Noah recovered, by Seaman was furious that his illness was iatrogenic, meaning it was caused by doctors or medical treatment. "I descended into a state of rage and anguish from which I never fully recovered, and which has fueled my writing and advocacy work," Seaman wrote in the 1990s.¹³⁹ With her second child in 1960, Seaman decided to "palm" the medications doctors prescribed and throw away salves maternity nurses gave her. The baby and Seaman thrived and shortly after, Seaman published her first article, a piece titled "How to Subvert the Breast-Feeding Practices in Hospitals."¹⁴⁰ It could also be considered her first foray into women's health activism.

In addition to her infuriating experience with her baby's illness, domestic tensions and traditional expectations about women's roles in the home led Barbara Seaman to embrace a magazine writing career. Early in their marriage, Gideon would inspect clean glasses washed by Seaman and if he found soap rings, she had to rewash them. He also criticized her cooking. Barbara Seaman struck a deal with her husband: she would earn

Reproduction, and Women's Health in the Second Wave (Chicago: University of Chicago Press, 2010), 127-155.

¹³⁹ Seaman, "A Mother's Story," in *The Conversation Begins*, 123-124.

¹⁴⁰ Field Newspaper Syndicate, "'Ralph Nader of Women's Health Movement' has some words for women still 'on the Pill'"; Barbara Seaman, *The Doctors' Case Against the Pill*, 25th anniversary edition (Alameda, CA: Hunter House, 1995), 1. The 25th anniversary edition of *Doctors' Case* contains the entire original edition as published in 1969 with a few new essays for the volume.

money by writing and he would agree to a housekeeper to cook and clean, if Barbara covered the cost with writing income. The deal got Gideon “off her back” and also brought Ann P. Wilson into her life. Seaman described how Ann, a 19-year-old Black woman and single mother from Georgia, became her “right arm...maybe [her] right brain, too.” Seaman later reflected on how some friends were critical of her employing a housekeeper, but she “never felt guilty” because she paid Ann well, including paid vacation time and Social Security contributions. Seaman saw Ann as a crucial part of her home and professional life; she could not have done her writing and social activism without Ann. “Behind every mother you ever heard of, there usually stands another woman who propped her up,” wrote Seaman in response to a student at Oberlin who criticized her as representative of the elitist, white, middle-class feminism.¹⁴¹

As a journalist in the 1960s and early 1970s, Seaman contributed to *Brides* magazine, *The Ladies' Home Journal*, and *Family Circle*.¹⁴² From 1967 to 1968, Seaman was a Sloan Rockefeller Advanced Science Writing Fellow at the Columbia University School of Journalism and she completed a graduate certificate in advanced science writing.¹⁴³ Seaman's columns articles discussed motherhood, childrearing, women's

¹⁴¹ In the mid-1990s, Seaman gave a speech about her life and work and discussed her dynamic with Ann. In response, student writer Joanna Silver wrote that white second wave feminists such as Seaman had a “brand of feminism [that] was, and continues to be extremely exclusive, and inherently racist and classist.” This general critique of white second wave feminists is often repeated in the historical literature on the movement. However, it is worth noting that the women's health movement itself frequently recognized the compounding factors of racism, sexism, and discrimination on women's health and often wrote of these issues in health manuals and disease or condition-specific books. See Seaman, “A Mother's Story,” in *The Conversation Begins*, 125-126.

¹⁴² Margalit Fox, “Barbara Seaman, 72, Dies; Cited Risks of the Pill,” *New York Times*, March 1, 2008.

¹⁴³ Seaman was a columnist with *Brides* magazine from 1964-66, a columnist and contributing editor at *Ladies Home Journal* from 1966-1970, and the child care and

health issues, the sexual revolution, and a range of developments in “contraceptive technologies,” such as the new oral birth control pill Enovid, which was approved for use in 1960 and produced by pharmaceutical company G.D. Searle. She reached 12 to 15 million readers every month.¹⁴⁴ Her brand of reporting was different from the common coverage of medical fads aimed at women, as Seaman centered coverage on patients rather than products.¹⁴⁵ She had been interested in concerns over the birth control pill for years. After the pill was approved in 1960 and women began to take it across the country, they wrote Seaman with questions about their side effects such as bloating, weight gain, and a decline in sex drive.¹⁴⁶ In the spring of 1969, she wrote an article on the concerns some doctors had with the birth control pill titled “Why Doctors are Losing Faith in the Pill.” It sparked a flood of letters from readers which she described as “one sad case history after another” marked by doctors refusing to take women off the pill or even connect their symptoms to oral contraceptive use.¹⁴⁷ By late 1969, an estimated eight

education editor at *Family Circle* 1970-1973. She was also a ghostwriter for a popular psychologist in the early 1960s. See Seaman Additional Papers, Barbara (Ann Rosner) Seaman Curriculum Vitae, July 1974, box 1, folder 7; Seaman, *The Doctors’ Case Against the Pill*, 25th anniversary edition, 1-2; Shira Seaman, “A Daughter’s Story,” in *The Conversation Begins*, 134.

¹⁴⁴ The pill was approved for use as a contraceptive in 1960 and in 1972 the *Eisenstadt v. Baird* ruling established the right to use of the pill to unmarried couples. Historian Elizabeth Siegel Watkins wrote that “prior to the thalidomide disaster, Americas expressed optimism about the continual flow of new wonder drugs.” See Watkins, *On the Pill*, 2; Seaman, *The Doctors’ Case Against the Pill*, 25th anniversary edition, 1-2.

¹⁴⁵ Barbara J. Love, ed. *Feminists Who Changed the World, 1963-1975* (Urbana: University of Illinois Press, 2006), 414.

¹⁴⁶ Gura, “Opening Eyes: Oberlin Alumni Take On Estrogen—and the Drug Industry That Sells It.”

¹⁴⁷ Yuncker, “Woman in the News: Barbara Seaman – A Reporter Finds a Cause.”

million American women took oral contraceptives. Twelve to fifteen million women were taking it worldwide.¹⁴⁸

Disturbed by letters from women describing their experiences on the birth control pill, Seaman began to research the safety of oral contraceptives for a book-length project. Informed consent, or lack of it, seemed to be central to the story of the pill. Seaman had been “obsessed with informed consent” since her Aunt Sally died of uterine cancer at the age of 49 and a doctor warned women in the family against taking Premarin, an estrogen medication used to treat symptoms of menopause. Shocked that Sally’s gynecologist had not informed her the use of Premarin caused an increased risk of endometrial cancer, Barbara Seaman wrote an article for readers about concerns around menopause treatments.¹⁴⁹ Blending her long held interest with issues of informed consent, pharmaceuticals, and women’s rights as patients, Barbara Seaman’s book project on the birth control pill sought to give women the information they needed to be proactive medical consumers. Concerned that women were not receiving adequate information about possible side effects of taking the birth control pill, Seaman conducted further research and added “crash interviews” with women, their families, and research physicians to her sources.¹⁵⁰ “My goal was to pull together all the evidence on side effects, dramatize (or melodramatize) it as much as possible, and issue a plea for

¹⁴⁸ Barbara Seaman, *The Doctors’ Case Against the Pill* (New York: Peter Wyden, Inc., 1969), first edition, 5. If edition is not specified in footnote, it is the first edition.

¹⁴⁹ “Healthy baby, healthy aunt, and both of them poisoned by prescription,” Seaman told an interviewer in 2004. See Gura, “Opening Eyes: Oberlin Alumni Take On Estrogen—and the Drug Industry That Sells It”; Jewish Women’s Archive, “Barbara Seaman.”

¹⁵⁰ Yuncker, “Woman in the News: Barbara Seaman – A Reporter Finds a Cause.”

women's informed consent," Seaman wrote in the twenty-fifth anniversary edition of *The Doctors' Case Against the Pill*.¹⁵¹

In the mid-twentieth century, the doctrine of informed consent gained significant ground in both the practice of American medicine and as a tenet of medical consumerism. Since the nineteenth century, courts had considered the patient-practitioner relationship as "a quasi-contractual agreement based on fiduciary obligations that required patient consent."¹⁵² However, due in part to a 1957 court case, conceptions of consent began to focus on the notion of expressly "informed consent," which stipulated physicians should describe "all possible options" to patients who could then make "truly informed treatment decisions." Historian Barron Lerner has argued that within fifteen years, "support for patient autonomy eclipsed physician paternalism [and] informed consent had become the theoretical backbone of medical decision making."¹⁵³ The implementation of informed consent varied dramatically from physician to physician and in different hospital systems, but concerns about malpractice suits often encouraged doctors to obtain consent from patients. Ultimately, even by the late 1960s, physicians still exercised a great deal of discretion in what to communicate with patients. As it grew in the 1970s, the patients' rights movement argued that rationale for informed consent was rooted in "the preservation and protection of individual self-determination."¹⁵⁴

¹⁵¹ Seaman, *The Doctors' Case Against the Pill*, 25th anniversary edition, 3.

¹⁵² Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients Into Consumers* (Chapel Hill: University of North Carolina Press, 2016), 276-280.

¹⁵³ Barron Lerner, "Beyond Informed Consent: Did Cancer Patients Challenge Their Physicians in the Post-World War II Era?," *Journal of the History of Medicine and Allied Sciences* 59, no. 4 (2004): 509-509.

¹⁵⁴ See Tomes, *Remaking the American Patient*, 277-279; Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the*

Published in late 1969, *The Doctors' Case Against the Pill* shared with women the very information that so many physicians and pharmaceutical companies were unwilling to discuss with patients about the harmful side effects of oral contraceptives. Seaman built a "case" against the pill using the voices of women patients harmed by the pill, medical literature, conference and medical meeting proceedings, and interviews with medical researchers and practitioners actively concerned about the pill as well as those in support of its use. Seaman found that many doctors failed to give women information about the risks of the pill such as blood clots, stroke, possible cancers, and loss of libido. Seaman's work not only showed the disagreements between doctors about the safety of the pill, it also featured women sharing their experiences with dismissive doctors and side effects struggles. Stories of women who had died after using the pill were shared by their loved ones and by their prescribing physicians.¹⁵⁵ "Many technically qualified physicians still are fence-sitters on the subject of the doctrine of informed consent," wrote Seaman. "They argue that since medicine is an art, not a science, a doctor must use his own judgement in determining how much to tell which patient."¹⁵⁶

Backlash against Seaman's work began even before the release of the book. Copies of chapters circulated at pharmaceutical companies and family planning clinics. Shortly before the publication of *The Doctors' Case Against the Pill*, the pharmaceutical company G. D. Searle, who were the makers of Enovid and controlled thirty-one percent of the American oral contraceptive market, wrote to magazine and newspaper book

Making of a Vast Industry (New York: Basic Books, 1982), 388-389; George J. Annas, *The Rights of Hospital Patients: The Basic ACLU Guide to a Hospital Patient's Rights* (New York: Sunrise Books/Dutton, 1975), 67.

¹⁵⁵ Seaman, *The Doctors' Case Against the Pill*, 71-85, 100-102.

¹⁵⁶ Seaman, *The Doctors' Case Against the Pill*, 15-16.

editors calling Seaman's work "unbalanced" and suggesting it would frighten women unnecessarily. Planned Parenthood was so concerned about women raising questions about the pill that they distributed chapters among their clinics alongside a long memo on how to answer patients' questions. Yet, despite this resistance and a review from the *Journal of the American Medical Association* calling the work "pernicious," *The Doctors' Case Against the Pill* was lauded in book reviews from the *Philadelphia Bulletin*, the *Washington Post*, and the *Library Journal*. Seaman later wrote that she believed G.D. Searle's attempts to sway book editors against *The Doctors' Case Against the Pill* actually served to spark interest in her work and it had "the happy effect of rescuing the book from slush piles and wastebaskets all over the country."¹⁵⁷

To Seaman, informed consent meant a thorough, non-patronizing explanation of the possible side effects and allowing the patient to make the decision with full possession of the pharmaceutical facts and without coercion from a medical practitioner.¹⁵⁸ She argued that even women who were told about the side effects and still wanted to take the pill had a right to know the risks and give their informed consent.¹⁵⁹ Later deemed a "small, muckraking wonder" by journalist Claudia Dreifus, *The Doctors' Case Against the Pill* helped launch the women's health movement through Seaman's defense of women's rights as patients and as consumers.¹⁶⁰ Informed consent would

¹⁵⁷ Seaman wrote that book editors passed the Searle letter on to science and medicine writers because "book editors tend to believe in freedom of speech and resent intimidation." See Seaman, *The Doctors' Case Against the Pill*, 25th anniversary edition, 3-4; Yuncker, "Woman in the News: Barbara Seaman – A Reporter Finds a Cause."

¹⁵⁸ Seaman, *The Doctors' Case Against the Pill*, 17.

¹⁵⁹ Seaman, *The Doctors' Case Against the Pill*, 1-15.

¹⁶⁰ Seaman, *The Doctors' Case Against the Pill*, 25th anniversary edition, vi. Dreifus edited and contributed to the feminist classic *Seizing Our Bodies* (1977).

become a cornerstone of the nascent patients' rights movement, an outgrowth of the consumer rights movement.¹⁶¹ Decentralized but nonetheless evolving throughout the 1970s, the patients' rights movement also called for greater equality between practitioner and patient, the right to refuse treatment, the right to see one's own medical records, and the right to participate in treatment decisions.¹⁶² The publication of the *Doctors' Case Against the Pill* not only caused an uproar in the medical community and among women patients, it directly influenced Senator Gaylord Nelson to call for hearings on the safety of oral contraceptives and, vitally, the issue of informed consent.¹⁶³ "A Reporter Finds a Cause," wrote journalist Barbara Yuncker of the *New York Post* in a profile of Seaman in early 1970. With Seaman's work on contraceptive safety, a reporter not only found a cause but a movement found a mother.¹⁶⁴

"DEAR INJURIOUS PHYSICIAN": TAKING ON MEDICAL MISOGYNY AND BUILDING THE WOMEN'S HEALTH MOVEMENT

To her contemporaries and historians alike, Barbara Seaman was a founding mother of the women's health movement for her work interweaving patients' rights and

¹⁶¹ For more on ideas about informed consent, see Tomes, *Remaking the American Patient*, 276–280; Lerner, "Beyond Informed Consent: Did Cancer Patients Challenge Their Physicians in the Post-World War II Era?"; and Annas, *The Rights of Hospital Patients*. For more on the complexities of consent and bioethical and moral questions, see Gary S. Belkin, "Brain Death and the Historical Understanding of Bioethics," *Journal of the History of Medicine and Allied Sciences* 58, no. 3 (2003): 325–361.

¹⁶² Sociologist Paul Starr linked the emergence of the patients' rights and health rights movements to the "generalization of rights" and an expansion of groups that were entitled to greater rights, including women, gays and lesbians, the incarcerated, and welfare recipients. He connected those movements back to the civil rights movement and an expansion of rights-based activism. See Starr, *The Social Transformation of American Medicine*, 388–393 for more on patients' rights aims.

¹⁶³ Watkins, *On the Pill*, 103–108.

¹⁶⁴ Yuncker, "Woman in the News: Barbara Seaman – A Reporter Finds a Cause."

feminist health politics. Frustrated by women's lack of access to contraceptive safety information and respectful care, Seaman wrote a series of investigative, journalistic studies on the birth control pill, women's sexuality, and hormonal treatments. Sociologist and movement participant Sheryl Burt Ruzek later credited Seaman with opening "Pandora's box" upon the publication of *The Doctors' Case Against the Pill* in 1969.¹⁶⁵ Throughout the 1970s, Seaman helped introduce women to the concept of patients' rights and she underscored the importance of communication and respect in the patient-practitioner relationship. As she encouraged women to enact their rights as patient-consumers, Seaman also called on physicians, especially gynecologists, to be better health care providers by treating women as "full partners in their own health."¹⁶⁶ Part muckraker, part prophet, and wholly activist, Seaman became one of the most visible health feminists after 1969.

Feminist activists recognized the revolutionary potential of the birth control pill in the 1960s and 1970s, however, they wanted to be full participants in the decision to take it. "Without the full capacity to limit her own reproduction, a woman's other 'freedoms' are tantalizing mockeries that cannot be exercised," wrote abortion rights activist and radical feminist Lucina Cisler in *Sisterhood is Powerful*.¹⁶⁷ Historian Elizabeth Siegel Watkins argued that with the development of the "highly reliable" hormonal birth control pill, "voluntary pregnancy [became] a real possibility for women." However, noted

¹⁶⁵ Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger Publishers, 1978), 36.

¹⁶⁶ Barbara Seaman, *Free and Female: The New Sexual Role of Women*, second edition (New York: Fawcett Crest, 1973), 201.

¹⁶⁷ Lucina Cisler, "Unfinished Business: Birth Control and Women's Liberation," in Robin Morgan, ed., *Sisterhood is Powerful* (New York: Vintage Books, 1970), 274.

Watkins, the history of the oral contraceptive is about more than the distribution of a drug, it is also a story of the “evolution of gender relations” and the dynamic between women and their doctors.¹⁶⁸ Health feminists also extended the doctrine of informed consent to all medical procedures, treatments, and drugs.

Seaman’s research on the side effects of the pill and other safety concerns encouraged Senator Gaylord Nelson to initiate hearings on the safety of oral contraceptives and informed consent in 1970 under the auspices of the Subcommittee on Monopoly of the Select Committee on Small Business. Nelson’s subcommittee was long interested in issues of drug cost, testing, and advertising as well as the relationship

¹⁶⁸ Watkins, *On the Pill*, 8. The historiography of contraception and modern birth control politics in the United States reveals that the current anxieties over birth control methods, access, and implementation are only recent iterations of the social, political, and economic concerns which arise when fertility is managed and medicalized. Early histories of birth control focused a great deal on birth control clinics, Margaret Sanger, and Dr. Gregory Pincus and the development of the pill. By the late 1990s, historians were paying more careful attention to race, class, and intersectional analyses in these stories and looking to community-level history as well. The historiography is global as well as local, as scholars use the history of contraceptives, sterilization, and population control to tell a story of choice as well as coercion for women at home and abroad. In addition to work cited in this chapter, see also Donald T. Critchlow, *Intended Consequences: Birth Control, Abortion, and the Federal Government in Modern America* (New York: Oxford University Press, 1999); Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America*. 3rd edition (Urbana: University of Illinois Press, 2002); Norman E. Himes, *Medical History of Contraception*. Second edition (New York: Schocken Books, 1970); Rebecca M. Kluchin, *Fit to be Tied: Sterilization and Reproductive Rights in America, 1950-1980* (New Brunswick: Rutgers University Press, 2009); Jennifer Nelson, *Women of Color and the Reproductive Rights Movement* (New York: New York University Press, 2003); Andrea Tone, *Devices and Desires: A History of Contraceptives in America* (New York: Hill and Wang, 2001); and James Reed, *From Private Vice to Public Virtue: The Birth Control Movement and American Society Since 1830* (New York: Basic Books, 1978); Simone M. Caron, “Birth Control and the Black Community in the 1960s: Genocide or Power Politics?” *Journal of Social History* 31, no. 3 (1998): 545-569; and Beth Bailey, “Prescribing the Pill: Politics, Culture, and the Sexual Revolution in America’s Heartland,” *Journal of Social History* 30, no. 4 (1997): 827-856.

between the drug industry, the medical profession, and federal agencies like the Food and Drug Administration. Seaman's publisher, Peter Wyden, hired a publicist to get a copy of *The Doctors' Case Against the Pill* to Senator Nelson.¹⁶⁹ In September 1969, Seaman wrote to Senator Nelson, arguing that the "mischief that the birth control pill may be making is probably not reversible and could result in a tragedy of almost unbelievable proportions."¹⁷⁰ She also spoke directly with Nelson and his staff economist Ben Gordon multiple times before the hearings began. "They wanted to make sure I wasn't a nut," Seaman recalled. "They wanted to make sure that I wasn't too frivolous... Maybe they also wanted to make sure I wasn't a combat bootied feminist."¹⁷¹ Seaman's concerns about the pill were, in part, related to the impact of hormones on the body. The amount of progestin and estrogen in birth control pills in the 1960s was significantly higher than the oral contraceptives of today. For example, at the time of the Nelson Pill Hearings, the amount of progestin (a synthetic sex hormone) in birth control pills was ten times or more than the amount in the birth control pills in the early 1990s. In 1990, the FDA also calculated the amount of estrogen in the pill had been reduced by one-third between the 1960s and the late twentieth century.¹⁷² Activists played a major role in bringing public attention to the dangers of high estrogen medications.

¹⁶⁹ Historian Elizabeth Siegel Watkins argued that Nelson was also driven by the fact that the federal government spent more than half a billion dollars annually on prescription drugs and he believed the legislative branch must scrutinize the practices of drug companies in the name of due diligence. See Watkins, *On the Pill*, 103-107.

¹⁷⁰ "Letter from Barbara Seaman to Senator Gaylord Nelson, September 23, 1969," Jewish Women's Archive, accessed November 12, 2017.

¹⁷¹ Watkins, *On the Pill*, 106.

¹⁷² Seaman, *The Doctor's Case Against the Pill*, 25th anniversary edition, 6.

Spanning a number of hearings from January to March 1970, the Nelson Pill Hearings asked doctors and researchers to testify on the relationship of the pill to sterility, cancer, and blood clots.¹⁷³ Nelson himself was also interested in informed consent and whether women had been adequately informed about the risks and possible side effects of oral contraceptives.¹⁷⁴ Many doctors present at the hearings decried what they saw as overwrought concerns surrounding pill safety. Barbara Seaman herself was not invited to testify, nor were other women who had taken the pill and experienced side effects. She attended, but as a member of the press. On the first day of the hearings, activists in the audience from the radical feminist group D.C. Women's Liberation began to call out during the testimonies. "Why isn't Barbara Seaman testifying?" they asked. "Why isn't there a pill for men?" Though the disruptions were initially unplanned, the radical feminist activists decided to hold demonstrations and speak out during hearings going forward. "We were both frightened, really frightened, by the content and appalled by the fact that all of the senators were men [and] all of the people testifying were men," recalled longtime activist Alice Wolfson. "They did not have a single woman who had taken the pill and no women scientists." Concerned as both activists and as women, D.C. Women's Liberation called for women to have more access to information about the pill and a broader feminist revolution in the male-dominated medical system and paternalistic medical culture.¹⁷⁵

¹⁷³ "Senate Panel to Open Hearing on Birth Pill," *New York Times*, January 4, 1970; Harold M. Schmeck, Jr., "Words on the Safety of the Pill," *New York Times*, January 18, 1970.

¹⁷⁴ Suzanne White Junod and Lara Marks, "Women's Trials: The Approval of the First Oral Contraceptive Pill in the United States and Great Britain," *Journal of the History of Medicine* 57 (2002): 158.

¹⁷⁵ Watkins, *On the Pill*, 108-109.

Tensions were high at the hearings and longtime supporters of birth control like Planned Parenthood were frustrated with activists calling for a greater recognition of the serious side effects of oral contraceptives. When asked whether women should be given more information on side effects of the pill at the sixth session of the hearings in late February, Dr. Alan Guttmacher, the President of Planned Parenthood, responded, “The dispenser of therapy should be educated, not the recipient.” During his testimony, many activists in the audience hissed at Guttmacher in disapproval.¹⁷⁶ Guttmacher’s perspective was echoed by a number of physicians in the American medical community who felt that politicians and patients were challenging medical authority and interfering with the patient-practitioner relationship.¹⁷⁷

Guttmacher, a supporter of birth control for decades, ultimately believed that the “risk of the pill for [patients] is far less than risk of unwanted pregnancies from less effective birth control methods.” Though Guttmacher wrote in 1969 that he regretted how difficult it was to anticipate who would suffer severe side effects from the pill, he nonetheless supported the widespread use of oral contraceptives. Guttmacher saw the pill as a tool to help curb the number of deaths from illegal abortions. After the hearings, he became outspoken in his support for abortion rights and legalization.¹⁷⁸ By the mid-1970s, some women critiqued feminists’ “blanket indictment” of medicine, industry, and government for failing to inform women of side effects of the pill. After all, argued urban studies professor Charlotte Muller in 1974, it was scientists and physicians who first

¹⁷⁶ “Expert Decries ‘Alarm’ on Birth-Curb Pill,” *New York Times*, February 26, 1970.

¹⁷⁷ John C. Burnham, *Health Care in America*, 426-427.

¹⁷⁸ Seaman, *The Doctors’ Case Against the Pill*, 21-22; Watkins, *On the Pill*, 115.

“alerted the world to the problems of female-oriented contraceptive methods.”¹⁷⁹

However, many of these scientists spoke first and foremost to one another, not directly to women patients.

Seaman and many other health feminists were concerned that physicians’ worries over unplanned pregnancy and the continued defense of unquestioned medical authority overshadowed doctors’ investment in individual patients’ rights.¹⁸⁰ Women felt that they had been misled by physicians who did not fully explain the side effects of the pill or seemed uninterested in taking the time to answer patient questions. Activists did not want to ban the pill, but they did want women to be in full possession of the facts. Many doctors suggested patients turn to pharmaceutical booklets which, in Seaman’s analysis, used “comforting” tones, traditionally feminine colors, and pleasant illustrations of flowers to reassure patients rather than actually address the full range of side effects.¹⁸¹ What Seaman learned in her research for *The Doctors’ Case Against the Pill* was that for many women taking oral contraceptives “the deceptively easy act of swallowing the innocent-looking little pill is, in fact, an act of *uninformed* consent.”¹⁸²

Not only did the hearings encourage the FDA to draft a special patient package insert on side effects to accompany the pill, they also brought together health feminists that began to organize in Washington.¹⁸³ Feminists who attended the hearings demanded

¹⁷⁹ Charlotte F. Muller, “Feminism, Society and Fertility Control,” *Family Planning Perspectives* 6, no. 2 (1974): 71.

¹⁸⁰ Seaman, *The Doctors’ Case Against the Pill*, 7. Seaman was also alarmed by prominent doctors and medical school professors receiving research funding from pharmaceutical companies or organizations “devoted” to population control.

¹⁸¹ Seaman, *The Doctors’ Case Against the Pill*, 17-20.

¹⁸² Seaman, *The Doctors’ Case Against the Pill*, 5. Emphasis in original.

¹⁸³ Harold M. Smeck, Jr., “Warning On Pill Drafted By F.D.A.: Agency Wants Leaflet on Hazards Given to Users of Birth Control Drugs,” *New York Times*, March 5, 1970. For

that women be able to testify since the panel of experts denied the truth of women's experiences.¹⁸⁴ Seaman later argued that the visibility on network news coverage of longtime activist Alice Wolfson and other members of D.C. Women's Liberation and their arguments for including women in the hearings helped inform women about the dangers of oral contraceptives.¹⁸⁵ The radical feminist organization even organized its own hearings as a protest and asked women to testify on their experiences with the pill.¹⁸⁶

Members of D.C. Women's Liberation were initially fighting for legal abortion, they soon developed an interest in women's health broadly when they began to analyze the health care system, power, and the marginalized position of women within it. Reflecting decades later, Wolfson wrote that D.C. Women's Liberation members knew that to serve the city fully, they must frame their organizing to include "issues of abortion, sterilization abuse, and numerous other health concerns affecting poor women and children in the city." After meeting Wolfson at the Nelson hearings, Seaman became increasingly drawn to her political analysis of women's health care and the patient-

more on the FDA response to Pill safety and debates about what should be in patient information leaflets, see Tomes, *Remaking the American Patient*, 274–280. Seaman later noted that toward the end of the 1970s, "consumer satisfaction with patient packet inserts (PPIs) in oral contraceptives and other estrogens led the FDA to mandate similar inserts on other drugs, including commonly misused drugs, such as some psychotropics and antibiotics." However, she noted that the Reagan administration did not embrace these PPIs and only by the mid-1990s did new inserts known as "med-guides" pick up where the 1970s PPIs left off. See Seaman, *The Doctors' Case Against the Pill*, 25th anniversary edition, 6-7.

¹⁸⁴ Morgen, *Into Our Own Hands*, 27-29.

¹⁸⁵ Barbara Seaman, "Bringing Medicine to Heal," *Washington Post*, March 31, 1974.

¹⁸⁶ "Expert Decries 'Alarm' on Birth-Curb Pill," *New York Times*, February 26, 1970.

practitioner relationship. When D.C. Women's Liberation disbanded in the early 1970s, Alice Wolfson continued her health activism and working with Seaman.¹⁸⁷

In a number of significant ways, the year 1970 was a crucial one in the development of the women's health movement and Barbara Seaman's career as a health feminist. Not only was it the first year the federal government engaged with the brewing public controversy over the safety of the birth control pill and informed consent, it also marked a significant moment in the evolution of health feminism wherein women activists – of both reformist and radical inclinations – came together and demanded the voices of women patients be heard by policymakers.¹⁸⁸ Seaman and Wolfson's friendship helped define health feminism marked by a blend of feminist strategies, including a push to participate in the creation of health policy rather than an outright rejection of mainstream politics. "As a mere uptown feminist – or to be more accurate, a sympathizer – I was tickled to meet these downtown feminists," Seaman wrote in 2003. To Seaman with her worldview shaped by New York City, the uptown feminists lived on the Upper West or East Side and joined the National Organization for Women (NOW), but downtown feminists were the "Mongol Horde radicals based in Greenwich Village." Alice Wolfson, a veteran of the civil rights, anti-war, and ban-the-bomb movements, knew a thing or two about radical activism, meanwhile, Seaman brought her connections to the "uptown" types and her skills and access as a writer-journalist. Together, and with

¹⁸⁷ The organization was later also known as the D.C. Women's Liberation/Welfare Rights Alliance. Wolfson split with D.C. Women's Liberation after she could not agree with the radical lesbian feminist separatism of some of the members. See Alice Wolfson, "Clenched Fist, Open Heart," 270-280; Watkins, *On the Pill*, 128-130.

¹⁸⁸ For an in-depth discussion of the Nelson Pill Hearings and aftermath, see Watkins, *On the Pill*, 103-131.

many allies, they would work to create a robust the women's health movement. Seaman later wrote that she believed social movements needed both moderate and radical branches to thrive.¹⁸⁹ Women's health issues including but beyond abortion rights became central to the work of feminists in the 1970s as works like the Boston Women's Health Book Collective's *Our Bodies, Ourselves* (1971) and essays concerning women's health in the *Sisterhood is Powerful Anthology* (1970) joined Seaman's work in creating the foundational literature of the women's health movement.¹⁹⁰

In a 1972 *New York Times* article, "Dear Injurious Physician," Barbara Seaman reflected on her path to activism. She recalled her harrowing experience with Noah and the fact that her third child was almost unnecessarily induced because the doctor wanted

¹⁸⁹ Barbara Seaman recounted her experience at the Nelson Pill Hearings and meeting Alice Wolfson in a number of sources. It is important to note that even in late January 1970, Seaman described herself as "sort of on the side of" women's liberation, but not a member of an organization or an activist. In the early 2000s, Seaman wrote about social movements, "The moderate feminists got nowhere much until the downtown feminists caused trouble, which made the demands of the uptowners appear to be reasonable." She also praised the work of militant feminists "toppling age-old customs" in *Free and Female* in the early 1970s, but she contended "women are different from men...our sexuality is both less and more...also, we are different reproductively." See Barbara Seaman, *The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth* (New York: Hyperion, 2003), 129-136; Watkins, *On the Pill*, 128-131; Yuncker, "Woman in the News: Barbara Seaman – A Reporter Finds a Cause"; Seaman, *Free and Female*, 18.

¹⁹⁰ Originally a 193-page, stapled booklet titled "Women and Their Bodies," *Our Bodies, Ourselves* was republished by the New England Free Press in 1971. Written by the Boston Women's Health Book Collective, the organization's website today states that the 1971 printing "[put] women's health in a radically new political and social context" and soon became a "underground success." This printing sold 225,000 copies largely by word of mouth. Seaman references the 1971 edition of *Our Bodies, Ourselves* in her work *Free and Female*. For a timeline of editions, see *Our Bodies, Ourselves*, "Our History: OBOS Timeline, 1969-Present," accessed December 1, 2020, <https://www.ourbodiesourselves.org/our-story/history/obos-timeline-1969-present/>. Health subjects discussed in *Sisterhood is Powerful* include women in medical professions, mental health, birth control, body odor, and female sexuality. See Robin Morgan, ed., *Sisterhood is Powerful*, 212, 219, 245, 257, 274.

to take a cruise. These experiences and her own research as a science, medicine, and health journalist brought Seaman to a career as a full-fledged health feminist. The events of the Nelson Pill Hearings helped mold her as a health activist. “Some women want to let their doctors do the worrying for them,” wrote Seaman, “But for those of us who don’t it has been extremely difficult to get honest health information.”¹⁹¹ Between news coverage, women’s magazines, her advice column with her husband, and her published investigative studies, Seaman reached American patients in their homes and public libraries throughout the 1970s and into the 1980s.¹⁹²

After the Nelson Hearings, Seaman completed the next two works in her “health trilogy”: *Free and Female: The New Sexual Role of Women* (1972) and *Women and the Crisis in Sex Hormones* (1977). Cowritten with then-husband Gideon Seaman, a psychiatrist, *Women and the Crisis in Sex Hormones* reported on the uses of sex hormones including the dangers of diethylstilbestrol, or DES, a synthetic estrogen given to women to prevent recurrent miscarriages that was later found to cause rare cancers in

¹⁹¹ Barbara Seaman, “Dear Injurious Physician,” *New York Times*, December 2, 1972.

¹⁹² Communications and media studies scholars have analyzed the role mass media, including women’s magazines, has played in informing the general public on issues of medicine, health, and science. In their study of the *New York Times* and the *Chicago Tribune*, D.C. Hallin et al. found that in the 1960s and 1970s public health officials from the FDA, WHO, and the Department of Health, Education, and Welfare were “extremely central” to health and medicine news. They also found that there was a “particularly large shift” in more critical reporting in health news stories during these years. Seaman was not only active as a health journalist in these years, she was frequently the subject of health reporting. Health feminists pushed to expand the definition of who is qualified to speak on issues of health and wellness. See Daniel C. Hallin, Marisa Brandt, and Charles L. Briggs, “Biomedicalization and the Public Sphere: Newspaper Coverage of Health and Medicine, 1960s-2000s,” *Social Science & Medicine* 96 (2013): 121-128; for a more on contemporary women’s magazines and health reporting as both “validating women’s bodies as worthy of attention while subjecting them to scrutiny,” see Amanda Hinnat, “The Cancer on Your Coffee Table,” *Feminist Media Studies* 9, no. 3 (2009): 317-333.

the children of women who took the drug and other serious side effects.¹⁹³ Dr. Seaman was one of the first psychiatrists to recognize the impact of the birth control pill on mental health and “widespread personality changes, including depression.”¹⁹⁴ During her career, Barbara Seaman wrote on a number of subjects including childbirth, cervical caps, selecting a gynecologist, women’s access to medical schools, and health policy. She recognized that many of the issues that concerned her, especially with the use of hormones, were interconnected. Her concerns over estrogen use and complications from some intrauterine devices, including the Dalkon Shield by the mid-1970s, encouraged her to endorse other non-hormonal contraceptives and she worked to inform women of their options in books, workshops, and interviews.¹⁹⁵

Seaman’s multi-issue strategy helped the movement gain traction, though she was often criticized by physicians who believed her to be interfering in their profession and pharmaceutical companies that resented her questioning their products. Her career in

¹⁹³ “In Memoriam: Barbara Seaman,” *off our backs* 37, no. 4 (2007): 15; Barbara Seaman and Gideon Seaman, “The Amazing Story of DES,” from *Women and the Crisis in Sex Hormones* (1977), excerpted in *Voices of the Women’s Health Movement: Volume Two*, ed. Barbara Seaman and Laura Eldridge (New York: Seven Stories Press, 2012), 249–256. DES was also used as an emergency contraceptive. See Seaman and Seaman, *Women and the Crisis in Sex Hormones* (New York: Rawson Associates Publishers, 1977), 40–42.

¹⁹⁴ Seaman and Seaman, *Women and the Crisis in Sex Hormones*, back flap.

¹⁹⁵ Seaman and Seaman, *Women and the Crisis in Sex Hormones*, 154–161; George Vecsey, “The Diaphragm is Regaining Acceptance Among Some Women,” *New York Times*, August 19, 1977; Judy Klemesrud, “Women and Their Doctors – The Sad and Cautionary Tales,” *New York Times*, May 7, 1974. Dr. Hugh J. Davis wrote a rousing introduction to *The Doctors’ Case Against the Pill* in 1969, but by the mid-1970s he was embroiled in the controversy around his interest in and promotion of the Dalkon Shield. Historian Elizabeth Watkins wrote Davis’ testimony about the dangers of the pill was “in part motivated by his interest in the Dalkon Shield, an intrauterine device he helped develop.” At the time of the hearings, Davis denied his financial stake in the IUD, which would be found to cause infections, sterility, and, in some cases, death. See Watkins, *On the Pill*, 157; Seaman, *The Doctors’ Case Against the Pill*, 25th anniversary edition, 9–11.

mainstream women's magazines slowed in the 1970s as she was dropped from women's magazines that could not afford to lose pharmaceutical company advertising revenue. Drug manufacturers and their advertising executives were wary of running ads in a magazine featuring critical editorial content and they expressed this to publishers.¹⁹⁶

While the press was often favorable towards Seaman, occasionally her scathing criticisms gave newspapers irresistible headlines that sparked backlash from the medical community. While promoting her work on female sexuality and women's health *Free and Female*, Seaman criticized gynecologists as having "puerile senses of humor, piggish attitudes toward their patients, and dollar signs where their hearts should be."¹⁹⁷ An August 1973 article by Michael Seiler of the *Los Angeles Times* on Seaman's critiques of gynecologists was republished in newspapers across the country, often with shocking headlines. "The Dirty Eddies Always End Up in Gynecology," reported the *Herald Republic* in Yakima, Washington. "Author belabors 'stupidity' of gynecologists," said the *World-News* of Roanoke, Virginia.¹⁹⁸ Dr. Boyd Cooper wrote into the *Los Angeles Times* to respond. He mocked Seaman's idea of women judging the competence of gynecologists through "health watches." "Imagine!" he wrote, "Legions of these braless women's liberationists stalking the medical centers of the U.S. setting up elaborate

¹⁹⁶ Seaman Additional Papers, Clipping from *Congressional Record* – Extensions of Remarks by Hon. Jerrod Nadler (D-NY), May 2, 1995. box 1, folder 1; Seaman, "The Story Behind This Book," *The Doctors' Case Against the Pill*, 25th anniversary edition, 5.

¹⁹⁷ Seaman Additional Papers, Michael Seiler, "Author Labels Gynecologists 'Piggish, Puerile,'" *Los Angeles Times*, August 8, 1973. For more on feminist writing on sexuality and mainstream sex and dating literature at this time, see Anna E. Ward, "Sex and the Me Decade: Sex and Dating Advice Literature of the 1970s," *Women's Studies Quarterly* 43, no. 3/4 (2015): 120-136.

¹⁹⁸ Seaman Additional Papers, Newspaper clippings from the *Pine Bluff Commercial*, August 10, 1973; *Roanoke World News*, August 15, 1973, box 1, folder 1.

bugging devices in the offices of gynecologists to determine the good, the bad, and the ugly.”¹⁹⁹ Some newspapers may have lambasted Seaman’s views, but her headlines meant that thousands of women across the country were reading critiques about misogyny and paternalism in gynecology.

Not all physicians resented Seaman’s critiques and practitioners were often vital allies of the health feminist agenda. In 1972, some gynecologists recognized that doctors patronized women and often failed to “really listen to their questions.” While Dr. S.B. Gusberg, then chief of obstetrics and gynecology at Mt. Sinai Hospital, recognized that doctors were “frequently remiss for not listening,” he did not necessarily see doctors’ behavior as a site for women’s health reform.²⁰⁰ Dr. Philip Corfman, the director of the Center for Population Control at the National Institutes of Health and a member of the FDA advisory committee that monitored the pill, respected the feminist protestors at the pill safety hearings and he became a longtime ally of the women’s health movement.²⁰¹ Though doctors’ reactions to health activism ranged from supportive to dismissive, Seaman’s career during these decades shows how the tools of the journalist’s trade were well-suited to advance health feminism across many platforms.

As she wrote on women’s health, made public appearances and attended women’s health movement events, Seaman developed a network of women’s health activists

¹⁹⁹ Letters to the Editor, *Los Angeles Times*, August 27, 1973.

²⁰⁰ Seaman Additional Papers, Beth Fallon, “Just What the Doctor Ordered – But Do You Need It?,” box 1, folder 3. For more on Seaman’s life and career, see Kelly O’Donnell, “The Political is Personal: Barbara Seaman and the History of the Women’s Health Movement” (PhD diss., Yale University, 2015) and Kelly O’Donnell, “Our Doctors, Ourselves: Barbara Seaman and Popular Health Feminism in the 1970s,” *Bulletin of the History of Medicine* 93, no. 4 (2019): 550-576.

²⁰¹ Seaman, *The Greatest Experiment Ever Performed on Women*, 136.

around the country from Boston to Los Angeles. Seaman met radical feminist psychologist and activist Phyllis Chesler as Chesler gave a lecture on the injustices against women in mental health care and psychiatric asylums. Chesler helped connect Seaman with the community of radical feminists in the Village and Seaman connected Chesler with lay activists who could be generally suspicious of or hesitant about clinicians.²⁰² Others wrote to Seaman and shared their work, as did feminist sociologist and women's health activist-scholar Pauline B. Bart in the early 1970s. Bart hoped Seaman and Chesler would come speak to her students in a "Sex Roles and Health" course. Bart was a faculty member at the University of Illinois College of Medicine in Chicago and also taught students outside of the school of medicine.²⁰³ Seaman, Bart, and Chesler would go on to be friends and fellow activists for decades. All three were Jewish women active in women's health issues.²⁰⁴

In 1974, Alice Wolfson, feminist health writer Belita Cowan, and Barbara Seaman began discuss the need for a national organization to "put forth a women's health agenda."²⁰⁵ In discussing next steps for women's health activism with Seaman, Cowan

²⁰² Phyllis Chesler, oral history interview with Leeat Granek, Psychology's Feminist Voices Oral History and Online Archive Project, New York, NY, September 6, 2006; Phyllis Chesler, *A Politically Incorrect Feminist: Creating a Movement with Bitches, Lunatics, Dykes, Prodigies, Warriors, and Wonder Women* (New York: St. Martin's Press, 2018), 75-77.

²⁰³ Letter to Barbara Seaman from Pauline B. Bart, September 27, 1972, box 1, folder 3, Pauline Bart Papers, David M. Rubenstein Rare Book and Manuscript Library, Duke University.

²⁰⁴ Chesler, Bart, and/or Seaman occasionally appeared at the same conferences or events in these years. For example, both Seaman and Bart were both featured speakers at a program called "Women and the Medical Mystique" in 1974 sponsored by the Southern Westchester NOW chapter. See "NOW to Educate Medical Consumer," *The Daily Item* (Port Chester, New York), March 22, 1974.

²⁰⁵ Wolfson, "Clenched Fist, Open Heart," 278-279.

told her “...we need to be the Ralph Naders now. We are ready. We’ve got to be there...” in Washington and become a “key player” in influencing national health policy.²⁰⁶

Coming together with radical feminist psychologist Phyllis Chesler and Dr. Mary Howell, the first woman dean at Harvard Medical School, Seaman, Cowan, and Wolfson founded the National Women’s Health Network as their vision of a multi-issue women’s health watchdog and lobbying organization in 1975.²⁰⁷ Originally called the National Women’s Health Lobby, the National Women’s Health Network (NWHN) was an organization which professionalized women’s health advocacy and brought health feminists into direct conversation with health policymakers.²⁰⁸ With the exception of Dr. Howell, all the NWHN founders were Jewish women.²⁰⁹ Supporters included patients, health professionals, and other feminist organizations. Intended to be the “action arm” of the women’s health movement and tasked with directly influencing health policy, the NWHN is still active today. Since its early years, the NWHN has not accepted financial support from pharmaceutical companies.²¹⁰ Reflecting on the creation of the NWHN, Phyllis Chesler wrote that it was Seaman’s “baby” and reflected her passion for women’s

²⁰⁶ Morgen, *Into Our Own Hands*, 29-30, 38-39.

²⁰⁷ “The National Women’s Health Network’s Founders,” *NWHN*, accessed November 12, 2017, <https://nwhn.org/nwhn-founders/>. Belita Cowan created *Her-Self*, a feminist health newspaper. In 1974, she was “invited to present her findings at a Senate hearing on DES [when used as an emergency contraceptive] and became the first women’s health activist ever to testify as an expert witness.” Dr. Howell was the first woman dean at Harvard Medical School, a pediatrician, and wrote on gender discrimination in medical education.

²⁰⁸ Morgen, *Into Our Own Hands*, 29–30; Mindy Greenside Hirschhorn, “Health Network Tackles Medicine,” *New Directions for Women* 7, no. 1 (1978): 4, 9.

²⁰⁹ Barbara Seaman, “Health Activism, American Feminist.”

²¹⁰ National Women’s Health Network, “NWHN History,” accessed December 1, 2020, <https://nwhn.org/nwnh-history/>; National Women’s Health Network, “Who We Are,” accessed April 1, 2021, <https://nwhn.org/who-we-are/>.

health as well as Seaman's skepticism towards the motives of drug companies. "Barbara always said that the women's health movement was the 'healthiest' part of the feminist movement," wrote Chesler in 2018, "This was her mantra and she clung to it."²¹¹

The NWHN's first public action was a protest of the Food and Drug Administration in December 1975 over concerns about estrogen containing drugs, complications, labeling, and informed consent. The NWHN organized a "memorial service" for women who had died from complications from the birth control pill, DES, and estrogen replacement therapies on the steps of the FDA as the agency considered whether or not to require package inserts in estrogenic drugs for menopause. Due in part to the work of the NWHN and feminist activists, in 1978 the "first comprehensive patient package insert was distributed to women using oral contraceptives and other estrogen-containing drugs."²¹² In addition to using protest as a strategy for change, members, activists, and leaders of the NWHN gave testimony on issues like national health insurance, sterilization, over-the-counter contraceptives, and sexually transmitted diseases. In 1977-1978 alone, representatives of the NWHN including Seaman gave testimony at a number of Senate and House subcommittee meetings, an FDA symposium, and health issue workshops and hearings of the Department of Health, Education, and Welfare (HEW). Throughout the 1970s and 1980s, the NWHN used a variety of tools to advance women's health reform and feminist revisions to health policy, including protest, giving testimony, submitting petitions, lawsuits, writing articles on women's health

²¹¹ Chesler, *A Politically Incorrect Feminist*, 76-77.

²¹² See Morgen, *Into Our Own Hands*, 29-30; National Women's Health Network, "Our History: The First FDA Protest (1975)." Activists found many of the earlier, brief inserts subpar.

issues, publishing and distributing their newsletter, and writing letters on specific health issues and pressing concerns to HEW, the FDA, and the National Institutes of Health.²¹³

Not only did the women's health movement provide a model for future health activism, movement leaders like Seaman actively advised younger activists on how to influence health policy and government agencies. Barbara Seaman's young daughters Elana and Shira often attended rallies and meetings with her. Seaman later wrote how after the 1975 FDA protest, Shira described it "glowingly" to her school friend Sandor (Sandy) Katz. "Many years later, when Sandy became a leader in ACT UP, he came to me for guidance on planning his own FDA demonstrations," recalled Seaman in the mid-1990s. HIV/AIDS activists and the organization ACT UP protested at the FDA over the lag in approval for HIV/AIDS medications.²¹⁴

"THE HISTORY-BEARING GROUP OF OUR TIME": BARBARA SEAMAN,
JEWISH TRADITION, AND HEALTH FEMINISM IN CONVERSATION

²¹³ Annual Progress Report, 1977-1978, National Women's Health Network Records, box 1, folder 1, Sophia Smith Collection, Smith College, Northampton, Mass.; Letter to Vincent T. DeVita, Jr., Director of National Cancer Institute from JoAnne Fisher, Chair of the Board of the National Women's Health Network, July 29, 1980, box 63, folder 1, National Women's Health Network Records.

²¹⁴ Women's studies and health activism scholar Lisa Diedrich argued that a great deal of "forgetting" surrounds the history of feminist health activism and AIDS activism, especially "the *forgetting of the intimate and effective relationship between the two*." See Seaman, "A Mother's Story," 121 and Shira Seaman, "A Daughter's Story," in *The Conversation Begins*, 135; National Women's Health Network, "Our History: The First FDA Protest (1975)"; Lisa Diedrich, "Doing Queer Love: Feminism, AIDS, and History," *Theoria: A Journal of Social and Political Theory* 112 (2007): 25-50, emphasis in Diedrich's original. For more on Katz and ACT UP, see Joe Wright, "Only Your Calamity: The Beginnings of Activism by and for People With AIDS," *American Journal of Public Health* 103, no. 10 (2013): 1788-1798; Michael A. Hallett, "Introduction: Activism and Marginalization in the AIDS Crisis," *Journal of Homosexuality* 32, no. 3-4 (1997): 1-16; and Burkhard Bilger, "Nature's Spoils," *The New Yorker*, July 21, 2014.

During the 1970s and 1980s, Seaman blended her health feminist work with her own perspective as a Jewish woman. From the mid-1970s forward, Seaman seemed much more comfortable connecting her health feminism and identity as a feminist Jewish woman on the public stage. As discussed previously, Jewish feminism flourished in the Seventies as Jewish women began to take on the patriarchal structures within Jewish religion and practice as well as sexism in American culture at large. In 1972, Sally Jane Priesand was ordained at Hebrew Union College-Jewish Institute of Religion in Cincinnati and became America's first woman rabbi. That same year, an organization of young Conservative Jewish women called Ezrat Nashim demanded the Rabbinical Assembly remove barriers to Jewish women's full participation in Jewish life and end the "second-class status" of Jewish woman. Their demands ranged from women's acceptance as members of the *minyan* to women's formal recognition as a witness before Jewish law and women's right to initiate divorce.²¹⁵ Seaman's conversations about Jewishness, feminism, and activism took place against the backdrop of these larger developments in American Jewish life. An analysis of Barbara Seaman's use of Jewish ritual texts and reflections on patriarchy in Judaism shows that Seaman herself was more frequently drawing public connections between her work as a health feminist, her personal history, and her experiences as an American Jewish woman in the mid-1970s and 1980s.

By the 1970s, many Jewish women identified more with cultural or secular Jewishness than Judaism itself. As discussed by historian Matthew Frye Jacobson, Jewish women in the feminist movement at this time were also increasingly drawn to immigrant Jewish history and discussions of Jewish distinctiveness. Though definitions of Jewish

²¹⁵ Sarna, *American Judaism*, 339-340.

identity and Jewishness were increasingly inclusive by the 1970s, the white ethnic revival seemed to inspire Jewish women to also discuss Jewishness in the context of ethnicity in America. Even Jewish women who helped shape the early years of second wave feminism and spoke of the centrality of womanhood as an overarching identity began to more openly discuss their Jewishness. Betty Friedan, for example, referenced traditional Judaism's views of women in her keynote speech for the Women's Strike in 1970.²¹⁶

In April 1975, the Conference on Women and Health at Harvard University brought nearly 2,500 women together to discuss the women's health movement and issues including patients' rights, abortion laws since 1973 the *Roe v. Wade* ruling, lesbian health care, maternity care, and violence against women.²¹⁷ In her conference presentation titled "Physician Heal Thyself," Seaman argued that the key issues of women's inequality were biological and reproductive issues rather than economic discrimination. "Men have always said that because our bodies are different, they are less, and they have used our biological differences to legitimate all other forms of discrimination," Seaman reflected. She recalled how her health feminist awakening took place at the annual meeting of the American Medical Colleges in 1969. She was dismayed to hear Dr. Frederick Robbins, a Nobel laureate, say that the "dangers of overpopulation are so great that we may have to use certain techniques of conception control that may entail considerable risk to the individual woman." After discussing the two recognizable channels in the women's health movement - those who worked to

²¹⁶ Matthew Frye Jacobson, *Roots Too*, 253-269.

²¹⁷ "Harvard Conference on Women and Health, 1975," overview and proceedings, *Our Bodies Ourselves* Blog, accessed November 12, 2017, <http://www.ourbodiesourselves.org/history/womens-health-movement/harvard-conference-on-women-and-health-1975/>.

reform American health care and those who established alternatives - Seaman called on health feminists to go farther and demand only women medical students, researchers, legislators, and international representatives have control over concerns related to reproduction. "This writer proposes that we extend the phrase 'abortion is no man's business' to 'reproduction is no man's business,'" she suggested.²¹⁸

In an unexpected turn, Seaman ended her presentation by characterizing feminist health activists as the inheritors of the age-old fight for liberation and discussing Passover. Her other published work rarely discussed Jewish themes or specifically Jewish concerns, but here she utilized Jewish teachings to discuss the need for women's health activism. "Feminists sense that we are the history-bearing group of our time," Seaman wrote, "And that it may fall to us to save our species." Seaman connected health feminism to the story of Jewish liberation and Exodus. She selected a passage from *Haggadah for the American Family* that read, "In every new age, some new freedom is won and established, adding to the advancement of human happiness and security. Yet, each age uncovers a formerly unrecognized servitude, requiring new liberation to set man's soul free." It is evident that Seaman saw bodily liberation as part of the "new freedom" to be won and medical paternalism as a "formerly unrecognized servitude."²¹⁹

Seaman's decision to liken feminist health liberation to the liberation of the Jewish people from slavery should not be taken lightly; it suggests her framing of social justice was influenced by her interpretation of Jewish teachings. Passover began in 1975

²¹⁸ Barbara Seaman, "Physician Heel Thyself" in Proceedings for the 1975 Conference on Women and Health, 25-27. Heel in original. Seaman may have intentionally used "heel" as in physicians should be brought to heel. In other writings she used the phrase "bringing medicine to heal." The proverb "physician, heal thyself" is used in Luke 4:23.

²¹⁹ Seaman, "Physician Heel Thyself," 26.

in late March, the Conference on Women and Health was held in early April. Seaman's attention to the Haggadah may have been a matter of timing or it could represent much more. As a ritual taking place in the home, the Passover seder and the message of the Haggadah would be a meaningful reference for even relatively secular Jews, but it would also have meaning for conference attendees who saw their liberation as within reach.

The Passover seder also held particular meaning to Jewish feminists in the 1970s as they revised the ritual into a "feminist seder" and created feminist *Haggadoth*.²²⁰ In 1975, the first feminist seder was organized in Haifa and psychology Phyllis Chesler met one of the organizers, Esther Broner, in Israel the same year. They decided to host a feminist seder in New York City the following year.²²¹ Feminist Jewish women were also organizing in New York City and the Jewish Feminist Organization held conferences there, though it is unclear whether Seaman participated.²²² With her connections to Chesler and other women active in Jewish feminist circles like Pauline Bart, it is likely that Seaman knew of these developments in Jewish feminism and the importance of Passover to feminist revisionings of Jewish practice at the time of her speech.²²³

²²⁰ Diner, *The Jews of the United States*, 356.

²²¹ Chesler, *A Politically Incorrect Feminist*, 151-152; Tamara Cohen, "Phyllis Chesler," *Jewish Women: A Comprehensive Historical Encyclopedia*, February 27, 2009, Jewish Women's Archive, <https://jwa.org/encyclopedia/article/chesler-phyllis>; Letty Pogrebin, "A Feminist Ritual of Liberation," *Daily News* (New York), April 3, 1988; Susan P. Fendrick, "The Why of Women's Seders," Accessed April 10, 2021, <https://ritualwell.org/ritual/why-women%E2%80%99s-seders>.

²²² Clipping of Sharon Lieberman, "JFO: Equal Rites," *Majority Report*, May 17, 1975, box P/P1, folder 5, Phyllis Chesler Papers, David M. Rubenstein Rare Book and Manuscript Library, Duke University.

²²³ Seaman also directly thanked Bart in her acknowledgements of the "Physician Heel Thyself" remarks.

Though she used a traditional Haggadah in her remarks, Seaman's use of the ritual's language in such a secular venue shows her publicly embracing her feminist and Jewish identities. Not only did she reference Exodus and liberation, she chose to quote directly from a Jewish text in order to underscore the importance of health feminism. The proceedings for the conference were compiled and saved for posterity as well as distribution. Seaman's identity as a Jewish woman in those proceedings is evident and her framing of social justice is a decidedly Jewish frame.

That same year, Seaman participated in an interview with author Leslie Tonner on the subject of the Jewish Princess. A blend of humor, biting satire, and a reclamation of the term Jewish Princess, Tonner's *Nothing But the Best* follows the story of generations of American Jewish women.²²⁴ Anthropologist and American Studies scholar Riv-Ellen Prell argued that throughout the 1970s, this brand of journalistic nonfiction considering Jewish Princesses was common, though by the 1980s Jewish feminists were widely condemning the stereotype as anti-Semitic and sexist.²²⁵ Yet Seaman's interview with Tonner reveals a different interpretation of the Jewish American Princess stereotype and a re-appropriation of the term to speak more of strength than of entitlement.

Tonner interviewed Seaman in order to understand just what a "liberated Jewish Princess" looked like, spoke like, and how she politicked. In this interview, Barbara Seaman, then 39 years old, told Tonner there were changes happening among young Jewish women due to the influence of feminism, though Judaism itself was misogynistic.

²²⁴ Leslie Tonner, *Nothing But the Best: The Luck of the Jewish Princess* (New York: Coward, McCann, & Geoghegan, 1975), xi, 19, 28.

²²⁵ Riv-Ellen Prell, *Fighting to Become American: Assimilation and the Trouble between Jewish Women and Jewish Men* (Boston: Beacon Press, 1999), 179, 185.

Seaman was ambivalent about Jewish women's strength and how to view it. "I think any strength they had came from hearing their grandfathers pray every day, thanking God they were not women," Seaman reflected.²²⁶ While it is unclear if Seaman was familiar with the *Birchot HaShachar* (morning blessings) from personal memories or from interacting with Jewish feminist thinkers and literature, she nonetheless referenced the growing Jewish feminist critique of patriarchy in Judaism.²²⁷ Years earlier, Betty Friedan referenced the same daily prayer from "the religion of [her] ancestors" in her speech for the Women's Strike of 1970. "Today, I feel, for the first time...absolutely sure that all women are going to be able to say, as I say tonight, 'Thank thee, Lord, that I was born a woman.'"²²⁸ The power of this prayer to influence American Jewish women's thinking about themselves, women in Jewish life, and gender relations in society is evident in these comments. Although neither activist was well known for being active in feminist revisions to Judaism itself, they still connected Jewish teachings, prayer, and feminism as they reflected on women's lives and experiences.²²⁹

It is difficult to know how religious Barbara Seaman felt or if her approach to Jewish observance changed as Jewish feminists pushed for greater equality in Jewish religious and community institutions. Though Barbara and Gideon Seaman married at the Stephen Wise Free Synagogue, it is unclear how active she or her family were in the

²²⁶ Tonner, *Nothing But the Best*, 180-184.

²²⁷ The *birchot hashachar* were "designed to thank God every day for all the benefits He gives to man in general, and to Jews in particular," according to Sefaria, a digital library and nonprofit dedicated to Jewish texts. Among those blessings were not being made a gentile and not being made a woman. See Sefaria, "Birkot Hashachar," accessed December 1, 2020, <https://www.sefaria.org/topics/birkot-hashachar?tab=sources>.

²²⁸ Jacobson, *Roots Too*, 258.

²²⁹ For more on religious Jewish feminism see Riv-Ellen Prell, ed., *Women Remaking American Judaism* (Detroit: Wayne State University Press, 2007).

Reform movement. Tonner recalled that the interview took place on Erev Yom Kippur and Seaman's daughter Elana was preparing to fast. That Seaman scheduled an interview during the High Holidays suggests she was not particularly observant. She seemed not to discourage religious observance in her family, but no one in the household fasted that year besides Elana. Then 14-years-old, Elana told Tonner that she chose to fast "not because I'm terribly Jewish but because I've never really known how hunger feels, what so many people go through all the time."²³⁰ Although Seaman did not observe Yom Kippur, she was interested in feminist Passover seders and took her daughters to them, as Shira recalled in a later autobiographical essay.²³¹ Seaman's religiosity these years seems to reflect a larger trend in the American Jewish community during last three decades of the twentieth century wherein many Jews lived mostly secular lives but also continued to celebrate certain holidays like Passover and create what historian Hasia Diner called "a bricolage of practices, old and new."²³²

Tonner's interview shared Seaman's thoughts about the public perception of political Jewish women, in particular. While Seaman described herself as a "deviant Jewish Princess" she felt her reputation for being militant was undeserved. "I don't understand that reaction," admitted Seaman, "My statements are not hostile. But I'm seen as a real militant feminist." She went on to say that many of her Jewish friends who were feminists and writers had strong public personas, but heckling bothered them too. Seaman did not elaborate on what heckling of Jewish feminists looked like in her experience, but she did say the characterizations of her as "super-militant" were confusing and hurtful.

²³⁰ Tonner, *Nothing but the Best*, 188–189.

²³¹ Shira Seaman, "A Daughter's Story," 135.

²³² Diner, *The Jews of the United States*, 305-306, 314-315.

“A friend of mine is so brave in public, so very tough,” observed Seaman, suggesting that feminists had to maintain a public persona of strength. Tonner’s profile is a glimpse into how Seaman understood herself as an American Jewish woman, a vocal-but-not-militant feminist, and the double-edged sword of “strength.” Ultimately, Seaman did not reject the notion that Jewish women, even those who identified as princesses, could be powerful political actors. She also had a circle of Jewish friends in the women’s movement, including Phyllis Chesler, Alice Wolfson, and Pauline Bart. Considering Seaman’s interview alongside her use of the Haggadah at the Harvard conference, it seems that Seaman drew feminist inspiration from Jewish teachings and in spite of them.

By the mid-1980s, the global reach of Barbara Seaman’s work was increasingly evident. In 1984, Nomi Sharron of *The Jerusalem Post* spoke to Seaman as she visited Israel for the first time. In her article, Sharron reported that excerpts from Seaman’s book *Free and Female: The New Sexual Role of Women* were featured in the anthology *Isha, Nashim, Nashi ’ut* (Woman, Women, Womanliness).²³³ According to Sharron, this was the first book of feminist theory published in Hebrew. Seaman’s health feminist message was becoming recognized as central to contemporary feminist thought throughout the world. Her work was translated into a number of languages and sold in Spain, Turkey, England, Holland, Japan, Germany, and in South America as well.²³⁴

²³³ In *Free and Female*, Seaman discusses sexuality and how to “liberate yourself from your gynecologist,” 156–201; Seaman Additional Papers, Nomi Sharron, “Jewish C-R,” *The Jerusalem Post*, February 26, 1984, box 1, folder 2.

²³⁴ Seaman Additional Papers, Seaman curriculum vitae, July 1974. For more on the international reach of the American women’s health movement and the development of women’s health movements abroad, see Meredith Turshen, *Women’s Health Movements: A Global Force for Change* (New York: Palgrave Macmillan, 2007).

In Sharron's article, aptly titled "Jewish C-R," Seaman began to speak more openly about her consciousness as a Jewish woman. C-R, or consciousness-raising, was a feminist practice of using small group sessions to explore the political facets of personal experiences. To the C-R group, personal identities and experiences mattered deeply to feminist political action.²³⁵ *The Jerusalem Post's* title indicated that the piece had dual meaning: Seaman's consciousness was informed by her Jewishness and Jewish women's consciousness as Jews in the feminist movement were increasingly being raised. "A feminist activist all her life," Sharron wrote, "[Seaman] also admits to a strong Jewish consciousness that has been a central influence in her life." Speaking to Sharron, Seaman expressed a connection between religion, patriarchy, and Jewish women's feminism.

When asked why she participated in Jewish feminist groups, Seaman replied, "Because there are special problems with Jewish men! Judaism is a patriarchal religion; my ancestors invented patriarchy, and it's painful."²³⁶ At this time, some Jewish feminists were challenging what historian Paula Hyman described as "trends within the American women's movement that in the best light revealed anti-Jewish biases and at worst were themselves expressions of anti-Semitism," including "the tendency of Christian feminists to blame Judaism for the birth and survival of patriarchy."²³⁷ In 1978, Jewish feminist theologian Judith Plaskow argued that the result of the myth that "the ancient Hebrews invented patriarchy" and that "feminism is turned into another weapon in the Christian

²³⁵ Rosen, *The World Split Open*, 196–201.

²³⁶ Sharron, "Jewish C-R."

²³⁷ Hyman, "Jewish Feminism Faces the American Women's Movement," 300–304.

anti-Judaic arsenal.”²³⁸ Though Seaman rarely spoke of Jewish religious observance, she used feminism to critique patriarchy within Judaism as well as in American society.

In the Sharron article, Seaman also addressed emerging tensions between Jewish and non-Jewish feminists. Seaman recognized the difficult position of many secular and religious Jewish feminists, especially after many other feminists supported a “Zionism is racism” resolution at the United Nations women’s conference in Mexico City in 1975 and, five years later, a Program of Action at the International Women’s Conference in Copenhagen that “called for the elimination of Zionism.” Many Jewish women also felt that the women’s movement required them to prioritize gender first and foremost, rather than emphasize other frameworks and experiences of difference. Jewish feminists spoke of the “erasure” of Jewish women as Jews in the feminist movement and they called for feminists to include anti-Semitism in conversations on racism.²³⁹ Women of color also criticized the dominance of white, middle-class perspectives and the prioritization of gender difference alone in the women’s movement in the 1970s and 1980s.²⁴⁰

Seaman admitted to feeling torn in the debates between Jewish and non-Jewish feminists. “As women, we are oppressed by Jewish men. At the same time, as Jews we

²³⁸ Judith Plaskow, “Christian Feminism and Anti-Judaism,” *CrossCurrents* 28, no. 3 (1978): 306. Plaskow and Annette Daum also wrote on this issue in *Lilith* 7 (1980) and their articles were later republished in *Nice Jewish Girls: A Lesbian Anthology*, edited by Evelyn Torton Beck (Trumansburg, NY: The Crossing Press, 1982).

²³⁹ Vivian J. Scheinmann, “Jewish Feminists Demand Equal Treatment,” *New Directions for Women* 10, no. 4 (1981): 5, 16. See chapters in this dissertation on Bart and Chesler for more discussion of anti-Semitism, Jewish erasure, and feminist circles.

²⁴⁰ Combahee River Collective Statement, 1977 in Keeanga-Yamahatta Taylor, *How We Get Free: Black Feminism and the Combahee River Collective* (Chicago: Haymarket Books, 2017), 15-27; Hyman, “Jewish Feminism Faces the American Women’s Movement,” 301-302; for more on Black and Chicana women’s feminist organizing, see Rosen, *The World Split Open*, 276-291.

are warring with non-Jewish feminists.”²⁴¹ The *Jerusalem Post* article shows Seaman speaking as a Jewish woman and as a health feminist author simultaneously.²⁴²

Consequently, to speak of Seaman’s contributions to women’s health without considering her Jewishness is to consider only a portion of her story, her motivations, and her world view. Though limited, Seaman’s public discussions of Jewish ideals of justice and the specific views of Jewish women in the feminist movement as Jews speaks to her own feelings of difference, despite her comfortable class position.

Barbara Seaman continued her health activist work throughout the 1980s and, as the result of personal struggles, took on the issue of domestic violence as a women’s health concern. In the late 1970s, Barbara and Gideon Seaman separated and divorced after he had an affair.²⁴³ Barbara Seaman quickly remarried.²⁴⁴ Her new husband became physically abusive and she struggled to leave the relationship. Seaman was eventually hospitalized after her husband broke her ankle. Her daughter Elana later reflected on these years and recounted how she struggled to reconcile her mother’s feminism and her

²⁴¹ Sharron, “Jewish C-R.” For Jewish feminists’ responses to “Zionism is racism,” see Antler, *Jewish Radical Feminism*, 315-348 and Hyman, “Jewish Feminism Faces the American Women’s Movement,” 303-304.

²⁴² For discussions of antisemitism in the feminist movement, see Letty Cottin Pogrebin, “Anti-Semitism in the Women’s Movement,” *Ms.*, June 1982, 45–72; Pogrebin recalled in *Deborah, Golda, and Me* (New York: Anchor Books, 1991), 203, that this was the only one of her articles that “won and lost friends and influenced people so dramatically that it could be called a cause celebre.”; and Irena Klepfisz, “Anti-Semitism in the Lesbian/Feminist Movement,” in *Nice Jewish Girls*, 45-51.

²⁴³ Gideon Seaman was having an affair with a patient, whom he later married. His psychiatry office was in the Seaman family apartment. Shira Seaman later wrote, “In spite of all the troubles that my parents had with each other, I always got the sense from my father that women were equal.” See Seaman, “A Mother’s Story,” 124 and Shira Seaman, “A Daughter’s Story,” 135.

²⁴⁴ Rabbi Judah Nadich officiated her second marriage. See “Barbara Seaman Rewed,” *New York Times*, April 19, 1982; Elana Seaman, “A Daughter’s Story,” 130-131.

experience as a battered woman. “The most painful time for me in my relationship with my mother was when she was split between those two worlds: advocating feminism but not living it in her relationship with my stepfather.”²⁴⁵ Domestic violence was a long-time concern of feminists and activists established shelters to aid women and children. By 1982, three hundred shelters and forty-eight state coalitions provided services to battered women.²⁴⁶ In 1984, the Family Violence Prevention and Services Act passed. Seaman’s struggles with domestic violence were not by any means an anomaly in American society and the Jewish community was also addressing the formerly-taboo issue of domestic abuse.²⁴⁷ Seaman divorced her abuser in 1990.²⁴⁸

In a 1996 book on feminist mothers and daughters, Elana and Barbara Seaman reflected their relationship in the 1980s. Seaman credited Elana with saving her life when she was “in thrall” with her abuser. Barbara Seaman wrote, “It nothing else, my personal traumas allowed me to continue demonstrating to my children how, if one understands that the personal is political, one can always ‘make lemonade’ out of lemons.” Seaman pointed to her expanded activism as the ‘lemonade.’” In the mid-1990s, she was affiliated with the Coalition for Family Justice and the Committee on Medical Response to Domestic Violence within the National Council on Women’s Health.²⁴⁹ Feminist beliefs did not (and do not) always protect women and men from becoming victims of domestic

²⁴⁵ See Elana Seaman, “A Daughter’s Story,” in *The Conversation Begins*, 130-131.

²⁴⁶ Rosen, *The World Split Open*, 186.

²⁴⁷ Gordon, *Feminism Unfinished*, 117-118. Susan Weidman Schneider, editor of Jewish feminist magazine *Lilith*, provided details of Jewish community resources for domestic violence survivors in her work. See Susan Weidman Schneider, *Jewish and Female: Choices and Changes for Our Lives Today* (New York: Simon and Schuster, 1984): 426-432; Debra Orenstein, “How Jewish Law Views Wife Beating,” *Lilith*, June 19, 1988.

²⁴⁸ Seaman, “A Mother’s Story,” 125.

²⁴⁹ Seaman, “A Mother’s Story,” in *The Conversation Begins*, 125.

violence, though in many cases domestic violence advocates came to their work through their own experiences. Once again, Barbara Seaman's personal experiences influenced her feminism and shaped her perspectives on women's health as a vital feminist issue.

Throughout her years as an activist, Barbara Seaman brought health feminism to patients, physicians, and senators alike. Seaman wrote on new treatments or technologies in women's health and what she saw as underdiscussed, understudied concerns. While Seaman's career as a health activist can be followed through her books, speeches, and articles, her own understandings of Jewish identity and Jewish political engagement are more difficult to trace. Seaman's fight for contraceptive safety, informed consent, and the founding of the NWHN has taken on almost a mythic quality in the history of women's health in the United States. However, these histories do not typically engage with Seaman as a Jewish woman in postwar America, despite evidence that her Jewishness was an important part of her identity. Her public discussions of identity often responded to issues facing Jewish women within the feminist movement or cultural depictions of Jewish women. It is evident that Seaman's relationship to feminist activism was informed and influenced by her position in the world as a Jewish woman.

MOTHER, PROPHET, AND STRATEGIST OF THE WOMEN'S HEALTH MOVEMENT

As a journalist-turned-activist, Barbara Seaman's skills with the written word allowed her to reach patients, practitioners, and health policymakers through articles and investigative nonfiction. Often appearing as the subject of newspaper articles herself, Seaman knew how to use humor, wit, and scathing criticisms to make a substantial feminist critique about women's health care in America. Central features of modern

health care including the right to informed consent, second opinions, and information about alternative treatment options were supported and advanced by women's health movement activists. Seaman's longtime defense of patients' rights, and her work sharing with women what their health rights were, helped women gain more power in the patient-practitioner relationship. Through the work of health feminists, women were increasingly seen as legitimate critics of American medical practice and culture. Though the revival of conservatism in the late 1970s and 1980s created substantial challenges for health feminism's goals, activists continued to advocate for increased health rights, health care access, and health literacy.

In 2000, Barbara Seaman reflected on the birth control pill and her continuing concerns about prescription safety. "The Pill and I have been going steady for 40 years, and I seem to have collected information about it that other old-timers either don't know or won't tell," she wrote.²⁵⁰ Upon her death in 2008, in memoriam articles discussing Seaman's influence appeared in *Ms.*, *The Women's Health Activist*, and *off our backs*. In the *Journal of Women's Health*, Cynthia Pearson, the executive director of the National Women's Health Network, wrote that "if [the women's health movement] had a specific mother, it was Barbara Seaman."²⁵¹ A little over a decade earlier, Gloria Steinem characterized Seaman as the "first prophet of the women's health movement."²⁵²

Publications like Seaman's *The Doctors' Case Against the Pill, Free and Female*, and *Women and the Crisis in Sex Hormones* brought health feminism into women's

²⁵⁰ Barbara Seaman, "The Pill and I: 40 Years On, the Relationship Remains Wary," *New York Times*, June 25, 2000.

²⁵¹ Seaman Additional Papers, Cynthia Pearson, "In Memoriam: Barbara Seaman, 1935-2008," *Journal of Women's Health* 17, no 6 (2008): 921, box 1, folder 7.

²⁵² Seaman, *The Doctors' Case Against the Pill*, 25th anniversary edition, cover.

homes, into gynecologists' offices, and the US Senate. Not only was she a prophet of the women's health movement, Seaman was one of its earliest and most successful strategists. Hailed by the early 1970s as the "Ralph Nader of the Women's Health Movement," Seaman used newspapers, women's magazines, network news, and public speaking to advance women's health reform and women's rights as health care consumers.²⁵³ She recognized the power in placing information about women's health and patients' rights directly into the hands of women. She also supported women aspiring to become physicians by advising them on what medical school would be like and sharing information about which programs were making it easier for medical students to take pregnancy leave.²⁵⁴ Seaman saw how women telling their own stories could help raise awareness about the prevalence of women's health issues like adverse side effects and the demeaning, dismissive attitudes of some doctors. In her work, Seaman showed the debates happening between medical specialists and researchers. She presented these physicians, and medicine by extension, as flawed and fallible, yet possibly redeemable. The voices of practitioners in her work were as diverse as the patient voices; some doctors showed their close-mindedness while others their dedication to respectful, patient-centered models of care. Seaman belonged to the forward-thinking group of women's activists in the 1970s who "took the reins of emerging media platforms and harnessed their potential for their own aims."²⁵⁵

²⁵³ Field Newspaper Syndicate, "Ralph Nader of Women's Health Movement"

²⁵⁴ Barbara Seaman and Gideon Seaman, "Your Mind, Your Heart [Column]: Career in Medical Field Can be Tough on Girls," *The Morning Call* (Allentown, Pennsylvania), November 30, 1971. The Seamans' advice column was run across a number of papers in the early 1970s.

²⁵⁵ Shelly Eversley and Michelle Habell-Pallan, "Introduction: The 1970s," *Women's Studies Quarterly* 43, no. 3/4 (2015): 26. Eversley and Pallan showed the diversity of

Seaman's personal expressions of Jewish identity can help historians think more deeply about the motivations of activists in the women's health movement. Though known for her health feminism first and foremost, Seaman's personal papers, speeches, and some interviews offer a glimpse into her sense of self as a Jew and an inheritor of a familial tradition of service and political engagement. In the 1970s, she was also a member of Jewish Women for Affirmative Action, listing this affiliation on her curriculum vitae and in various applications.²⁵⁶ Later in life, Seaman collaborated with Jewish Women's Archive on Jewish history projects. Connections to the Jewish community are evident throughout her life. Though this chapter revealed some of the connections between Seaman's Jewishness and her work as a feminist health activist, it is only a partial story of her perspectives on Jewish identity in the 1970s and 1980s. Like many of the feminist Jews interviewed by historian Joyce Antler, it seems that Seaman became increasingly interested in reflecting on Jewish identity and working with Jewish organizations as she aged.²⁵⁷

The written word was crucial to the spread of the feminist critique of medicine. In 1977, author-activist Claudia Dreifus wrote in her now-classic feminist health anthology *Seizing Our Bodies*, "It's as if [the women's health movement's] organizers travel the

feminist cultural productions in the 1970s from rock music to underground comics and writing science fiction. The authors argue that "...feminist cultural producers proved that by tapping the creative life force they could make visible their critiques of gendered power relations and share their imaginaries with or without the support of mainstream institutions."

²⁵⁶ Seaman Additional Papers, Seaman curriculum vitae, July 1974.

²⁵⁷ See Joyce Antler, *Jewish Radical Feminism: Voices from the Women's Liberation Movement* (New York: New York University Press, 2018) for the history of Jewishness and radical feminism, broadly defined.

country with a speculum in one hand and typewriter in the other.”²⁵⁸ Seaman exhibited the power of the typewriter in transforming American health care. As evidenced by Seaman’s lifetime of health feminism, Jewish women helped create a vigorous and adaptable women’s health movement as American medicine moved into the twenty-first century. Her interpretations of Jewish womanhood were also mutable, as she navigated new perspectives on Jewishness and tensions between Jewish and non-Jewish feminists. Undoubtedly, the women’s health movement was shaped in substantial ways by Jewish women who negotiated health politics through their own personal experiences as Jews and as feminists.

Barbara Seaman’s activism, defined by writing on a multitude of health issues, was a productive avenue for redefining women’s health care in the United States. The work of another journalist-turned-activist, Rose Kushner, shows how single-issue health activism could also have a substantial and long-lasting impact on women’s lives. Through her breast cancer activism, Rose Kushner came to define successful strategies of the patient-turned-expert. Both activists developed productive relationships with health care practitioners, medical researchers, and policymakers. Their strategies of health activism included engaging with multiple stakeholders within American health care. The women’s health movement was successful over the decades because it had multiple methods to enact change based, in part, on Seaman and Kushner’s examples. Rose Kushner’s life history not only helps us understand how the women’s health movement found inroads with the National Institutes of Health and established bastions of American

²⁵⁸ Claudia Dreifus in *Seizing Our Bodies: The Politics of Women’s Health* (New York: Vintage Books, 1977), xxix. Barbara Seaman contributed an essay to the anthology on the dangers of sex hormones.

medicine, it also reveals another example of the diversity of American Jewish identity in these years.

CHAPTER 3

“NO SLAB OF SILLY-PUTTY TO BE MANIPULATED”:

ROSE KUSHNER AND BREAST CANCER ACTIVISM

In 1975, journalist Rose Kushner recounted her experience urgently seeking information after discovering a lump in her breast the previous year. “With appointments scheduled, a glimmer of plans made, books to read, at least I had my forefinger in my own destiny,” she wrote in *Breast Cancer: A Personal History and an Investigative Report*. “I would be no slab of silly-putty to be manipulated helplessly by a pack of doctors.”²⁵⁹ Kushner’s conception of cancer patients’ rights echoed much of the rhetoric of the women’s health movement. Women, and all patients, had the right to medical knowledge, second opinions, and accessible health literature. In less than two decades, Rose Kushner redefined the role of the patient through her breast cancer activism and her activist techniques influenced generations of activists in a range of medical concerns. She not only told her own breast cancer story publicly; she studied the medical literature, challenged physicians and researchers at conferences and in letters, and continually called

²⁵⁹ Rose Kushner, *Breast Cancer: A Personal History and an Investigative Report* (New York: Harcourt Brace Jovanovich, 1975), 9.

for more research funding for breast cancer, the leading female cancer in the country.²⁶⁰ For many, Kushner came to define breast cancer activism in the late twentieth century. Rose Kushner's evolution from journalist to patient and patient activist to what could be called an "expert patient" represents how feminist health activism became increasingly ingrained in American health institutions during the late twentieth century.²⁶¹ By the late 1970s, Kushner was working with the National Cancer Institute (NCI) and testifying in congressional hearings as a lay woman and breast cancer patient advocate. In 1979 alone, it was estimated that more than 100,000 American women would be diagnosed with

²⁶⁰ Barron H. Lerner, *The Breast Cancer Wars: Fear, Hope, and the Pursuit of a Cure in Twentieth-Century America* (Oxford: Oxford University Press, 2001), 180; Rose Kushner, "Vital Support Still Lacking for Breast Cancer Patients," *New Directions for Women* 10, no. 4 (November/December 1981): 5, 1.

²⁶¹ Kushner's strategies for change would influence generations of health activists, including AIDS activists. Lerner, a historian-physician and public health scholar, wrote "Using techniques that AIDS activists would employ in succeeding decades, [Kushner] learned the literature and then aggressively challenged the knowledge of medical professionals." See Lerner, *The Breast Cancer Wars*, 180 and for more on tactics and AIDS activism, see M. Kent Jennings and Ellen Ann Andersen, "Support for Confrontational Tactics among AIDS Activists: A Study of Intra-Movement Division," *American Journal of Political Science* 40, no. 2 (1996): 311-334. The term "expert patient" is generally traced to the late 1990s and early 2000s and has a variety of definitions. Generally, it applies to a patient who is well informed about their condition, usually a chronic condition, and can be an active participant in their own disease management. Some expert patients act as educators to other patients with the condition or are active in research initiatives or guidelines. In this dissertation, I consider an expert patient to be an individual who has extensive knowledge of a condition or health concern, engages with the medical literature, or has developed a level of expertise including but beyond their own experience with a condition. Though it may be slightly anachronistic to refer to Kushner as an "expert patient" I believe she fits the general definition. Some sources use the term "patient-expert," but "expert patient" is more widely used and cannot not confused with other roles in the health care team. See N.J. Fox, K.J. Ward, A.J. O'Rourke, "The 'expert patient': empowerment or medical dominance? The case of weight loss, pharmaceutical drugs and the Internet," *Social Science & Medicine* 60 (2005): 1299-1309; Joanne Shaw and Mary Baker, "'Expert patient'—dream or nightmare?" *The BMJ* 328 (2004): 723-724; Louis-Philippe Boulet, "The Expert Patient and Chronic Respiratory Diseases," *Canadian Respiratory Journal* (2016): 1-6.

breast cancer.²⁶² By 1981, the estimate had risen to 110,000 new cases in the United States and the odds of an American woman dying from breast cancer had remained relatively unchanged for decades.²⁶³ Although a number of health activists chose to pursue alternative models of health care and medicine, others like Kushner saw the benefits of institutionalizing the methods and messages of feminist health activism at the National Institutes of Health (NIH) and the NCI. Kushner primarily worked and wrote alone, or with a partner as she did in the Breast Cancer Advisory Center, but the success of her efforts often depended on her ability to work closely with other activists in the women's health movement and non-activist professionals in the medical establishment. This flexible strategy helped the women's health movement gain greater reach in its feminist health messaging and built connections with health policymakers.

Both single-issue and multi-issue women's health groups interpreted women's frustrations with breast cancer care as indicative of systemic problems in the relationship between patients and physicians and the general marginalization of women's health concerns within American medicine. Polls from the 1970s suggest that Americans felt "a

²⁶² Anne S. Kasper, "Kushner Presses MDs on Breast Cancer," *New Directions for Women* 8, no. 4 (Autumn 1979): 8.

²⁶³ Kushner, "Vital Support Still Lacking for Breast Cancer Patients," 5, 18; Lerner, *Breast Cancer Wars*, 8; Robert A. Aronowitz, *Unnatural History: Breast Cancer and American Society* (Cambridge: Cambridge University Press, 2007), 2-3; U.S. Congress, House of Representatives, Joint Hearing before the Subcommittee on Health and Long-Term Care and the Task Force on Social Security and Women of the Select Committee on Aging, *Breast Cancer Detection: The Need for a Federal Response*, 99th Cong., 1st sess., 1-2 (1985) (Statement of Representative Mary Rose Oakar). In 1950, there were 22.2 breast cancer deaths per 100,000 women. By the mid-1980s, the was 22.8 per 100,000. This figured remained relatively unchanged until around 1990, when it began to decline.

complicated mix of admiration for and resentment of the medical profession.”²⁶⁴ This mix often played out in the press as activists, patients, and physicians voiced their perspectives on reforming American medicine. Organizations like the National Women’s Health Network (NWHN) and the Boston Women’s Health Book Collective (BWHBC) increasingly identified breast cancer as a major concern in the 1970s. Breast cancer politics, advances in treatments, and new studies about possible causes of breast cancer were covered in editions of the NWHN newsletter *The Network News* and breast cancer coverage consistently grew in each new edition of BWHBC’s *Our Bodies, Ourselves*. Despite her tendency to work as a “solo operator,” Kushner nonetheless collaborated with groups like the NWHN to share information about breast cancer, push for greater funding and support for breast cancer patients, and debate strategies for advancing the breast cancer cause.²⁶⁵ Looking towards the future of breast cancer activism and understanding the need for a dedicated movement on the issue, Kushner also mentored activists from larger organizations who had a particular interest in breast cancer advocacy.

Children of the Great Depression, Barbara Seaman and Rose Kushner were slightly older than many feminists in the women’s health cause. Generationally and professionally, Seaman and Kushner’s stories help reveal how Jewish women of their background negotiated feminist politics with Jewish cultural, secular, and religious self-understanding. Generally, their method of activism and feminist arguments were more moderate in tone and they often supported working with both alternative health centers

²⁶⁴ Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers* (Chapel Hill: University of North Carolina Press, 2016), 289. Tomes underscores that patient-consumer demands around issues of value and risk had precedent in the nineteenth and early twentieth centuries.

²⁶⁵ Lerner, *Breast Cancer Wars*, 258.

and established institutions. If they spoke of Jewish identity, it was often not centered in women's health writing, rather, they spoke more frequently in universalist terms.

Seaman's career of multi-issue health activism and Kushner's single-issue activism show how Jewish women had many perspectives on how best to enact change.

Rather than framing her Jewish identity in reference to subjects that were increasingly discussed in the 1960s like Holocaust remembrance or events in the State of Israel, Kushner's discussions of Jewishness often pointed towards her experience as a daughter of Jewish immigrants and her connection to Yiddish language and culture.²⁶⁶ Described by a fellow activist as "a dynamic combination of sensitivity, high intellect, and bravado," Rose Kushner boldly challenged physicians and demanded women's place in breast cancer treatment, politics, and research.²⁶⁷ In her public speaking and personal

²⁶⁶ There is a substantial coverage of Jewishness in the postwar period including Hasia R. Diner, *The Jews of the United States, 1654-2000* (Berkeley: University of California Press, 2004), 259-304, 321. Hasia Diner, Shira Kohn, and Rachel Kranson, eds., *A Jewish Feminine Mystique?: Jewish Women in Postwar America* (New Brunswick: Rutgers University Press, 2010) and Markus Krah, "Role Models or Foils for American Jews? *The Eternal Light*, Displaced Persons, and the Construction of Jewishness in Mid-Twentieth-Century America," *American Jewish History* 96, no. 4, (2010): 265-286; Deborah Dash Moore, ed., *American Jewish Identity Politics* (Ann Arbor: University of Michigan Press, 2008); and studies of Jewish self-hatred such as Susan A. Glenn, "The Vogue of Jewish Self-Hatred in Post-World War II America," *Jewish Social Studies* 12, no. 3 (2006): 95-136. Though American Jews were widely active in a number of political movements like labor rights and civil rights in the first half of the twentieth century, historians of Jewish American history have argued that after the Six-Day War in 1967, there was a notable "turning inward" in American Jewish activism. American Jews began to more widely concern themselves with Jewish community issues like support for the State of Israel, the needs of Soviet Jewry, and increased attention to Holocaust awareness and education rather than broader movements. Jewish women's activism in the feminist movement does not necessarily follow this pattern and many continued to be active in the feminist movement, though a number of Jewish feminists began to focus more expressly in these years on feminist revisions to Jewish religion and ritual rather than merely greater participation in religious spaces.

²⁶⁷ Rose Kushner Papers, 1913-1997, "Rose Kushner: Breast Cancer as a Personal and Political Issue," paper by Anne S. Kasper for Dr. Bernard Morgan, April 1983 and "Oral

letters, Rose Kushner often utilized Yiddish humor, phrases, and even her own interpretation of a Jewish mother to advance the breast cancer cause.²⁶⁸ Understanding Kushner's relationship to Jewish culture and her use of Yiddish in her health activist work expands our understanding of the cultures and traditions that helped advance the feminist women's health reform in the 1970s and 1980s.

"I WASN'T RAISED TO BE A JEWISH MOTHER": EAST BALTIMORE, YIDDISHKEIT, AND IMMIGRANT ROOTS SHAPE AN ACTIVIST

Viewing the life story of Rose Kushner, a journalist-turned-activist based in Kensington, Maryland, from the perspective of American Jewish history reveals nuanced connections between her experiences as a child of Jewish immigrants during the Great Depression and her approach to health activism decades later. It is a narrative of Jewish women's history that is closely tied to Yiddish language and the history of Jewish immigrant experiences and communities. Kushner's Jewishness had strong roots in Yiddish language, literature, and the Jewish press. Throughout her life, Yiddishkeit – translated as "Jewishness," but also interpreted as relating to a Jewish way of life as broadly defined by the manifestations of Jewish identity from religion to culture to food – shaped Kushner's sense of self and interactions with friends, fellow activists, and professional contacts.²⁶⁹ Though she eventually filled the role of an educated, suburban

History Interview and Partial Transcript by Anne Kasper," April 1983, MC 453, box 1, folder 2, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Massachusetts.

²⁶⁸ Lerner, *Breast Cancer Wars*, 177.

²⁶⁹ Writing about the interwar period, historian Jonathan D. Sarna discussed a increased interest in the Jewish community in a "Jewishness without Judaism," and the spread of beliefs that Jewishness could "thrive in America even in the absence of such standard components of religious life as synagogue attendance, ritual attendance, and Jewish education." Supporters of Jewish secularism advocated for Yiddish language (or Hebrew)

mother and wife, her perceptions of poverty, health, illness, and service were shaped by her years growing up in a Baltimore immigrant neighborhood. Kushner arrived at activism through her experiences as a patient, but she was drawn to publicly engaged work after witnessing her mother's chronic illness during the Great Depression. Despite her place of privilege by the 1970s, consideration of Rose Kushner's early years can help historians analyze the worldview of Jewish activists whose histories did not entirely fit the stereotypical qualities of liberal, middle-class feminism.²⁷⁰

In her unpublished memoir, "I Wasn't Raised to be a Jewish Mother," Kushner wrote that her parents were immigrants from Eastern Europe who struggled to support a family in East Baltimore. Rose Reherter was born in 1929, as many of Baltimore's Jews were leaving the impoverished, longtime immigrant enclave of East Baltimore for

and civilization as "the binding elements in Jewish life." See Sarna, *American Judaism: A History* (New Haven: Yale University Press, 2004), 223-227. For a range of definitions of Yiddishkeit, see "Yiddishkeit," *Orthodox Union Glossary*, The Orthodox Union, February 12, 2014, <https://www.ou.org/judaism-101/glossary/yiddishkeit/>. For a more humorous but still accurate definition of the inclusive nature of the term, see Stephanie Butnick, Liel Leibovitz, and Mark Oppenheimer, *The Newish Jewish Encyclopedia: From Abraham to Zabar's and Everything in Between* (Artisan: New York, 2019), 296. Butnick, et al., describe Yiddishkeit as "Whatever Jews do when we're being our Jewy selves, that is Yiddishkeit."

²⁷⁰ The early years of the second wave feminist movement are generally interpreted by historians to be dominated by white, middle class women. Jewish women are generally included within understood definitions of whiteness and are rarely included in analyses of ethnicity and second wave feminism. See Benita Roth, *Separate Roads to Feminism: Black, Chicana, and White Feminist Movements in America's Second Wave* (New York: Cambridge University Press, 2003), 2-3. Roth argued that the second wave "has to be understood as a group of feminisms...largely organized along racial/ethnic lines." See also Winifred Breines, *The Trouble Between Us: An Uneasy History of White and Black Women in the Feminist Movement* (Oxford: Oxford University Press, 2006); Antler discusses how some Jews felt "not quite white," in *Jewish Radical Feminism*, 198. The experiences of Jews of color are often overlooked in histories of Jewish feminists in the 1970s. See Antler, *Jewish Radical Feminism: Voices from the Women's Liberation Movement* (New York: New York University Press, 2018).

neighborhoods in the city's northwest. In the early 1930s, Kushner lived on the corner of Jefferson and Duncan streets near African-American families and played with Black girls in the neighborhood until her mother forbade her to play with non-Jewish children. By 1937, about 73,000 Jews lived in Baltimore.²⁷¹ Like many Russian Jews in the early twentieth century, Kushner's father Israel Rehert fled from Tsarist Russia to escape the draft. Kushner's maternal lineage was Lithuanian and her extended family held Yiddish culture and education in high regard. "I did not come from an illiterate family by any stretch of the imagination," Kushner recalled. "They just never managed to get around to learning English." Her father, a tailor, was anxious to learn English but he did not ensure an English education for his daughter. "I may be the only kid of my generation who flunked K-1, because I couldn't understand anything," Kushner wrote in 1988. "To this day, if I have to think of a fast phrase or description, the first words that pop into my mind are Yiddish words."²⁷² Her family's experience with poverty and illness shaped Kushner's view of service. During the last years of her sickly mother's life, Kushner saw visiting nurses and social workers coming to the family home.²⁷³ By the time she was ten, both of Kushner's parents had died. Fellow activist Anne S. Kasper recalled that Kushner "remembered these social workers very vividly" and later framed her activism as "being

²⁷¹ Kushner Papers, "'I Wasn't Raised to Be a Jewish Mother' Drafts of Partial Memoir," 1988, box 1, folder 3; Eric L. Goldstein and Deborah R. Weiner, *On Middle Ground: A History of the Jews of Baltimore* (Baltimore: Johns Hopkins University Press, 2018), 180.

²⁷² Kushner Papers, "'I Wasn't Raised to Be a Jewish Mother' Drafts of Partial Memoir," 1988, box 1, folder 3.

²⁷³ Kushner Papers, "Oral History Interview and Partial Transcript by Anne Kasper," April 1983, box 1, folder 2.

a social worker on behalf of breast cancer.”²⁷⁴ Poverty, illness, and the helping professions were linked in Kushner’s childhood experiences.

When her mother entered an “incurable home,” Kushner was put in the care of her aunt, “Tante Golde.” Yiddish literary culture was celebrated in her aunt’s home, especially the *Jewish Daily Forward* and Yiddish-language books. Kushner attended Hebrew lessons and went to the Workmen’s Circle—an immigrant fraternal organization—to learn Yiddish.²⁷⁵ In Baltimore, the Workmen’s Circle was not as vocally socialist as in New York and the Baltimore lodges tended to be active in Labor Zionist activities. The Baltimore branches of the Workmen’s Circle provided young Jews like Kushner with what historians Eric Goldstein and Deborah Weiner characterized as “a strong sense of Jewishness that also [was] in conversation with modern trends and ideas.”²⁷⁶ Years later, Kushner recalled to her friend Anne Kasper that she never learned to use a knife and fork as a child. “All the cutlery was in a jar, a mayonnaise jar or something. It was always soup anyhow, who ever had anything you had to cut?” Kushner remembered. “It was Depression time. My aunt would go buy soup bones and make a big soup with kasha. Virtually everything I ate, I ate with a spoon!”²⁷⁷ Reflecting in the late

²⁷⁴ Anne S. Kasper with Tania Ketenjian, in *Voices of the Women’s Health Movement, Volume II* (New York: Seven Stories Press, 2012), 237.

²⁷⁵ Kushner Papers, “Oral History Interview and Partial Transcript by Anne Kasper.”

²⁷⁶ Goldstein and Weiner, *On Middle Ground*, 159, 216. Workmen’s Circle members in other cities were often anti-Zionist.

²⁷⁷ Kushner Papers, “Rose Kushner,” paper by Anne S. Kasper, April 1983; “Oral History Interview and Partial Transcript by Anne Kasper.” Although Kushner does mention Jewish holidays in her books and letters, she noted in a letter in the late 1970s that she did not keep kosher. See Kushner Papers, Letter to “Phyllis” from Rose Kushner, August 31, 1977, box 37, folder 7. Based on the Kushner’s comments on writing fiction, Phyllis (last name not included in the letter) seemed interested in Kushner writing a form of autobiographical fiction.

1970s on her childhood and family, Kushner noted she was certainly not sheltered in her younger years. “[I] was orphaned and raised like a weed in the sidewalk cracks of East Baltimore,” she concluded.²⁷⁸

Though she aspired to be a physician, Kushner’s remaining family lacked the financial means to support her education and she took a series of jobs before coming to journalism. One of her first jobs was sewing buttons and repairing seams while still underage. In 1947, she began working in a Pavlovian lab with physiologist and psychologist W. Horsley Gantt at Johns Hopkins University School of Medicine. As a child, she lived near Johns Hopkins Hospital in Baltimore and was impressed by the white coats and stethoscopes of medical students.²⁷⁹ Though she started out completing chores and filing, she rose to be Dr. Gantt’s assistant, a position which encouraged her to write on medical subjects. During her time working with Dr. Gantt, Kushner took a leave of absence to join her brother Isaac in Europe, where he began working with Jewish refugees through the American Friends Service Committee after World War II. Volunteers who could speak English and Yiddish were desperately needed to help refugees, who included concentration camp survivors. Kushner worked with refugees for nearly a year.²⁸⁰ Rose Rehert married Harvey D. Kushner in 1951 and had three children, Gantt, Todd, and Lesley.²⁸¹

²⁷⁸ Kushner Papers, Letter to “Phyllis” from Rose Kushner, August 31, 1977, box 37, folder 7.

²⁷⁹ Kushner Papers, “Rose Kushner,” paper by Anne S. Kasper; “Oral History Interview and Partial Transcript by Anne Kasper.”

²⁸⁰ Kushner Papers, “‘I Wasn’t Raised to Be a Jewish Mother’ Drafts of Partial Memoir”; “Oral History Interview and Partial Transcript by Anne Kasper.”

²⁸¹ Rose Kushner Curriculum Vitae, c. 1985, box 113, folder 11, National Women's Health Network Records, Sophia Smith Collection, Smith College, Northampton, Mass.; Harold M. Glass, ed., *Who's Who in American Jewry* (Los Angeles: Standard Who's

From the late 1940s through the early 1960s, Kushner pursued pre-med coursework at Johns Hopkins, Baltimore Junior College, and Montgomery College. In the late 1960s, she trained in experimental psychology at the University of Maryland. However, when she graduated from the University of Maryland in 1972, her bachelor's degree was journalism. Well before completing her degree, Kushner wrote widely on a number of issues including the war in Vietnam and topics in science and medicine. In 1967, she was an accredited correspondent in South Vietnam for the *Baltimore Sun*.²⁸² Kushner found success in the Jewish press, too, writing on topics including tourism, health, and international issues.²⁸³ Her coverage of Jewish perspectives on abortion included a range of perspectives from Orthodox to Reform and rabbis to Jewish Planned Parenthood staffers. Cognizant of the complexity of the abortion debate, Kushner wrote the issue was of "vital importance to American Jews," especially since the development of a reliable pre-natal test for Tay-Sachs disease, a neurodegenerative genetic disorder that leads to blindness, paralysis, and death, often by the age of five years old. Incidence of Tay-Sachs was known to be significantly higher among people of Ashkenazi Jewish

Who, 1980), 281; Frederick N. Rasmussen, "Harvey D. Kushner, former head of a private consulting firm, has died," *Baltimore Sun*, August 8, 2017.

²⁸² Rose Kushner Curriculum Vitae, c. 1985.

²⁸³ Rose Kushner, "Jews in the Caribbean Islands," *The Wisconsin Jewish Chronicle*, July 18, 1974; Rose Kushner, "Abortion: Back before Congress," *The Wisconsin Jewish Chronicle*, July 6, 1974. In her reporting on the Caribbean tourism, Kushner included information on the history of Jews in the region. Showing some of the connection between American Jews and events in Israel, she wrote that the Kushners decided to visit the Netherland Antilles because, "Since the Yom Kippur War, we felt this was the only way we – in a small, personal way – could say thank you to Holland for her sacrifices in helping the United States to help Israel."

descent.²⁸⁴ “Many Jewish parents have chosen abortion when the examination has given the dread result,” reported Kushner.²⁸⁵

Writing for Jewish newspapers meant a great deal to Kushner, though she sometimes struggled to understand her desire to appear in Jewish papers. “Please don’t ask me why I’m knocking myself out to be in the Jewish press. I don’t understand it myself,” she admitted.²⁸⁶ She wrote a weekly column for the *Baltimore Jewish Times* and continued to tirelessly pitch work to the non-Jewish press as well.²⁸⁷ Soon, Kushner embraced an identity as a humorist. “The last thing the Jewish press needs, apparently, is another serious columnist. From here on, I’m a humorist,” she wrote a friend.²⁸⁸ She would later reimagine her skill as a humorist as a way to reach breast cancer patients. Historian Barron Lerner wrote that in order to connect with an audience, Kushner would “pepper her presentations with self-deprecating comments, characterizing herself as not a

²⁸⁴ The National Human Genome Research Institute reports “approximately one in every 27 Jews in the United States is a carrier of the Tay-Sachs disease gene.” See “About Tay-Sachs Disease,” Accessed March 7, 2021, <https://www.genome.gov/Genetic-Disorders/Tay-Sachs-Disease>.

²⁸⁵ Rose Kushner, “Abortion: Back before Congress,” *The Wisconsin Jewish Chronicle*, July 6, 1974. Jewish community organizations like the National Council of Jewish Women sponsored Tay-Sachs screening drives in the 1970s. This offers another perspective on how Jewish women participated in community health initiatives during these years. See Atlanta Section of the National Council of Jewish Women annual report 1974-1975, pages 29 and 39, box 1, folder 11, MSS 139, National Council of Jewish Women, Atlanta Section Records, The Cuba Family Archives for Southern Jewish History, The William Breman Jewish Heritage Museum, Atlanta, Georgia. These pages are cut from a longer pamphlet but in a folder labeled “annual and committee reports.”

²⁸⁶ Kushner Papers, Letter to “Bob” from Rose Kushner, February 18, 1974, box 8, folder 2.

²⁸⁷ Kushner Papers, Letter to Senator Gaylord Nelson, January 17, 1974 and Letter to Jerry Barach, *Cleveland Jewish News* editor, February 8, 1974, MC 453, box 8, folder 2. Kushner freelanced and appeared in the *Baltimore Sun*, *Washingtonian Magazine*, and other publications.

²⁸⁸ Kushner Papers, Letter to “Norm” from Rose Kushner, February 27, 1974, box 8, folder 2.

patient activist, but a ‘Yiddish humorist.’”²⁸⁹ Well into the 1970s, Kushner continued to use Yiddish phrases in her correspondence with personal friends as well as fellow Jews who were researchers at the National Cancer Institute, suggesting that, even after decades of acculturation, Yiddish was an active part of her life.²⁹⁰

PERSONAL HISTORIES & PATIENT POLITICS: ROSE KUSHNER BECOMES “MRS. BREAST CANCER”

Cancer, for much of its long and dreaded history, was rarely discussed in public or even within families impacted by one of the many related diseases included under the term “cancer.” Although the National Cancer Act of 1937 established the National Cancer Institute (NCI) as the federal government’s “principal agency for conducting research and training on the cause, diagnosis, and treatment of cancer,” it was not until the 1970s that a federal “war on cancer” was declared.²⁹¹ After decades of advocacy and

²⁸⁹ Lerner, “No Shrinking Violet,” 363.

²⁹⁰ Kushner Papers, Letter to Marvin Schneidermann from Rose Kushner, March 8, 1975, box 8, folder 7. In discussing studies that suggested the location of breast cancer in the right or left breast was the opposite of a husband’s left- or right-handedness (for example, a woman with a breast cancer in the right breast would likely have a left-handed husband, as was the case for President Ford and Betty Ford), Kushner wrote Schneidermann, “Yes, I know the left hand right hand business is a bubbe meisse. It was strictly comic relief. No one would believe that... or would they? Veh is mir!” Emphasis in original. *Bubbe meisse* (lit. “grandmother’s fable”) is akin to an old wives’ tale. *Veh is mir* translates to “Woe is me.” Kushner would also use the Yiddish interjection *nu* in her writing. A multipurpose word, *nu* could mean “So?” or “And?” or “So what?” depending on context. It is unknown if using Yiddish helped Kushner build closer relationships with Jewish medical researchers, activists, or physicians. Historian Barron Lerner recounts Kushner challenging a doctor who questioned her journalistic integrity in late 1975. Writing to a “Dr. Greenberg,” and joking about the incident, Kushner asked, “Nu, what can I do?” See Lerner, *Breast Cancer Wars*, 181. For more on handedness and what Kushner called, “a funny side of breast cancer epidemiology,” and conversations about correlation and causation, see Kushner, *Breast Cancer*, 90.

²⁹¹ “National Cancer Act of 1937” and “National Cancer Act of 1971,” from *NCI Overview: History*, National Cancer Institute, <https://www.cancer.gov/about-nci/overview/history>. Accessed February 10, 2021.

political maneuvering by longtime health activist-philanthropist Mary Lasker and the American Cancer Society (ACS), her partner in the “cancer crusade” pediatric pathologist Sidney Farber, and allies in Congress, the National Cancer Act of 1971 authorized a “flood of money” for cancer research and control. For 1972, \$400 million. For 1973, \$500 million and \$600 million for 1974.²⁹² A compromise from the initial bill proposing an independent National Cancer Authority, the National Cancer Act of 1971 was somewhat disappointing to Lasker, Farber, and the experts on the Commission on the Conquest of Cancer had proposed the creation of an independent cancer agency akin to a “NASA for cancer,” as described by oncologist and science writer Siddhartha Mukherjee.²⁹³ With the National Cancer Act, the war against cancer was officially a federal concern, though women’s health activists would soon discover they would have to fight for patients’ voices to be included in the fight.²⁹⁴

²⁹² Siddhartha Mukherjee, *The Emperor of All Maladies: A Biography of Cancer* (Fourth Estate: London, 2011), 188. For more on the work of Lasker and Farber on the “cancer crusade” from the 1950s forward, see 107-126, 171-189. Lerner also discusses the role of the American Cancer Society, Lasker, and the methods of the ACS in *The Breast Cancer Wars*, Chapter 3, “Inventing a Curable Disease: Breast Cancer Control after World War II,” 41-68. Breast cancer surgeon George Crile, Jr. was particularly critical of campaigns that exploited the public’s fear of cancer. “Those responsible for telling the public about cancer have chosen to use the weapon of fear,” he wrote in *Life* magazine in 1955. For more on metaphors of illness, see Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978).

²⁹³ Mukherjee, *The Emperor of All Maladies*, 183-184.

²⁹⁴ The historiography of breast cancer includes monographs on breast cancer alone as well as works that are concerned with the treatment of cancer generally in American history. Even Kushner’s work provided a general history of breast cancer since ancient times. Although the primary actors in recent historical studies of breast cancer are physicians, researchers, and breast surgeons, activists like Kushner and Reach to Recovery founder Terese Lasser are often included as is the American Cancer Society. Work on breast cancer generally has an overarching theme in addition to the interest in the medical, social, and cultural factors in the diagnosis and treatment of breast cancer. For example, Lerner’s *The Breast Cancer Wars* also considers the use militaristic metaphors in the “fight” or “war” against breast cancer. Aronowitz’s *Unnatural History*

The funding and creation of a National Cancer Program that included the National Cancer Institute, other research institutes, federal and non-federal programs was a substantial achievement and step forward in envisioning cancer as an issue requiring both a medical and a political response. The act also required a creation of an eighteen-member National Cancer Advisory Board (NCAB) appointed by the president and a three-member President's Cancer Panel (PCP). The NCAB would "advise and assist" the NCI director with regards to the National Cancer Program and could hold hearings or take testimony should it prove necessary to investigate the programs and activities of the program.²⁹⁵ For Nixon, who was facing the coming election in 1972 and the unpopular war in Vietnam, the cancer bill represented a much-needed victory. This was not open-ended scientific funding; it was support for a war to be won. In the early 1970s, cancer had officially emerged onto the public stage in films, novels, news coverage, debates about funding, and even in the women's movement.²⁹⁶ Feminist activists took their own

discusses changing ideas about risk. Another approach is to focus expressly on certain diagnostic tools, treatment options like chemotherapy, or even products related to breast cancer. A number of these works are cited in this chapter. Recently published work outside of the historical profession often blends the history of breast cancer with personal experience. See also Barron Lerner, "'To See Today with the Eyes of Tomorrow': A History of Screening Mammography," *Canadian Bulletin of Medical History* 20, no. 2 (2003): 299-321; Sharon Batt, *Patient No More: The Politics of Breast Cancer* (Charlottesville, Canada: Gynergy Books, 1994); James S. Olson, *Bathsheba's Breast: Women, Cancer and History* (Baltimore: Johns Hopkins University Press, 2002); Kirsten E. Gardner, "Hiding the Scars: A History of Post Mastectomy Breast Prostheses, 1945-2000," *Enterprise and Society* 1, no. 3 (2000): 565-590; and Kate Pickert, *Radical: The Science, Culture, and History of Breast Cancer in America* (New York: Little, Brown Spark, 2019).

²⁹⁵ "National Cancer Act of 1971," from *NCI Overview: History*, National Cancer Institute, <https://www.cancer.gov/about-nci/overview/history/national-cancer-act-1971>. Accessed February 10, 2021.

²⁹⁶ Nixon was skeptical of open-ended scientific funding and the "war on cancer" suited his interest in seemingly achievable aims, especially against the background of the quagmire of Vietnam. Oncologist-historian Siddhartha Mukherjee summarizes Nixon as,

approach to cancer activism, often centered on patients' rights, informed consent, and challenging physician's medical, social, and cultural authority.

Though reproductive rights, childbirth, and health education dominated health feminism in the early years, by the mid-1970s breast cancer became more widely discussed after high profile women like First Lady Betty Ford, Second Lady Happy Rockefeller, and former child star Shirley Temple Black shared their experiences with the disease.²⁹⁷ The use of new therapies and less extensive breast surgeries had expanded. Historian-physician Robert A. Aronowitz argued that these changes, "raised women's expectations and decreased fear of treatment."²⁹⁸ For many activists across a range of health conditions and diseases, their desire to participate in health reform came from their own experiences as a patient. Rose Kushner was interested in medicine well before her diagnosis of breast cancer and wrote about topics like Jewish medical ethics and abortion.²⁹⁹ With her diagnosis in 1974, her writing largely shifted to breast cancer awareness, education, treatments, and research. Although Kushner was not the first

"Impatient, aggressive, and goal-driven, the president, Richard Milhous Nixon, was inherently partial to inpatient, aggressive, and goal-driven projects." For Nixon's approach to science and the cancer bill, see Mukherjee, 180-188. Barron Lerner also discussed the passage of the National Cancer Act of 1971 in *The Breast Cancer Wars*, 202-203. See also Peter N. Carroll, *It Seemed Like Nothing Happened: The Tragedy and the Promise of America in the 1970s* (New York: Holt, Rinehart and Winston, 1982), 235-237.

²⁹⁷ Lerner, *The Breast Cancer Wars*, 170. See also Janet R. Osuch, Kami Silk, et al., "A Historical Perspective on Breast Cancer Activism in the United States: From Education and Support to Partnership in Scientific Research," *Journal of Women's Health* 21, no. 3 (2012): 356-357.

²⁹⁸ Aronowitz, *Unnatural History*, 237.

²⁹⁹ Kushner, "Abortion: Back Before Congress."

woman to become a breast cancer advocate, she grew to be one of the most dominant voices for choice and patients' rights in cancer care.³⁰⁰

Following her own diagnosis and treatment, Kushner wrote on breast cancer for the *Washington Post*, wrote investigative nonfiction, and appeared on radio programs. Kushner's 1974 article, "Breast Cancer Surgery," in the *Post* extensively considered the controversy surrounding the Halsted radical mastectomy. Supporting alternatives to the Halsted radical mastectomy surgery was one of Kushner's major health reform goals. A "treatment of choice for breast cancer" since the early twentieth century and still recommended in the 1970s, the Halsted radical mastectomy has been described as a "drastic procedure" by historians.³⁰¹ Designed by Dr. William Halsted, a professor of surgery at Johns Hopkins School of Medicine, to stop the spread of breast cancer through aggressive surgical intervention, a Halsted radical mastectomy would remove the breast, underlying tissues, pectoral muscles, and axillary lymph nodes located in the underarm. Succinctly summarized as a surgery that removed "everything between a woman's skin and the bones of her rib cage," the Halsted radical mastectomy was disfiguring and left

³⁰⁰ Lerner, *Breast Cancer Wars*, 142-144, 150-154. Believing women could support one another after mastectomy, Terese Lasser founded Reach to Recovery in the mid-1950s. The program worked with post-mastectomy patients and discussed the psychological impacts of losing a breast, arm exercises, where to purchase a "falsie," and other concerns. It eventually became part of the American Cancer Society's programs. Writer Babette Rosmond, author of the memoir *The Invisible Worm*, also helped women learn about breast cancer in the early 1970s. Breast cancer memoirs continued to be written in the 1970s and 1980s, including Audre Lorde's influential work *The Cancer Journals*, published in 1980. For more on the genre of published breast cancer narratives by patients as an "alternative medical discourse," see Judith Rosenbaum, "Whose Bodies? Whose Selves? A History of American Women's Health Activism, 1968-Present" (PhD diss., Brown University, 2004), 205-274.

³⁰¹ Barron H. Lerner, "No Shrinking Violet: Rose Kushner and the Rise of American Breast Cancer Activism," *Western Journal of Medicine* 174, no. 5 (May 2001): 362.

patients with “some permanent disability in the affected arm.” By the 1970s, many surgeons believed that even with the extensive nature of the Halsted radical mastectomy, the survival rate was similar to those patients who received a modified radical mastectomy that left the pectoral muscles intact.³⁰² Dr. Oliver Cope, a surgeon interviewed in the 1974 documentary *Taking Our Bodies Back: The Women’s Health Movement*, described the radical mastectomy as “one-hundred percent mutilation.”³⁰³ After carefully explaining the surgical options in her 1974 article, Kushner concluded with an argument that echoed the rhetoric of the women’s health movement. “What we want from the doctors are the alternatives, their dangers, and the risks involved,” Kushner wrote. She hoped to provide women the information they needed to live longer and make informed decisions about cancer care.³⁰⁴

Kushner’s concurrent reform goal was the elimination of one-step mastectomy procedures, also described as a “one-stage, biopsy-mastectomy procedure,” wherein a patient would be anesthetized, the tumor biopsied, and immediately removed if the tumor proved malignant.³⁰⁵ To Kushner, what was so egregious in a one-step procedure was the lack of women’s agency and ability to decide on treatment options in her own time. “In most instances, a woman going to sleep for a simple biopsy does not know whether she

³⁰² Rose Kushner, “Breast Cancer Surgery,” *Washington Post*, October 6, 1974; Rose Kushner, *If You’ve Thought About Breast Cancer...* (Kensington, Maryland: Women’s Breast Cancer Advisory Center, 1990), 25. Lerner, *Breast Cancer Wars*, 3-6. Halsted reported his findings that extensive mastectomy could result in longer lives for women than less invasive surgeries in the 1890s.

³⁰³ *Taking Our Bodies Back: The Women’s Health Movement*, directed by Margaret Lazarus, Renner Wunderlich (Cambridge Documentary Films 1974). For more on Cope, see Wolfgang Saxon, “Oliver Cope, 91, a Top Surgeon Who Was a Harvard Professor,” *New York Times*, May 3, 1994.

³⁰⁴ Kushner, “Breast Cancer Surgery,” *Washington Post*, October 6, 1974.

³⁰⁵ Kushner, *Breast Cancer*, chapters 1, 10, and 14.

will wake up with two breasts or one,” summarized Kushner in her book *Breast Cancer: A Personal History and an Investigative Report* in 1975.³⁰⁶ Doctors both applauded and critiqued Kushner’s call for “freedom of choice” in breast cancer treatment.³⁰⁷ She defended the separation between biopsy and mastectomy on feminist terms. “The patient can do some research into the various alternatives and decide for herself what she wants to do about the tumor. While anything short of a mastectomy is considered very risky, why should the doctor, husband, father, brother, or whoever make the choice?” Kushner asked, after explaining her own struggles to find a doctor who would follow her wishes. “It is, after all, the woman’s life—not someone else’s.”³⁰⁸

Published nearly a year after her “Breast Cancer Surgery” article in the *Washington Post*, Kushner’s *Breast Cancer: A Personal History and an Investigative Report* spoke directly to women, and potentially men, who sought accessible, intelligible information about breast cancer as a medical and societal concern. Presented in the first person perspective like many health feminist publications, Kushner retold her experience finding the lump in her breast, seeking information on breast cancer treatments for herself at the public library and the library of the National Institutes of Health, and her fight to find physicians and breast cancer surgeons who would respect her desire for a two-step procedure and a modified radical mastectomy. The only work on breast cancer at the public library in her town was Dr. George Crile, Jr.’s *What Women Should Know About*

³⁰⁶ Kushner, *Breast Cancer*, 12.

³⁰⁷ Kushner, *Breast Cancer*, 168–180. By the early 1970s, Dr. George Crile, Jr. was an advocate for “separating diagnostic biopsy from operative treatment of cancer of the breast” and wrote on breast cancer for women readers. See also Lerner, “No Shrinking Violet,” 362–363.

³⁰⁸ Kushner, *Breast Cancer*, 13.

the Breast Cancer Controversy published in 1973.³⁰⁹ Crile, an American surgeon who decided to “go public” in the 1950s about his doubts concerning early and aggressive cancer surgery, appeared in media interviews and wrote magazine articles as well as books directed at patients to help them understand their options in cancer surgery.³¹⁰ Though Crile was certainly not the only critic of the widespread use of the Halsted radical mastectomy into the 1970s, the defenders of the Halsted were nonetheless firmly entrenched in the United States.³¹¹

In *Breast Cancer*, Rose Kushner did much more than outline what she learned before she chose to have a modified mastectomy performed by Dr. Thomas Dao of the Roswell Park Memorial Institute in Buffalo, New York. Blending research in medical journals with interviews she conducted with breast cancer researchers and surgeons working in the United States, the United Kingdom, Holland, the Soviet Union, and more, she guided readers through questions like “What is cancer?” and “Who is the most at risk to develop breast cancer?” in a conversational tone. She reached back to Egyptian medical papyri on breast cancer, traced historical understandings of cancer treatment through the work of Herodotus and Hippocrates, and addressed common myths about how cancer develops. Kushner also addressed concerns linking estrogens, oral

³⁰⁹ Kushner, *Breast Cancer*, 10; See George Crile, Jr., *What Women Should Know About the Breast Cancer Controversy* (New York: Macmillan Publishing Company, 1973).

³¹⁰ See Lerner, *Breast Cancer Wars*, 102-105, 1976-179. Citing the studies that noted the similarity in survival rates between patients who received a radical mastectomy versus a simple mastectomy or other treatment, Crile entirely stopped performing the Halsted radical mastectomy in 1955.

³¹¹ Barron Lerner writes of a 1968 survey of 8,970 United States physicians who treated breast cancer in *Breast Cancer Wars*. Of those surveyed, 68.3 percent reported their patients received a radical mastectomy. In the late 1960s, the “most vocal advocate” of “breast conservation therapies” including the use of radiotherapy was Dr. Vera Peters. See Lerner, *Breast Cancer Wars*, 132.

contraceptives, and breast cancer. She stressed the importance of early detection, breast self-examinations (BSE), and mammography and walked potential patients through information about chemotherapy, radiotherapy, and the psychological aspects of the breast cancer experience. Kushner also gave patients a practical guide to defending informed consent in cancer care and offered a draft of a document for surgeons to countersign recognizing the patient's desire for a two-step procedure.³¹² She even recounted how she tried to contact President Ford the evening before First Lady Betty Ford was scheduled for a mastectomy at the Bethesda Naval Hospital to encourage them to embrace a two-step procedure and work with a breast cancer specialist, not a general surgeon. After finally getting through on the phone to one of Ford's speech writers, Kushner was told, "I am sorry, Mrs. Kushner. The President has made his decision." True to form, Kushner argued it was not actually the President's decision to make.³¹³ In his foreword to *Breast Cancer*, Dr. Dao wrote, "Every woman in the United States should read this book."³¹⁴

Though some doctors and breast cancer researchers supported Rose Kushner's variety of health activism, many initially regarded her work with doubt. Dr. Vincent M. Iovine of the George Washington University Medical Center represented the brand of ambivalence with which physicians initially regarded breast cancer activism. After praising her 1974 *Washington Post* article as "one of the best articles" on breast cancer treatment options, Iovine argued that the two-step procedure could be more dangerous

³¹² Kushner, *Breast Cancer*, chapters 1-4, 12-13.

³¹³ Kushner, *Breast Cancer*, 283-285.

³¹⁴ Kushner, *Breast Cancer*, xii-xiii.

than Kushner implied.³¹⁵ Some medical professionals saw patient activism as an “assault on medicine,” and the sanctity of the patient-physician relationship.³¹⁶ Women readers, on the other hand, praised Kushner’s article for placing more power in the hands of patients. Elizabeth S. Jordan wrote, “I think it’s time people (particularly women, since they are so at the mercy of the male-dominated medical profession) began exercising their own educated intellects for making the life-death decisions physicians have for so long arbitrarily assumed for themselves.”³¹⁷ Reflecting on the 1970s decades later, women’s health activist and author Barbara Seaman recalled asking physician and endocrinology researcher Dr. Robert B. Greenblatt why so many prominent surgeons were resistant to reconsidering their use of the Halsted radical mastectomy. Greenblatt replied that, in his view, William Halsted trained a generation of academic surgeons at Johns Hopkins School of Medicine who then went on to train another generation of surgeons at great institutions. “It’s like patricide for [these surgeons] to support Ms. Kushner and go against radical mastectomy,” concluded Greenblatt.³¹⁸

One doctor described Kushner’s book as “a piece of garbage” and many were shocked Kushner would criticize them in such an aggressive, public manner. Yet, *Breast Cancer* sold 22,000 copies and went on to have multiple updated editions throughout the 1970s and early 1980s, all with the most recent information in breast cancer treatment, research, and politics. The American Cancer Society took offense at Kushner’s criticisms

³¹⁵ Letter to the editor by Vincent M. Iovine, MD, *Washington Post*, October 15, 1974.

³¹⁶ John C. Burnham, *Health Care in America: A History* (Baltimore: Johns Hopkins University Press, 2015), 407.

³¹⁷ Letter to the editor by Elizabeth S. Jordan, *Washington Post*, October 15, 1974.

³¹⁸ Barbara Seaman, *The Greatest Experiment Ever Performed on Women: Exploding the Estrogen Myth* (New York: Hyperion, 2003), 70.

of the Reach to Recovery program created by Terese Lasser in the 1950s and its emphasis on post-mastectomy rehabilitation rather than pre-operative support for treatment alternatives to extensive surgery.³¹⁹ Reader responses to Kushner's articles, books, and speeches show that women and their doctors had divergent ideas about who should make treatment decisions and where patients should turn to access health information.

Kushner's health activism was built on the debates within medicine as well as health feminism's concepts of empowered patienthood and bodily autonomy. She also worked to reduce the stigma around discussing breast cancer. She developed relationships with doctors and surgeons who agreed the Halsted surgery was outdated and challenged those who were resistant to change. Her diverse platforms for the breast cancer message helped her reach thousands of women and reports on her work appeared in newspapers around the world from the East Coast of the United States to Montana and from Hawaii to Sydney, Australia. Breast cancer became one of the issues addressed in the classroom and in the clinic, as universities began to offer courses on women and health in women's studies programs and health science departments.³²⁰ Kushner revised *Breast Cancer* and published the updated edition in 1977 with as *Why Me?: What Every Woman Should Know About Breast Cancer to Save Her Life* so women could purchase the book and read it in public without feeling ashamed. By this time, Kushner realized women were deeply in denial about breast cancer when women revealed to her that they would not want to be

³¹⁹ Lerner, *Breast Cancer Wars*, 178-180.

³²⁰ Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger Publishers, 1978), 218-219; Judy Flander, "Rose Kushner Made Her Own Decisions About Breast Cancer," *The Missoulian* (Missoula, Montana), September 4, 1975; "Some Books to Give at Christmas," *Sydney Morning Herald* (Sydney, Australia), December 18, 1975; "Fighting for Her Life," *Honolulu Star-Bulletin*, October 12, 1975.

seen with a book titled *Breast Cancer*. “I put another jacket on it so I could read it on the subway,” one woman told her. Kushner recognized that she would have to deal more directly with the impact of breast cancer on mental health in her publications.³²¹

Despite her analysis of male chauvinism and breast cancer politics in her books and essays, Kushner had a complex relationship with the women’s health movement, especially with those radical feminists who theorized that mastectomy was a means by which men could “mutilate” women.³²² Writer Dorothy Shinder argued in the early 1970s that men suffer “breast envy” and surgeons promoted radical mastectomies which were “cruel, mutilating treatments” by design.³²³ Gloria Steinem made similar arguments about mastectomies and mutilation in 1974. Kushner purposefully distanced herself from these views; she did not believe doctors were sadistic, though they could be stubborn and overzealous. “In all the research I have done and the conversations I have had, I did not find any suggestion whatever of such a sadistic conspiracy in the present situation where amputation of a breast is the best first treatment,” she wrote, “But other kinds of male chauvinism? Plenty!”³²⁴

Although Kushner had her doubts about breast envy and mutilation, she certainly analyzed the impact of gender and sexism on the treatment of breast cancer. Kushner located the male chauvinism in the politics of breast cancer, ranging from the 97 percent male membership of the American College of Surgeons and widespread support for radical breast surgeries to the overwhelming male dominance at the American Cancer

³²¹ Kushner, *Why Me?*, xiii.

³²² Kushner, *Breast Cancer*, 25, 273-289.

³²³ Ruzek, *The Women’s Health Movement*, 96.

³²⁴ Kushner, *Breast Cancer*, 289.

Society and the National Cancer Institute. “Nowhere is male domination more evident than during the short interval in which the decision is made about the mastectomy – because we patients are usually unconscious!” she argued about the one-step procedure standard. Kushner also noted the significant delay in funding and support for breast cancer research as opposed to the significant funds appropriated for the “mostly masculine” disease of lung cancer in the 1950s and 1960s.³²⁵ Throughout her work, Kushner explained how gender bias appeared not only in the power dynamic between patient and physician, but also in funding in research and health education.

In her writing, Kushner paid close attention to class, region, and economic position as impacting cancer care. She underscored that regional differences also mattered a great deal to a patient’s options and the amount of pressure the women’s movement and consumer movement could place on surgeons to change their opinions. She recognized how rural women or women in “one-doctor towns” often had to accept the care they could access.³²⁶ Just as Kushner’s vicinity to the National Institutes of Health, comfortable economic position, and educational background shaped her breast cancer experience, so would a rural woman’s experience be shaped by region, economics, class, and race. She also traced the complex meanings of breasts in society, culture, and women’s self-understanding. Kushner’s work discussed how breasts were connected to ideas about fertility, motherhood, sexuality, and even advertising. Rather than minimize women’s worries about losing their sexuality and attractiveness, she underscored that

³²⁵ Kushner, *Breast Cancer*, Chapter 14.

³²⁶ Rose Kushner, “The Politics of Breast Cancer,” in Claudia Dreifus, ed., *Seizing Our Bodies* (New York: Vintage, 1977), 189.

even a “liberated woman” could fear losing her sex appeal after mastectomy, though she often spoke in terms of heterosexual relationships exclusively.³²⁷

Despite her critiques of more radical theories, her work reflected the core values of health feminism. She emphasized the importance of the women’s movement and the consumer rights movement as foregrounding the rights of patients in the fight against cancer.³²⁸ At the center of her work, Kushner saw access to health information as a women’s rights issue and a patients’ rights concern.³²⁹ Following the publication of *Breast Cancer* in 1975, Rose Kushner founded the Breast Cancer Advisory Center (BCAC) in Maryland to help answer the hundreds of inquiries she received from readers asking about breast cancer symptoms, referrals, and developments in breast cancer treatment. The hotline number was advertised in mainstream and feminist newspapers.³³⁰ Some letters were simply addressed to “Mrs. Breast Cancer, Kensington, Maryland.”³³¹

³²⁷ Kushner, *Breast Cancer*, 273-275. Kushner’s work most often focused on heterosexual women. Published in 1980, Audre Lorde’s *The Cancer Journals* reflected on her own experience with breast cancer and mastectomy as a Black lesbian feminist. In recounting a conversation with a Reach to Recovery volunteer about sexuality after mastectomy, Lorde recalled thinking, “What is it like to be making love to a woman and have only one breast brushing against her?” and “How will we fit so perfectly together ever again?” See Audre Lorde, *The Cancer Journals*, Penguins Classics Edition (New York: Penguin Books, 2020): 35, 48-57. Lorde had a number of critiques for what she called, “Cancer, Inc.”

³²⁸ Lea Zeldin, “Breast Cancer Patients Value Their Options,” *The Capital Times* (Madison, WI), November 22, 1976.

³²⁹ The fact that in May 1976, the Department of Health, Education, and Welfare sponsored a national symposium on patients’ rights in health care represents how widely recognized calls for patients’ rights had become by the mid-1970s. See U.S. Department of Health, Education, and Welfare, *Proceedings: National Symposium on Patients’ Rights in Health Care* (Washington, D.C.: GPO, 1976).

³³⁰ “Hotline for Cancer Lists Number,” *Washington Post*, February 19, 1976.

³³¹ Lerner, *Breast Cancer Wars*, 178.

Although the *Washington Post*, the *Baltimore Sun*, and other outlets covered Kushner's activist work, the Jewish press was more likely to describe her as one of the many Jewish women who suffered higher rates of breast cancer. The Jewish press was sensitive to the increased rate of breast cancer among women in their readership and framed their coverage in this way. In 1976, the National Council of Jewish Women Cincinnati branch co-sponsored a talk by Kushner on breast cancer and advertised it in *The American Israelite*.³³² In 1982, the *St. Louis Jewish Light* reported on Kushner's work and framed the activist as a Jewish woman who was "not simply a statistic" of the Jewish community's heightened risk.³³³

Notably, Kushner rarely centered her own experience as a Jewish woman while writing on cancer in articles or other outlets. In her discussion of trends in breast cancer among different ethnic groups in *Breast Cancer*, she self-identified as Jewish and noted knowing that Jewish women of her background have a higher risk than some other ethnic groups. However, the majority of the chapter is about many ethnicities, races, and religions including Christian and Muslim women, Hindu women, Parsi women, Japanese-American women, North African Jewish women, and Black women and white women in America from different socio-economic classes.³³⁴ Such careful discussions of ethnicity and breast cancer risk were necessary, especially considering the fact that, at this time, white women of European backgrounds were more likely to develop breast cancer, but

³³² "Author to Speak of Breast Cancer," *The American Israelite*, September 23, 1976.

³³³ Carol B. Lundgren, "Author Describes Recovery From Breast Cancer Surgery," *St. Louis Jewish Light*, June 16, 1982.

³³⁴ Kushner, *Breast Cancer*, 75-83, 90-92.

Black women who were diagnosed with it were more likely to die of it.³³⁵ Ashkenazi Jewish roots were important to Kushner's own risk assessment and the Jewish community's experience, but the discussion of the rights of breast cancer patients in her work was intentionally more universal and her writing covered a wide variety of religious, ethnic, racial, and class-based factors in breast cancer risk despite the work's autobiographical frame.

Though perhaps frustrating to multi-issue activists who worked to address the many women's health concerns of these decades, Kushner's single-mindedness is what made her such an effective breast cancer advocate in Washington and one of the most visible activists within the women's health movement. In 1977, Kushner believed that a "wave of flexibility swept through the medical profession regarding the treatment of minimal breast cancer" and women were on a path to more equitable treatment. Patients had not convinced physicians to perform "unsafe procedures," argued Kushner, rather, patient pressure had sent practitioners "back to their books and classrooms to learn more about the biology of breast cancer."³³⁶ The use of the Halsted radical mastectomy had declined significantly in the second half of the Seventies. In 1974, 46,000 Halsted radical mastectomies had been performed. Five years later, only 17,000 were reported.³³⁷

³³⁵ Sandra Morgen, *Into Our Own Hands: The Women's Health Movement, 1969-1990* (New Brunswick: Rutgers University Press, 2002), 144. Black health activists like Byllye Avery and others emphasized this distinction and worked to create women's health organizations tailored to the Black community. These organizations fought health inequities and medical racism while encouraging greater health education and resources in their communities.

³³⁶ Kushner, "The Politics of Breast Cancer," in *Seizing Our Bodies*, 187.

³³⁷ Lerner, *Breast Cancer Surgery*, 223.

Changes in medical science, patient activism, and treatment options such as chemotherapy had changed the breast surgery landscape.

In June 1979, the National Cancer Institute of the National Institutes of Health held a consensus conference titled “The Treatment of Primary Breast Cancer: Management of Local Disease,” in part to consider the NCI’s position on the use of the Halsted radical mastectomy. Not only had surgical options and therapies expanded since the development of the Halsted, scientific understanding of how breast cancer spread had also evolved. Preliminary data from in randomized controlled trials by breast cancer researchers Bernard Fisher and Umberto Veronesi indicated that there was “no survival advantage to the radical mastectomy.”³³⁸ This seemed to confirm what Halsted sceptics George Crile, Jr. and others had observed in their own clinics. In 1968, Fisher, along with his pathologist brother Edwin, had suggested a new biological model of breast cancer that argued that cancers “reached the bloodstream quickly, usually disseminating throughout the body before they were discovered.”³³⁹ Randomized controlled trials comparing the survival rates of patients receiving a “radical mastectomy alone, total mastectomy with radiotherapy, or total mastectomy alone” indicated that the Halsted radical mastectomy’s logic of controlling spread through “as much local control as possible” did not hold.³⁴⁰ Long-term survival seemed to depend more on “the ability of the immune system and adjuvant chemotherapy to eliminate disease throughout the body” than it did on extensive, local surgery.³⁴¹

³³⁸ Lerner, *Breast Cancer Wars*, 225.

³³⁹ Lerner, *Breast Cancer Wars*, 135-136.

³⁴⁰ Lerner, *Breast Cancer Wars*, 226.

³⁴¹ Lerner, *Breast Cancer Wars*, 226.

On June 5, 1979, the ten-person NIH panel “officially abolished” the one-step Halsted radical mastectomy as standard procedure. Chaired by oncologist John Moxley III, the panel also included Fisher, Veronesi, Kushner, surgeon Jerome Urban, and radiation oncologist Samuel Hellman.³⁴² Kushner was the only woman and nonphysician on the panel.³⁴³ After significant lobbying from Kushner, the committee also included a statement promoting a two-step operation rather than the one step biopsy-mastectomy.³⁴⁴ Psychological studies had shown that two-step procedures reduced the “emotional suffering” of patients who received an unexpected mastectomy and also offered patients opportunities to explore additional treatment options.³⁴⁵ Anne S. Kasper, a member of the National Women’s Health Network and the health editor of the feminist newspaper *New Directions for Women*, reported that the meeting was a “startling experience” and Kushner spoke “eloquently on behalf of the medical and psychological needs of women who face breast cancer.”³⁴⁶ Ultimately, the panel concluded that a “total (simple) mastectomy with axillary dissection” should be the standard treatment for stage I and stage II breast cancer.³⁴⁷ The United States had finally joined Canada and Europe in officially turning away from the Halsted radical mastectomy.

The defense of informed consent and a patient’s right to second opinions were confirmed at the end of the 1970s by physicians and politicians alike. In May 1979, the

³⁴² Lerner, *Breast Cancer Wars*, 224-227.

³⁴³ Kasper, “Kushner Presses MDs on Breast Cancer,” 8.

³⁴⁴ Lerner, *Breast Cancer Wars*, 224-227.

³⁴⁵ Kushner, *If You’ve Thought About Breast Cancer...*, 16-18. Kushner recounts this history in her pamphlet for women facing breast cancer. The pamphlet was first written in the late 1970s.

³⁴⁶ Kasper, “Kushner Presses MDs on Breast Cancer,” 8.

³⁴⁷ Lerner, *Breast Cancer Wars*, 227.

state of Massachusetts had passed a “informed decision” law that required physicians tell new breast cancer patients about treatment options beyond mastectomy alone.³⁴⁸ Due in part to her sustained critique, the one-step Halsted radical mastectomy was “finally abandoned” by the majority of surgeons.³⁴⁹ Though Kushner also acknowledged that some women did not want to be involved in treatment decision-making and defended their right to support a one-stage procedure, she believed that the two-step procedure allowed women and surgeons alike to make more informed decisions about breast cancer treatment options. For Kushner and other breast cancer activists, choice was a central theme of their work and continued to be as the women’s health movement moved into another decade.

FROM OUTSIDER TO “A FULL-FLEDGED PART OF THE ESTABLISHMENT”: KUSHNER HELPS INSTITUTIONALIZE FEMINIST HEALTH ACTIVISM

In the 1980s, Rose Kushner continued to reimagine and expand the role of the patient. During the previous decade, Kushner placed quality, accessible information about breast cancer in the hands of patients and she helped bring debates between surgeons about the wisdom of the one-step Halsted radical mastectomy into public spaces. Her work with the NIH consensus panel and the American Cancer Society, indicated that she had gained access to the established pillars of breast cancer research and public health education, despite previous disagreements and differences of opinion.³⁵⁰ As her life as a patient-activist continued into the 1980s, Kushner updated

³⁴⁸ Kushner, *If You’ve Thought About Breast Cancer...*, 16-18.

³⁴⁹ Barron H. Lerner, “Ill Patient, Public Activist: Rose Kushner’s Attack on Breast Cancer Chemotherapy,” *Bulletin of the History of Medicine* 81, no. 1 (2007): 224.

³⁵⁰ Rose Kushner, *If You’ve Thought About Breast Cancer...*, 2.

versions of *Breast Cancer*, wrote articles, gave lectures, and directed the Breast Cancer Advisory Center. Kushner walked callers, readers, letter writers, and politicians through developments in mammography screening, chemotherapy, recommendations for higher risk women, and concerning research connecting diethylstilbestrol (DES) and breast cancer.³⁵¹ In May 1980, President Jimmy Carter appointed Kushner to the National Cancer Advisory Board. “A maverick no more, I’m a full-fledged member of the Establishment,” she joked.³⁵² Shaping her work during this decade was another change in her own breast cancer story: the discovery of a stage IV subdermal metastasis in her left breast, diagnosed nearly eight years to the day after her first breast cancer diagnosis.³⁵³ Concerned by toxicity of aggressive chemotherapy, Kushner decided to treat her “potentially incurable” recurrence with tamoxifen, an antiestrogen compound.³⁵⁴

Even with her new found belonging in the “establishment” Kushner consistently supported the messaging of health feminism and worked closely with multi-issue feminist health organizations like the National Women’s Health Network. During these years, the women’s health movement as a whole continued to widen its concerns and move well

³⁵¹ Kushner, *Why Me?*, xiii-xxiii. By the mid-1980s, Kushner concluded that DES caused her breast cancer. “I think my cancer was caused by taking DES to prevent miscarriages. Fortunately, the baby I took it with did not live longer than three weeks. So, I am a DES mother with no DES offspring,” she testified in a 1985. Kushner’s full testimony is in Select Committee on Aging, *Breast Cancer Detection: The Need for a Federal Response*, 99th Cong., 1st sess, 67-74 (1985) (Statement of Rose Kushner, Director of Breast Cancer Advisory Center).

³⁵² Lerner, *Breast Cancer Wars*, 227. See Chapter 2 of this dissertation for more on DES.

³⁵³ Rose Kushner, “Is Aggressive Adjuvant Chemotherapy the Halsted Radical of the ‘80s?,” *CA-A: Cancer Journal for Clinicians* 34, no. 6 (1984): 345, 347-348. For an analysis of chemotherapy and conflict of interest complexities, see Lerner, “Ill Patient: Public Activist,” (2007). See also Kushner, *Alternatives*, 24-35.

³⁵⁴ Kushner, “Is Aggressive Adjuvant Chemotherapy the Halsted Radical of the ‘80s?”; Lerner, “Ill Patient, Public Activist,” 231.

beyond the reproductive health issues that dominated the early years of the movement. Issues like Black women's health, breast cancer, lesbian health needs, and HIV/AIDS gained more coverage in feminist health publications and new organizations emerged to meet the challenges of a new decade. Despite conservative hostility to expanded women's health rights and the Reagan administration's significant cuts in domestic spending and support for state and local level preventative health programs and health services, feminist interpretations of patients' rights and models of care gained ground at the National Institutes of Health, the National Cancer Institute, in medical education, and in proposed patients' rights bills at the federal and state level.³⁵⁵

Though HIV/AIDS is a frequent focus of historical considerations of patient activism in the 1980s, breast cancer activists in these years also refined their lobbying strategies and pushed for a federal response to breast cancer. In 1985, after years of what journalist Philip Boffey described as Reagan's "public indifference to the AIDS crisis," federal funding for AIDS research increased from \$103 million the year before to \$205 million. Congress appropriated more funds for AIDS research than Reagan requested in 1986, despite White House claims that their spending levels were "enough" and working within the "limits imposed by budgetary restraints."³⁵⁶ These same years, breast cancer

³⁵⁵ Morgen, *Into Our Own Hands*, 67-69, 143-144, 181-185.

³⁵⁶ Philip Boffey, "Reagan Defends Financing for AIDS," *New York Times*, September 18, 1985; Gil Troy, *Morning in America: How Ronald Reagan Invented the 1980s* (Princeton: Princeton University Press, 2005), 201-202. See also Joe Wright, "Only Your Calamity: The Beginnings of Activism by and for People With AIDS," *American Journal of Public Health* 103, no. 10 (2013): 1788-1798; Michael A. Hallett, "Introduction: Activism and Marginalization in the AIDS Crisis," *Journal of Homosexuality* 32, no. 3-4 (1997): 1-16; James T. Patterson, *Restless Giant: The United States from Watergate to Bush v. Gore* (Oxford: Oxford University Press, 2005), 179-185; John D'Emilio and Estelle B. Freedman, *Intimate Matters: A History of Sexuality in America*, third edition, (Chicago: University of Chicago Press, 2012), 354-361; and Katie Batza, *Before AIDS:*

activists and allies on Congress continued to push for a greater federal response to breast cancer. In October 1985, hearings on federal responses to issues in breast cancer screening costs and accessibility recognized the seriousness of the AIDS crisis but also the significant extent of breast cancer in the United States. Ohio Congresswoman Mary Rose Oakar characterized breast cancer as a “national tragedy” that, at that time, affected six times more people than AIDS, a disease that Oakar was also “very concerned” about.³⁵⁷ For Kushner, breast cancer remained her central concern of the 1980s and she continued to refine breast cancer politics throughout the decade.

As executive director of the Breast Cancer Advisory Center and in her roles within the cancer “establishment,” Kushner advanced the reach of the women’s health movement as she developed new theories about where breast cancer activists should focus their efforts. Continuing work she began in the 1970s, she had worked as a patient advocate and consultant for the NCI’s Breast Cancer Working Group of the Office of

Gay Health Politics in the 1970s (Philadelphia: University of Pennsylvania Press, 2018). Many historians point the 1985 as a turning point for Reagan’s public recognition of the AIDS crisis, as this was the year his friend and fellow actor Rock Hudson died of AIDS. Patterson notes that Reagan had only mentioned AIDS once publicly before 1985. See Patterson, *Restless Giant*, 179.

³⁵⁷ U.S. Congress, House of Representatives, Select Committee on Aging, *Breast Cancer Detection: The Need for a Federal Response*, 99th Cong., 1st sess., 1985, 1-2. Many activists in the women’s health movement felt that women were “ignored in defining and treating AIDS.” Progressive groups like the Health Policy Advisory Center purposefully centered women with AIDS in their reporting on the issue in the late 1980s. See “AIDS: Where Have All the Women Gone?” and “In Their Own Voices: Women with AIDS Tell Their Stories,” in Health Policy Advisory Center, *Health/PAC Bulletin* 19, no 4 (Winter 1989): 2-18 and Kimberly Christensen, “Vessels, Vectors, and Vulnerability: Women in the U.S. HIV/AIDS Epidemic,” in Karen L. Baird with Dana-Ain Davis and Kimberly Christensen, *Beyond Reproduction: Women’s Health, Activism, and Public Policy* (Madison, NJ: Fairleigh Dickinson University Press, 2009), 54-76; and Lisa Diedrich, “Doing Queer Love: Feminism, AIDS, and History,” *Theoria: A Journal of Social and Political Theory* 112 (2007): 25-50.

Cancer Communications and as a consultant to the Breast Cancer Coordinating Office of Breast Cancer Task Force of the Department of Epidemiology.³⁵⁸ In 1986, the budget for the National Cancer Institute was \$1.21 billion.³⁵⁹ Part of her work was reviewing grant applications and cancer literature.³⁶⁰ On the National Cancer Advisory Board, Kushner sat on a number of subcommittees including cancer control.³⁶¹ She also pushed for a “breast cancer patient bill of rights” in Maryland and nationwide breast cancer treatment informed consent act.³⁶²

By the early 1980s, Kushner had become ever more aware of the psychological stress of breast cancer risk, not only the impact of finding breast cancer. She also continued to study and discuss the deep denial many women had about breast cancer. Working with registered nurse Dorothy Johnston, Kushner and the Breast Cancer Advisory Center provided women and men with information regarding breast cancer, from pre-diagnosis to post-surgery. Kushner hoped the BCAC could give the thorough pre-and-post treatment counseling that doctors may not have the time to give. She also believed that the NCI’s Cancer Information Service hotline was not responsive enough to callers and gave inadequate information about treatment alternatives.³⁶³ Writing in 1981, Kushner noted that eight out of ten breast masses were benign. “This means that almost 600,000 women will suffer from the anxiety and anguish of going through one or more

³⁵⁸ Rose Kushner Curriculum Vitae, c. 1985.

³⁵⁹ Troy, *Morning in America*, 202.

³⁶⁰ Lerner, *The Breast Cancer Wars*, 180.

³⁶¹ Rose Kushner Curriculum Vitae, c. 1985.

³⁶² Rose Kushner and Jose Martinez, “Debates & Discussion: Treating Breast Cancer,” *Baltimore Sun*, March 6, 1982; Select Committee on Aging, *Breast Cancer Detection: The Need for a Federal Response*, 67-75.

³⁶³ “Cancer Holine ‘Not Responsive,’” *The Montgomery Journal*, April 23, 1980.

diagnostic procedures to find those 110,000 women who actually will have the disease,” she underscored. The center answered questions of asymptomatic and symptomatic women; some called from local numbers while others wrote from as far as Capetown and Lisbon. For symptomatic but undiagnosed women and men, the BCAC explained information about types of biopsies and the role of an estrogen-receptor test.³⁶⁴ For those who had a confirmed breast cancer diagnosis, the BCAC described their treatment options and current clinical trials. “All calls are followed by mailed fact sheets,” wrote Kushner in the feminist newspaper *New Directions for Women*, “because panicky people often mishear, misremember, or simply forget what they are told by phone.”³⁶⁵

Through her work with the BCAC and answering enquiries from women, Kushner realized that the “paranoia” of breast cancer began early. Connecting this fear with the avoidance of breast self-examinations, Kushner argued that women were terrified of needing a mastectomy. In the mid-1980s, Kushner analyzed the over 12,000 calls and letters BCAC had received during its existence. She found that the majority of calls came from women who did not have breast cancer. Replying to a letter from a seventeen-year-old from Kingston, Jamaica, Kushner underscored the importance of calm, thoughtful approach to finding a possible breast cancer symptom. “It is common to have strange lumps, especially around your period,” she wrote after noting that it was unlikely a seventeen-year-old would have breast cancer, “I don’t think you have to worry about cancer at all, but you must be sure to keep seeing someone. Don’t just forget about it.

³⁶⁴ Approximately 1 in every 100 breast cancers occur in men. See Kushner, *Breast Cancer*, 48-49.

³⁶⁵ Kushner, “Vital Support Still Lacking for Breast Cancer Patients,” 5, 18.

BUT DON'T BE SCARED!"³⁶⁶ Throughout her books, pamphlets, and other discussion about breast cancer risk, Kushner continued to remind readers not to panic. This calm approach is a marked difference from ACS advertisements in earlier decades that often utilized fear of cancer to encourage behavior change like breast self-examination.³⁶⁷

Kushner's experience with the BCAC also revealed that breast self-examination "propaganda" from the American Cancer Society and the National Cancer Institute might not be the solution to encourage women to conduct breast self-examinations (BSEs) regularly. Studies had shown that less than 40 percent of all women conducted a self-exam regularly. Many of the callers and letter writers to the BCAC described family members or friends who "had breast problems but also did not want to know or do anything about them." Some letters were anonymous, others gave fake names. Kushner argued that there continued to be a great deal of denial surrounding breast cancer. According to "nonscientific" polls conducted by the center, she wrote, "most women do not practice BSE [breast self-examination] because they are afraid of finding something that will inevitably lead to a mastectomy." The "reward" for conducting a BSE and finding a lump, argued Kushner, was a mastectomy. Ultimately, women did not need better instructions for how to conduct a BSE or more propaganda from the American Cancer Society, Kushner argued. "Until there is a real reward – less surgery – for finding a breast cancer when it is the size of a lentil instead of a lemon, women will refuse to practice BSE." In Kushner's view, not only did women need a real reward for conducting a self-exam, there needed to be more resources and support for that crucial period

³⁶⁶ Rose Kushner, *Alternatives: New Developments in the War on Breast Cancer* (New York: Warner Books, 1984), 206-207. Emphasis in original.

³⁶⁷ Lerner, *Breast Cancer Wars*, 61-64; Mukherjee, *Emperor of All Maladies*, 180-181.

between finding a symptom and determining a cancer diagnosis. The medical establishment and other organizations had “long recognized” the emotional needs of women post-mastectomy, but there had been little support for those hundreds of thousands of women a year who had symptoms but not yet a diagnosis.³⁶⁸ In the 1980s, Kushner broadened the definition of who needed support in the breast cancer experience.

Kushner also continued to nurture relationships with other women’s health movement activists and organizations like the National Women’s Health Network (NWHN) while looking to the future of a fully formed and politically savvy breast cancer movement. Kushner had served as a consultant to the NWHN’s Women & Health Roundtable since the 1976. Writing to NWHN executive director Belita Cowan in 1979, Kushner shared her hope that smaller women’s health organizations would come together under a national umbrella organization like the NWHN. “In my opinion, we women will never really have any political clout unless we join as a single, strong lobby. It’s also a terrible waste of effort and money for all these little collectives to be duplicating the same stuff,” Kushner wrote regarding a breast cancer pamphlet she attached from a Providence area women’s health group and other materials she had come across in her travels. “Nu, what can you do?” she asked Cowan, another Jewish women in the women’s health movement.³⁶⁹ Though there was little she could do to avoid duplicate materials among

³⁶⁸ Kushner, *Alternatives*, 203-208. Kushner argued that much like the 130 post-mastectomy women she polled in a questionnaire for the first edition of her book, the thousands of BCAC callers and writers thought “first of saving their breasts, as a rule, and their lives are but second thoughts.” Kushner, unlike some surgeons, did not see the breast as “dispensable” or women looking to save their breasts as vain. See Lerner, *Breast Cancer Wars*, 88-91.

³⁶⁹ Letter to Belita Cowan from Rose Kushner, January 3, 1979, box 62, folder 5, National Women's Health Network Records.

local health groups, Cowan agreed that a single political force was needed and that was why she was “so committed to building” the NWHN.³⁷⁰

A multi-issue organization, the NWHN addressed a wide range of women’s health concerns including abortion and reproductive rights, domestic violence, health law and regulation, lesbian health, occupational and environmental health, and Black women’s health.³⁷¹ The NWHN had a breast cancer committee and published frequently on developments in breast cancer treatment and politics in their newsletter. After it was revealed that a 1977 NCI/ACS mammography screening project mistakenly diagnosed cancer in at least 48 women upon initial review, the NWHN called on the NCI to inform the women directly of the misdiagnosis rather than only informing their physicians as the NCI intended.³⁷² Throughout the 1980s, Kushner worked with the NWHN on breast cancer issues. From contributing to debates in the *Network News* newsletter about early detection to helping raise funds for the NWHN Breast Cancer Campaign, Kushner helped nurture breast cancer activism within organizations and in individual activist careers.³⁷³

³⁷⁰ Letter to Rose Kushner to Belita Cowan, January 22, 1979, box 62, folder 5, National Women's Health Network Records.

³⁷¹ “How to Become Active in the National Women’s Health Network,” *National Women’s Health Network Newsletter* 6, no.5 (October 1981), 4. For more on the work of Byllye Avery and the evolution of the Black Women’s Health Project into an independent organization, see Morgen, *Into Our Own Hands*, 41-55.

³⁷² Letter to Vincent T. DeVita, Jr., Director of National Cancer Institute from JoAnne Fisher, Chair of the Board of the National Women’s Health Network, July 29, 1980, box 63, folder 1, National Women's Health Network Records; Lerner, *Breast Cancer Wars*, 220. Kushner was also concerned about this issue and how women could believe they were still at risk for recurrences, though they never had cancer in reality. There were over 500 women participating in the screening project.

³⁷³ Fundraising Letter for National Women’s Health Network Breast Cancer Campaign from Rose Kushner, c. 1986, box 113, folder 11, National Women's Health Network Records.; Letters responding to Maryann Napoli’s article, “Breast Cancer: A Critical Look at Early Detection,” *Network News: The Newsletter of the National Women’s Health Network* 7, no 5 (November/December 1982), 10-11, box 53, folder 7, National

Though Rose Kushner often worked alone on her breast cancer books and articles, she helped support the growth of breast cancer activism in political spheres and academic research by building relationships with younger breast cancer activists. Kushner supported emerging avenues in breast cancer scholarship that expanded upon the trend of women telling their personal breast cancer stories one-by-one and looked towards sociological analyses of the issue. In the 1980s, Kushner worked closely with National Women's Health Network member and activist Anne S. Kasper on breast cancer.

A founding member of the women's health movement in her own right, Kasper wrote widely on women's health issues and national health insurance in academic and feminist forums. Kasper arrived in the Washington, D.C. area in the late 1960s. Active in the NWHN since 1976, Kasper served as the organization's first co-chair of the board of directors and later served on the laws and regulations committee. She was also the founding co-director of the Women's Health Clearinghouse from 1976 to 1978. Kasper was the health editor of the feminist newspaper *New Directions for Women* for five years beginning in 1979.³⁷⁴ She authored articles on a range of issues including Valium abuse, high rates of cesarian sections, toxic shock syndrome, and NIH consensus panels.³⁷⁵

Women's Health Network Records. Kushner took issue with the suggestion that women could prevent breast cancer through diet, exercise, and less stress. Kushner replied that, "Many factors have been implicated and studied including diet, exercise, and stress. But scientists have found these to be only clues that may indicate a woman's high- or low-risk status." Barron Lerner suggested that Napoli, active with the Center for Medical Consumers, believed that "Kushner's close association with groups such as the NCI made her less willing to criticize their missteps." See Lerner, *Breast Cancer Wars*, 228.

³⁷⁴ "NDFW health editor post changes hands," *New Directions for Women* 8, no. 3 (Summer 1979): 4.; Anne S. Kasper resume, 2015, in author's collection.

³⁷⁵ Anne S. Kasper, "Women Victimized by Valium," *New Directions for Women* 8, no. 5 (Winter 1979-1980): 1, 7; Anne S. Kasper, "C-section report analyzes trend toward risky delivery," *New Directions for Women* 9, no. 3 (May/June 1980), 7; Anne S. Kasper, "TSS: A Killer for How Long?" *New Directions for Women* 9, no. 6

Decades later, Anne Kasper reflected on how she became “something of a protegee to Rose” and, though she was an activist before meeting Kushner, she was “infected” with Kushner’s passion for breast cancer activism.³⁷⁶ Born in August 1942 to parents she described as “secular, socialist Jews,” Anne Kasper née Sharnoff grew up in Connecticut. Her family was committed to civic engagement and supporting progressive issues including labor rights and antiwar positions. The medical profession was prevalent in Kasper’s early life; her father was a doctor and her mother was accepted to medical school, though she did not attend. Kasper’s father attended college in New York, however, he had to enroll in medical school in Austria in the interwar years due to quotas limiting the admission of Jewish students to American medical schools. He returned to the United States before the Anschluss. Anne Sharnoff married Thomas Kasper, her high school sweetheart, who became a doctor as well.³⁷⁷ As a feminist activist in the 1970s, Kasper continued her interest in health and initially took what she described as a

(November/December 1980), 1, 23; Kasper, “Kushner Presses MDs on Breast Cancer”; Barbara J. Love, ed. *Feminists Who Changed the World, 1963-1975* (Urbana: University of Illinois Press, 2006), 244.

³⁷⁶ Anne S. Kasper, “Privileging Marginalized Women with Breast Cancer: An Intersectional Approach to Social Justice in Women’s Health,” Conference on Intersectional Models of Women’s Health, Institute for Teaching and Research on Women, Towson University, March 8-9, 2007; Kasper with Ketenjian, in *Voices of the Women’s Health Movement*, Volume 2, 239.

³⁷⁷ Anne S. Kasper, oral history interview with author, Bethesda, MD, October 17, 2015.; “Thomas E. Kasper and Anne Sharnoff, Students, Engaged,” *Bridgeport Sunday Post*, May 3, 1964. She described in her oral history how her father faced some discrimination towards the end of his time in Vienna from Brownshirts. For more on quotas on Jewish students in medical school admissions and the rise of Jewish hospitals, see Alan M. Kraut and Deborah A. Kraut, *Covenant of Care: Newark Beth Israel and the Jewish Hospital in America* (Piscataway: Rutgers University Press, 2007), 118-121 and Barry A. Lazarus, “The Practice of Medicine and Prejudice in a New England Town: The Founding of Mount Sinai Hospital, Hartford, Connecticut,” *Journal of American Ethnic History* 10, no. 3 (1991): 21-41.

“generalist” approach to women’s health issues. She soon became an acolyte of Rose Kushner, in part because they lived in nearby cities in Maryland.³⁷⁸

Kushner and Kasper worked together throughout the 1980s, with Kasper often attending consensus panels, reporting to the NWHN, and writing on breast cancer. Kasper later described her role as, in part, “doing some of the grunt work” that it took to build a movement.³⁷⁹ In 1983, Kasper conducted an oral history interview with Kushner on her experiences growing up during the Great Depression, her life as a journalist, and her experiences as a breast cancer activist.³⁸⁰ Three years later, Kushner helped Kasper begin a two-year study on middle class women with breast cancer and how it disrupted “socially constructed (and imposed) expectations for women’s behaviors,” research which became the basis for Kasper’s doctoral dissertation in sociology.³⁸¹ The dynamic between Kushner and Kasper represents only one example of the productive relationships that developed between activists who were also friends in the women’s health movement. Building connections between differing models of activism and connecting multi-issue organizations with disease specific groups helped create a more robust and effective movement into the late twentieth century.³⁸²

³⁷⁸ Kasper, “Privileging Marginalized Women with Breast Cancer”

³⁷⁹ Anne S. Kasper, oral history interview with author, Bethesda, MD, October 17, 2015.

³⁸⁰ “Oral History,” announcement, *New Directions for Women* 12, no. 6 (November/December 1983): 4.

³⁸¹ Kasper, “Privileging Marginalized Women with Breast Cancer”; Reproduction of Letter to Harvey Kushner and children from Anne S. Kasper, January 26, 1990, in author’s collection; Kasper with Ketenjian, in *Voices of the Women’s Health Movement*, Volume 2, 239.

³⁸² Kasper earned a PhD in sociology and a MA in women’s studies. She continued to be active in women’s health activism well into the twenty-first century. For more on Kasper’s later work, see Anne S. Kasper and Susan J. Ferguson, eds., *Breast Cancer: Society Shapes an Epidemic* (New York: Palgrave, 2000) and Anne S. Kasper and Sharon

In updating literature for breast cancer patients, serving on the National Cancer Advisory Board, and testifying to congressional hearings on breast cancer screening, Kushner continually advocated for the rights of women in their own breast cancer treatment. Written by Kushner and first published in June 1979 as *What to Do...if You Find Something That Suggests Breast Cancer* by the American Cancer Society, Kushner continued to revise the retitled booklet *If You've Thought About Breast Cancer* throughout the 1980s. Reviewed and approved by National Cancer Institute physicians, it was updated and republished a number of times during the decade. During the final year of her life, Kushner continued to work on a revised edition that maintained much of the women-centered rhetoric of her earlier work. Women were encouraged to come to know their breasts through breast self-examination in order to later recognize an abnormal bump or dimple. "Getting to know the normal 'geography' of your breasts is no different from getting to know the geography of your face," wrote Kushner.³⁸³ Bodily knowledge of both the healthy and ill body remained key to patients' rights as the messaging of health feminism began to appear in "establishment" literature. Throughout *If You've Thought About Breast Cancer*, Kushner underscored the patient's right to make decisions regarding their own care in partnership with their physician. The "partners-in-care" model is further underscored by the inclusion of a glossary of terms related to breast cancer, a list of what patients should tell their surgeon and, vitally, what to ask a

Batt, "Arguing Breast Cancer: The Feminist Views of Two Women's Health Activists," *Women's Studies Quarterly* 31, no. 1/2 (2003): 55–75.

³⁸³ Kushner, *If You've Thought About Breast Cancer...*, 2.

surgeon.³⁸⁴ Nearly 15 years after her first diagnosis, Kushner continued to prepare women to communicate with doctors and create space for their own voices.

To the end, Kushner was a tireless worker on behalf of breast cancer patients and their families. Looking to create a more united front for the future of the breast cancer movement, she helped organize the National Alliance of Breast Cancer Organizations (NABCO), an umbrella group linking breast cancer information and education organizations across the country, and BreastPac, a political advocacy, lobbying, and fundraising organization. In 1988, she was diagnosed with a uterine cancer and had the tumor removed.³⁸⁵ This was the same year she began her unpublished memoir, *I Wasn't Meant to be a Jewish Mother*, reflecting on her childhood in East Baltimore, Yiddish culture, and her attraction to medicine, science, social work, and writing. She worked on the sixth edition of *If You've Thought About Breast Cancer...* during the final year of her life and nearly completed it in late 1989. The week before her death, Kushner continued to fight for mammography legislation in phone calls she made from her sick bed. In January 1990, Rose Kushner died of recurrent breast cancer at the age of 60.³⁸⁶ With her humor, dedication, and infectious passion for the cause, "Mrs. Breast Cancer" had redefined patienthood for millions of women and men facing breast cancer.

³⁸⁴ Kushner, *If You've Thought About Breast Cancer...*, 17-19, 25, 41.

³⁸⁵ Lerner, *Breast Cancer Wars*, 258; Sandy Rovner, "Rose Kushner, Advocate for Cancer Patients, Dies," *Washington Post*, January 9, 1990.

³⁸⁶ Lerner, *Breast Cancer Wars*, 259. Throughout the 1980s, Kushner fought for screening mammography, not diagnostic mammography alone, to be covered by health insurance, arguing that by the time one felt a lump it was often too late for it to be an early-stage cancer. She argued survival rates would be higher if screening mammography was affordable and accessible to women. See Select Committee on Aging, *Breast Cancer Detection: The Need for a Federal Response*, 67-74.

“SHE BECAME TO ME THE EXPERT, THE ONLY EXPERT ON BREAST
CANCER”: ROSE KUSHNER’S LEGACY

Unable to attend the memorial program for Rose Kushner at the Masur Auditorium of the National Institutes of Health, fellow women’s health and breast cancer activist Anne S. Kasper wrote Harvey Kushner and his children in late January 1990. Harvey and the Kushner children were woven into Rose Kushner’s retelling of her initial breast cancer experience and its recurrence in the early 1980s, appearing in many vignettes in her books. Anne Kasper shared her condolences with the Kushners and reflected on her work with Rose. She noted how Kushner not only learned the science of breast cancer, she recognized and understood the “political, social, psychological, and personal issues and consequences” of breast cancer as well. “That’s why she became to me the expert, the only expert on breast cancer,” Kasper wrote. Rose Kushner reached women through her speeches and books, through newspaper articles, media appearances, pamphlets, and fact sheets. Reflecting on the women with breast cancer she interviewed for her dissertation, Kasper recalled how much Rose Kushner meant to them. “Each woman also felt that with Rose doing battle with breast cancer, they were not alone – and they felt simultaneously supported and hopeful,” Kasper remembered. “She was on the front lines for them.”³⁸⁷

A great personal loss for the Kushner family and deeply felt by her colleagues, fellow activists, and readers, Rose Kushner’s death came just as a full-fledged breast cancer movement defined by high-profile fundraising events, corporate sponsorships, and

³⁸⁷ Letter to Harvey Kushner and children from Anne S. Kasper, January 26, 1990. Emphasis in original.

professional lobbyists emerged. Breast cancer research and education funding grew exponentially in the 1990s, however, longtime women's health activists were wary of the growing influence of corporate America and the commodification of breast cancer activism. Rather than centering discussions of patients' rights and partners-in-care, it increasingly seemed breast cancer awareness month meant pink ribbons appearing on beauty brands, clothing, and in advertising campaigns from national brands.³⁸⁸

Writing to Anne Kasper in November 1990, Rose Kushner's husband Harvey reflected on how he completed the sixth edition of Rose's breast cancer booklet following her death. Always depicted as supportive and steady by Rose, breast cancer had become part of Harvey Kushner's life as well during the 1970s and 1980s. "Writing this last expanded version of *If You've Thought About Breast Cancer...* was the most important thing Rose did in her last year," Harvey Kushner wrote, "And there was nothing more important for me this year than to finish it, get it published, and make it available to women everywhere." He enclosed a copy for Kasper. "This book is one of the ways that Rose lives on. Today it is [the] best way I know to remind us of her and what she gave to help all women – and their men – understand, survive and live with the disease that became so much a part of our own lives."³⁸⁹ Rose Kushner's long-time argument that whole families struggle with breast cancer, not just individual patients, could be seen in her husband's reflections on how the disease entered and shaped their lives.

³⁸⁸ Lerner, *Breast Cancer Wars*, 258-260. The first Breast Cancer Awareness Month was in 1985.

³⁸⁹ Letter from Harvey D. Kushner to Anne S. Kasper, November 19, 1990, in author's collection.

Before Rose Kushner died, the Society of Surgical Oncology announced it intended to award her the James Ewing Award for outstanding contributions by a lay person to the fight against cancer. Her husband Harvey called this award "poetic justice," as the society's members had "booed [Rose] off their stage in 1975," after she had "challenged their standard treatments."³⁹⁰ At her memorial service, Michael Heron of the American Cancer Society reflected on Kushner's skill in coordinating the fight against breast cancer. Despite their early tensions, the relationship between Kushner and the ACS had become much more productive during the 1980s. "All of us in the cancer army lost a general in the battle...who fought her own cancer so valiantly and who inspired so many so eloquently...She was at once an author and an architect of monumental change," Heron said.³⁹¹ The reception of breast cancer activism and the expert patient had changed dramatically in fifteen years. Though some women's health activists saw institutionalizing women's health clinics and health feminism as a co-opting of the movement, Kushner firmly believed in the power of working with the system as well as outside of it. Consistently willing to challenge physicians, researchers, and health policymakers with her extensive knowledge of breast cancer as a disease and lived experience, Kushner presented a model and strategy for the women's health movement to reform even the most entrenched and traditional medical institutions.

The women's health movement embraced a wide spectrum of feminist perspectives and the political outlook of Jewish health activists ranged from radical

³⁹⁰ Gina Kolata, "Rose Kushner, 60, Leader in Breast Cancer Fight," *New York Times*, January 10, 1990; Rovner, "Rose Kushner, Advocate for Cancer Patients, Dies."

³⁹¹ Memorial Program for Rose Kushner pamphlet, January 30, 1990 (Bethesda, Maryland), author's personal collection.

feminism to liberal feminism and beyond. Barbara Seaman and Rose Kushner attempted to reform women's relationship with medicine from within and without. Both activists found allies among physicians and medical researchers. They quoted these experts directly in their investigative reporting on women's health injustices and potential reforms. Both women also had a somewhat ambivalent relationship to more militant feminist rhetoric. In the mid-1990s, National Women's Health Network co-founder Alice Wolfson reflected that although health activists did have some ideological differences and struggles between them, "somehow the concreteness of the work and the tangible results that we were sometimes able to obtain seemed to protect [the women's health movement] from the extremism that existed in other places."³⁹² Activists like Seaman and Kushner may be more representative ideologically of many Jewish women in the women's health movement than more vocal Jewish radical feminists in the women's health movement such as psychologist Phyllis Chesler or sociologist Pauline B. Bart. Willing to identify male chauvinism in cancer care and critique more radical feminist theories of mutilation and breast surgery, Kushner approached health feminism practically. In working with feminist organizations like the National Women's Health Network, supporting the work of other breast cancer activists, and serving on the National Cancer Advisory Committee, Kushner built bridges between the many stakeholders in breast cancer care and treatment.

³⁹² Alice Wolfson, "Clenched Fist, Open Heart," in *The Feminist Memoir Project: Voices from Women's Liberation*, Rachel Blau DuPlessis and Ann Snitow, eds., (New York: Three Rivers Press, 1998), 278. See Barbara Seaman, *Free and Female* (New York: Fawcett Crest, 1972), 18-26, for her views on women's sexuality and biological difference.

While it seems Kushner rarely commented publicly on a direct link between Jewishness and feminist activism, her experience growing up as an impoverished, orphaned child of immigrants undoubtedly shaped her perspectives on health care and justice. Her mother's poor health and the social workers in her childhood framed Kushner's early impressions of the struggles of chronic illness and how "noble professions" alleviate suffering. She continued to use Yiddish language throughout her life and Yiddish words pepper her correspondence with other Jewish health feminists, researchers, and friends. She identified as a Jewish woman with breast cancer in her books, however, she strove to speak to women broadly.³⁹³ Careful to include information about breast cancer risk and treatment for women of color and also discuss the complexities of accessing care, Kushner worked to provide information for women of many backgrounds and socioeconomic statuses. Though Kushner's reflections on Jewish identity are more clearly stated in unpublished records and oral histories, her work with the Jewish press also showed her connection to current concerns in the Jewish community. Kushner discussed her Jewishness on her own terms, often using Yiddish to connect to her past. Throughout her career, whether writing to reach the American Jewish community or breast cancer patients, Kushner utilized the written word to connect with the communities she cared most about and share herself with them in the process.

³⁹³ In comparison to Kushner's universalist approach, today there are organizations like Sharsheret that center Jewish families facing hereditary cancers and the BRCA mutations, discovered in the 1990s. Sharsheret was founded in 2001 by Rochelle Shoretz. Sharsheret writes that "1 in 40 Ashkenazi Jews – men and women – carries a BRCA gene mutation, more than 10x the rate of the general population." See Sharsheret, "Founder's Page," "BRCA+" and "Mission Statement," accessed March 4, 2021, www.sharsheret.org. For more on mutations, National Human Genome Research Project, "About Breast Cancer," November 7, 2014, <https://www.genome.gov/Genetic-Disorders/Breast-Cancer>.

CHAPTER 4

“RESEARCH THAT DEMYSTIFIES THE WORLD FOR WOMEN”:

PAULINE B. BART, SOCIOLOGY, AND WOMEN’S HEALTH

ACTIVISM

In early September 1970, two thousand psychologists gathered in the main ballroom of the Hotel Plaza in Miami for a town hall meeting during the seventy-eighth annual convention of the American Psychological Association. Two members of the Association for Women in Psychology took the stage to address the audience on resolutions concerning the status of women clinicians in psychology and psychology’s treatment of women patients. Dr. Dorothy Riddle and Dr. Phyllis Chesler looked out at the mostly male audience, who seemed attentive but also “a bit bored, perhaps uneasy.” Chesler, a radical feminist psychologist, saw her chance. Setting aside her prepared speech, Chesler described the ways mental health professionals had “psychiatrically stigmatized” women and failed to understand them. “Have you ever tested a woman for mental health and declared her mentally healthy?” she asked. “Have you ever treated a rape victim, an incest victim, a battered wife with both understanding and respect?”

Chesler then demanded of her colleagues one million dollars in “reparations” for the harm done to women by psychology in private practice and state mental

institutions.³⁹⁴ A month later, Chicago-based sociologist and women's health researcher Pauline B. Bart noted Chesler's call for reparations. "Right on!" Bart commended.³⁹⁵ A researcher on depression in women, Bart had also come to the conclusion that reparations were necessary for "all the years that so many women have wasted and all the money so many women have spent in psychotherapy, a psychotherapy based on false assumptions about the nature of women."³⁹⁶

Throughout her varied and prolific career, Pauline B. Bart pursued what she called "research that demystifies the world for women."³⁹⁷ Using her skills as a sociologist and educator, Bart worked to demystify women's health issues for lay and academic audiences. In writing on depression, menopause, middle-age, sexism in gynecological textbooks, medicine as an institution, rape resistance strategies, pornography, an abortion collective, and more, Bart's multi-issue approach to women's

³⁹⁴ Robert Reinhold, "Women Criticize Psychology Unit," *New York Times*, September 6, 1970.; Phyllis Chesler, *A Politically Incorrect Feminist: Creating a Movement with Bitches, Lunatics, Dykes, Prodigies, Warriors, and Wonder Women* (New York: St. Martin's Press, 2018), 57-59. Association for Women in Psychology was founded in 1969.

³⁹⁵ Letter to Nancy Russo from Pauline B. Bart, October 2, 1970, box 7, folder 1, Pauline Bart Papers, David M. Rubenstein Rare Book and Manuscript Library, Duke University.

³⁹⁶ Pauline B. Bart, "Sexism and Social Science: From the Gilded Cage to the Iron Cage, or, the Perils of Pauline," *Journal of Marriage and the Family* 33, no. 4 (1971): 737.

³⁹⁷ Pauline B. Bart, "Taking Our Bodies Back," conference paper for American Psychological Association (APA) presented to Division 35 (Psychology of Women Division), 1977, box 28, folder 8, Bart Papers; Pauline B. Bart, "Seizing the Means of Reproduction: An Illegal Feminist Abortion Collective – How and Why It Worked," *Qualitative Sociology* 10 (1987): 339-57. For more on the history of Jane, see Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Collective* (New York: Pantheon Books, 1995). Division 35 was the Division of the Psychology of Women of the APA was founded in 1973, after a number of years of agitation from feminist psychologists and others. See John D. Hogan and Virginia Staudt Sexton, "Women and the American Psychological Association," *Psychology of Women Quarterly* 15 (1991): 623-634.

health activism was defined by her utilization of sociological as well as interdisciplinary research methods. Even as she wrote on general trends, Bart was also consistently interested in the intersection of the American Jewish community and health. Bart often identified herself as a Jewish woman, later a Jewish mother and grandmother, in her work and offered feminist analyses of mothering and mental health crises. She understood outreach as a crucial element of her scholarly publications. She worked with other health activists, magazines, and feminist and mainstream newspapers to share her findings with women readers and medical professionals alike. Bart made an effort to share her findings with other Jewish women through talks with Jewish women's organizations and through interviews with Jewish feminist publications. In academia and the women's movement, Bart fought for the inclusion of Jewish women's voices and the perspectives of Jewish lesbian feminists like herself.

In the postwar period, psychiatry moved into the "mainstream" of American medicine and society. In part, the wartime use of psychoanalysis in the assessment of fitness for service and the treatment of battle fatigue, particularly in the South Pacific, helped contribute to a wider acceptance of psychiatric treatment in civilian health care.³⁹⁸ Congress passed the National Mental Health Act of 1946, which provided for the creation of the National Institute of Mental Health (NIMH) three years later. Postwar prosperity not only gave Americans the "opportunity" to worry about their health, argued sociologist and historian of medicine Paul Starr, it also changed the nature of the health

³⁹⁸ John C. Burnham, *Health Care in America: A History* (Baltimore: Johns Hopkins University Press, 2015), 286-287. Following the war, psychiatry and related fields expanded substantially in client base, especially outside of mental hospitals.

problems concerning Americans. Rather than infectious disease, chronic illness became central to the American medical landscape.³⁹⁹

Scientists and the public at large became more concerned with cancer and heart disease as well as issues like obesity and mental illness, which Starr described as conditions on which “only an affluent society could afford to dwell.”⁴⁰⁰ This shift to emphasizing chronic illness also increased the influence of the “helping” professions on questions of social welfare, social behavior, and morality. Psychological experts helped form Americans’ understandings of social problems in increasingly medicalized terms with often medicalized solutions.⁴⁰¹ Some doctors writing in the 1970s credited psychopharmacology for creating a “revolution in the care of the mentally ill” in the postwar years, marked by a dramatic decrease in the numbers of patients in mental

³⁹⁹ Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 336-346. The NIMH was created in part due to the wartime increase in the use of psychiatric services and as a reaction to public outcry about the poor conditions in mental hospitals.

⁴⁰⁰ Starr, *Social Transformation of American Medicine*, 336-346.

⁴⁰¹ Ellen Herman, *The Romance of American Psychology* (Berkeley: University of California Press, 1995), 5-6. The historiography of women’s mental health care in the twentieth century includes studies of women in the helping professions as psychotherapists and social workers, women’s impact on reforms to mental health care including deinstitutionalization, women and tranquilizers, and the dynamics between feminist ideas and activists and the work of psychologists or standards of care. In addition to Herman, for an overview of history of mental health care and related “helping” professions, see “Wrestling with Demons: History of Psychiatry,” in Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction*, second edition (Toronto: University of Toronto Press, 2010): 311-340 and Ludy T. Benjamin, Jr. *A Brief History of Modern Psychology* (Malden, MA: Blackwell Publishing, 2007). For dynamics between development of feminism and its relationship to psychology, see Alexandra Rutherford and Michael Pettit, “Feminism and/in/as Psychology,” *History of Psychology* 18, no. 3 (2015): 223-237 and Alice H. Eagly, Asia Eaton, Suzanna M. Rose, Stephanie Riger, Maureen C. McHugh, “Feminism and Psychology: Analysis of a Half-Century of Research on Women and Gender,” *American Psychologist* 67, no. 3 (2012): 211-230. For the psychotropic medicines in America, see Andrea Tone, *The Age of Anxiety: A History of America's Turbulent Affair with Tranquilizers* (New York: Basic Books, 2012).

hospitals and a greater optimism towards the treatment of mental illness. In the late 1970s, the National Institutes of Health estimated that 1,500,000 people were being treated for depression. An estimated 200,000 people were hospitalized due to schizophrenia.⁴⁰² Advances in psychopharmacology also contributed to support for the deinstitutionalization movement and the call to treat mental illness in community health centers rather than state institutions, however, the rapid discharge of patients from mental hospitals left some at risk of homelessness or possibly being “ignored” as outpatients.⁴⁰³

During the 1970s and the 1980s, a number of patients, activists, scholars, and clinicians drew from the women’s movement and feminist politics to reform mental health care in the United States. Even in the early years of second wave feminism, Betty Friedan pointed to the influence of Freudian psychology in shaping contemporary views of women as inferior, childish, and helpless.⁴⁰⁴ After all, the name of the condition known

⁴⁰² Philip Berger, Beatrix Hamburg, and David Hamburg, “Mental Health: Progress and Problems,” in *Doing Better and Feeling Worse*, John H. Knowles, ed. (New York: W.W. Norton and Company, 1977), 261-263. In addition to those hospitalized for schizophrenia, another 400,000 were in outpatient treatment or not currently in treatment. In the late 1970s, approximately 24,000 suicides were reported yearly. Suicide was the tenth major cause of death in the country.

⁴⁰³ There is debate about the extent to which tranquilizers led to deinstitutionalization. Others credit amendments to Social Security which provided aid to care for the elderly in nursing homes. Previously many were placed in mental hospitals. There were also changes in the model of care in mental hospitals, supporting a “therapeutic community” approach. See Starr, *Social Transformation of American Medicine*, 364-365; Duffin, *History of Medicine*, 330-331; Burham, *Health Care in America*, 406-407; Berger et al., *Doing Better and Feeling Worse*, 264-265.

⁴⁰⁴ Betty Friedan, “The Sexual Solipsism of Sigmund Freud,” in *The Feminine Mystique*, first Norton paperback edition, (New York: W.W. Norton & Company, 2013), 110-138. Friedan wrote in 1963, the feminine mystique “derived its power from Freudian thought; for it was an idea born of Freud, which led women, and those who studied them, to misinterpret their mothers’ frustrations...”

as “hysteria” came from the Greek word for “womb.”⁴⁰⁵ Activists pushed back against deeply gendered conceptions of mental illness that dominated psychology and psychiatry. Some feminists even became part of the antipsychiatry movement.⁴⁰⁶ In addition to critiques centered on the belief that psychological theories had contributed to the oppression of women, feminists also argued that psychology did not truly understand women at all or failed to recognize women’s experiences as worthy of study.⁴⁰⁷

Debates and criticisms about sexism in psychology and therapy not only came from lay activists, but also psychologists, medical sociologists, social workers, nurses, and mental health researchers.⁴⁰⁸ Scholar-activists like Pauline Bart and Phyllis Chesler

⁴⁰⁵ The term for uterus in Greek is *hystera*, which derives from the Sanskrit word for stomach. Historians of public health have called hysteria “undoubtedly the first mental disorder attributable to women.” See Cecilia Tasca, Mariangela Rapetti, Mauro Giovanni Carta, and Bianca Fadda, “Women and Hysteria In The History Of Mental Health,” *Clinical Practice & Epidemiology in Mental Health* 8 (2012): 110-119; Mark S. Micale, *Approaching Hysteria: Disease and Its Interpretations* (Princeton: Princeton University Press, 1995), 19.

⁴⁰⁶ Kate Millett, author of *Sexual Politics*, was a well-known member of the antipsychiatry movement. Duffin argued that the antipsychiatry movement utilized work of psychiatrists like Thomas Szasz and claims that mental illness is a myth “because it does not fit the medical model.” See Chesler, *A Politically Incorrect Feminist*, 159, 189-192; Duffin, *History of Medicine*, 334-335.

⁴⁰⁷ Cognitive psychologist, neuroscientist, and radical feminist Naomi Weisstein wrote in 1970, “Psychology has nothing to say about what women are really like, what they need and what they want, essentially, because psychology does not know.” She also argued that Freudians and neo-Freudians’ theories on women, including penis envy, were “so flimsy and transparently biased as to have absolutely no standing as empirical evidence.” She critiqued Bruno Bettelheim and Erik Erikson, though Erikson himself believed his work to be a challenge to penis envy arguments and the shortcomings of earlier work on women and psychology. See Naomi Weisstein, “‘Kinde, Küche, Kirche’ as Scientific Law: Psychology Constructs the Female,” in Robin Morgen, ed., *Sisterhood is Powerful* (New York: Vintage Books, 1970), 228-245. Weisstein’s remarks were originally a paper given in 1968. For more on the interconnectedness, and the tensions between, feminism and psychology see, Rutherford and Michael Pettit, “Feminism and/in/as Psychology,” and Herman, *The Romance of American Psychology*, 293-295.

⁴⁰⁸ For the views from the range of helping professions engaging with debates about psychology, therapy, and feminism at this time, see Susan Schilling Meisel and Alice

utilized their skills as scholars to reframe traditional conceptions of mental health, wellness, and gender. Although they came from different disciplines, Bart and Chesler's respective research on women's experiences with depression, therapy, mental health institutionalization, and revealed new avenues to develop feminist therapies and greater understanding of the women's mental health needs.⁴⁰⁹

Publishing and speaking widely, both Chesler and Bart shared their work with academic audiences as well as the greater public. They also supported the development of women's studies as a discipline where feminist scholarship could be blended with activism. Despite substantial resistance from some anti-feminist colleagues and others who argued feminist research methods were less rigorous than traditional models, Chesler and Bart embraced radical feminism in their research and teaching. With its contention that women "constituted a sex-class" and that discrimination against women and inequality in the public sphere was deeply tied to the subordination of women in the family, radical feminism called for the elimination of male supremacy and the "sex-class

Perkins Friedman, "The Need for Women's Studies in Social Work Education," *Journal of Education for Social Work* 10, no. 3 (1974): 67-74; Carol Wesley, "The Women's Movement and Psychotherapy," *Social Work* 20, no. 2 (1975): 120-124; Wilma Scott Heide, "Nursing and Women's Liberation: A Parallel," *The American Journal of Nursing* 73, no. 5 (1973): 824-827; Janet A. Rodgers, "Struggling Out of the Feminine Pluperfect," *The American Journal of Nursing* 75, no. 10 (1975): 1654-1659; and sociologist Richard Levinson, "Sexism in Medicine," *The American Journal of Nursing* 76, no. 3 (1976): 426-431.

⁴⁰⁹ For an overview of some of the literature in the mid-1970s on psychology and women and the differences (interpretively, therapeutically, and politically) between what psychologist Nancy Henley delineated as "psychology 'of' women," "psychology against women," and "psychology for women," see Mary Brown Parlee, "Review Essay: Psychology," *Signs* 1, no. 1 (1975): 119-138 and the response to Parlee, Martha T. Shuch Mednick, "Some Thoughts on the Psychology of Women: Comment on Mary Brown Parlee's 'Review Essay: Psychology,'" *Signs* 1, no. 3 (1976): 763-770.

system” in public and private relations and institutions.⁴¹⁰ Blending radical feminism and scholarship, Bart and Chesler contributed substantially to the feminist critique of medicine and offered strategies for change to patients, practitioners, and policymakers.

The personal history and professional career of Pauline B. Bart reveals how some Jewish health feminists clearly connected their interests in women’s health with Jewish identity, culture, and communities. Bart not only demystified women’s health broadly, she helped demystify Jewish women’s health care experiences and she shared her findings with the Jewish and non-Jewish community. This chapter will highlight some of the many significant contributions by Bart to the women’s health movement alongside her discussions of Jewish identity and justice. Bart’s strategies for change often were centered on exploring issues which were overlooked in health literature and she pursued research that could provide information to women to help them protect themselves, mind and body. This chapter will trace how Bart used social scientific skills to advance the women’s health movement’s critique of sexism in medicine. The following chapter will explore Phyllis Chesler’s work and life as a complementary, but also unique, example. Chesler’s story as an activist-clinician and educator shows how health care professionals

⁴¹⁰ Alice Echols’ *Daring to Be Bad* offers an extensive analysis of radical feminism as well as its “derailment” due, in part, to the growth of cultural feminism. Abortion often dominates historical analyses of radical feminism and health activism. Redstockings cofounder Ellen Willis argued that “more than any other issue, abortion embodied and symbolized our fundamental demand – not merely formal equality for women but genuine self-determination.” See Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975* (Minneapolis: University of Minnesota Press, 1989), vii, 3-5, 280, 285. Pushing back against critiques of traditional sex roles and the family were antifeminists in the pro-family movement. See Robert O. Self, *All in the Family: The Realignment of American Democracy Since the 1960s* (New York: Hill and Wang, 2012), Chapter 11; Marjorie J. Spruill, *Divided We Stand: The Battle Over Women’s Rights and Family Values That Polarized American Politics* (New York: Bloomsbury, 2017).

also helped create new models of care along feminist lines. Together, their stories show how scholar-activists shaped the women's health movement and how the health feminism became part of academic research as well as coursework in the fields of psychology, sociology, medicine, social work, and nursing.

“PORTNOY’S MOTHER’S COMPLAINT”: JEWISH FAMILY HISTORIES, MENTAL HEALTH, AND FEMINIST RESEARCH

In the Fall of 1973, feminist sociologist Pauline B. Bart reflected on the impact of age in her life as she introduced her research at a conference on aging and gerontology. “Age has always been an important factor in my life, since for a long time I was either too young or too old to be doing what I was doing.” Bart recalled how she skipped three grades in school and often physically appeared much younger than her peers, especially when she became a graduate student in 1950 and her cohort was mostly returning veterans on the G.I. Bill. She left school, married, had two children, divorced, and returned to school to complete her doctorate. When she applied for academic positions in the late 1960s, she was told she was too old to be an assistant professor. Bart accepted a position as a lecturer, where women were traditionally hired at elite institutions at the time.⁴¹¹ Though she was a successful lecturer, she was denied an assistant professorship promotion. She heard after the fact that the reason was “a question of image...We didn’t

⁴¹¹ Studies of the makeup of sociology departments in the 1960s support Bart’s characterizations about general trends in sociology hiring, faculty, and graduate student makeup. A study in *The American Sociologist* reported that, in about 3,300 appointments of “some kind” in 180 graduate departments in sociology, “there was a marked difference by sex in type of appointment and the level of teaching,” with 70 percent of the men compared to only 55 percent of women holding full-time faculty appointments. See Alice S. Rossi and Arlie Hochschild, “Status of Women in Graduate Departments of Sociology, 1968-1969,” *The American Sociologist* 5, no. 1 (1970): 5.

want the first woman we hired as an assistant professor in fifty years to be a Jewish mother.” That, noted Bart, and no one in the department cared about her research on depression and middle-aged women.⁴¹² Bart’s introduction to herself and her work touched on many of the themes that would come to define her career as a feminist health activist: age, mental health, discrimination against women as scholars and patients, and the experiences of Jewish women in academia and in the world.

Throughout her career, Pauline Bart frequently referenced her work’s guiding principle: to demystify the world for women.⁴¹³ Though she held a position as a sociologist in the Department of Psychiatry at the Abraham Lincoln School of Medicine at the University of Illinois from 1970 to 1995, Bart’s scholarship often took the approach of feminist writing that blended the self with scholarly analysis.⁴¹⁴ More traditional, often male, colleagues questioned this approach and its scholarly voracity, however, Bart’s work was not only meant for other sociologists or psychologists. It aimed to make a difference in women’s lives as patients and as individuals. Her work often emphasized groups that others found uncomfortable, unimportant, or uninteresting, such as depressed women, victims of rape, and “empty nest” mothers. In publishing on women and mental illness in the late 1960s onward, Bart’s work helped provide the

⁴¹² Copy of “Pioneers, Professionals, Returnees, Penelopes, and Portnoy’s Mothers,” talk presented by Pauline B. Bart to the 26th Annual Conference on Aging, September 10-12, 1973, box 26, folder 3, Bart Papers. Bart described the dismissive attitude of an interviewer at an academic job in her speech: “After all, [the interviewer] and I were the same age, he said, and look what he had done and look what I had done. He had two books and I had two children.” Bart’s children are named Bill and Melinda.

⁴¹³ Carol Anne Douglas, “Pauline Bart: Outrageous Feminist,” *off our backs* 28, no. 11 (1998): 7.

⁴¹⁴ Pauline B. Bart curriculum vitae, c. 2003, box 18, folder 5, Bart Papers. A precise date for this c.v. is missing, but handwritten edits on document note publications from 2003.

groundwork for the women's health movement's critique of gender bias in mental health care, patriarchal assumptions in gender role definitions, and the social dimensions of women's health crises. In contrast to other feminists her age like Rose Kushner who could be more moderate in their rhetoric than Baby Boomer feminists, Bart embraced radical feminism. Though she was born the year after Kushner, Bart identified with the student protest movements of the 1960s that emerged at the time she returned to graduate school and with radical feminism as a worldview.

Throughout the 1970s and 1980s, Pauline Bart frequently connected her Jewish identity and family history with her activism and sense of justice. Like many American Jewish families in the early twentieth century, Bart's family history was shaped by pogroms, war, and immigration. Bart was born in 1930 at Brooklyn Jewish Hospital to Emil Lackow and Mildred Prozan Lackow, both immigrants from Russia.⁴¹⁵ Her father was born near Odessa and his family escaped Russia for Palestine after a pogrom in 1905. They later returned to Petrograd where Emil Lackow finished high school and enrolled in Petrograd University. Fleeing the Soviet Union after the Bolshevik Revolution, Lackow settled in New York where he worked a range of positions as a salesman, factory worker, and leather goods and tobacco dealer.⁴¹⁶ According to Bart, Mildred Prozan Lackow grew up in a shtetl near Pinsk in a family of "bourgeois" Eastern European Jews. During World

⁴¹⁵ Marriage License of Pauline Lackow and Max Bart, 1949, box 18, folder 23, Bart Papers; Letter to Rita Kopell from Pauline B. Bart, July 24, 1987, box 4, folder 5, Bart Papers; Birthday events invitation for Pauline B. Bart, Barbara Seaman Additional Papers, 1933-2008, MC 695, box 11, folder 7, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Mass. Emphasis in original. S

⁴¹⁶ Tom Lambert, "To Jerusalem via Santa Barbara," *The Rockland County Journal News* (New York), January 5, 1971. In the late 1960s, Emil Lackow would return to school at University of California, Santa Barbara for a degree in political science. Petrograd is Saint Petersburg.

War I, the Prozan home was “taken over by the German general staff” when the town was occupied.⁴¹⁷ Bart’s aunt, Rebecca Zeiger, was a physician in Russia during World War I and she helped establish the first birth control clinic in Brooklyn. Bart later referenced Zeiger as an influence on her own understanding of women’s health pioneers and the discrimination faced by professional women in science.⁴¹⁸

As Bart grew up in East Flatbush, Brooklyn during the Great Depression, her evolving perspectives on politics were often influenced by dynamics between Jews and non-Jews at home and abroad. “Growing up Jewish in New York during the rise of fascism and the Holocaust meant growing up with a political consciousness,” she wrote in the early 1980s. Some of her earliest political memories were listening to radio news programs and learning about Franco and the Spanish Civil War. The dynamic between students and teachers in Bart’s elementary school also shaped her impression of ethnicity and religion in America. “I thought the world was made up of Irish Catholics and Jews since all my teachers were Irish Catholics,” she recalled. As a child, Bart pushed back against singing Christmas carols in school and she “led strikes in my row against singing the words I decided were too religious” words such as Jesus, Mary, or Holy Virgin. She remembered that “developing a political consciousness was rewarded” in her family. In 1936, Bart was asked to bring a present to school in honor of Armistice Day. Disliking the present her mother selected, Bart said, “When my children ask me for presents to give to the soldiers hurt fighting Hitler and Mussolini, I will give them something nicer.” Her

⁴¹⁷ Letter to Gladys Rothbell from Pauline B. Bart, February 18, 1986, box 4, folder 3, Bart Papers.

⁴¹⁸ “Pioneers, Professionals, Returnees, Penelopes, and Portnoy’s Mothers,” a talk by Pauline Bart, Bart Papers.

comments were sent into the Yiddish-language newspaper the *Daily Forward*. “Pauline Bart, girl *chochem* (sage), was published in the first grade,” Bart later wrote.⁴¹⁹

In reflections on her childhood and young adult years, Bart noted that her parents were particularly concerned with Jewish visibility in America, whether that be for Jewish achievements or criminal activity. With the appointment of Felix Frankfurter to the United States Supreme Court in 1939, Bart remembered her mother feeling afraid and concerned this visibility of a Jewish man, thought to be pro-New Deal, would mean increased anti-Semitism since some Americans believed New Dealers to be Communists. “I wonder if other ethnic minorities feel terror rather than pride when one of theirs makes it,” wrote Bart in a later essay titled “Notes from a Formerly Nice Jewish Girl.” Bart recalled how during the Julius and Ethel Rosenberg trial in the early 1950s, her family and many other Jewish families were “convinced that a terrible pogrom would ensue.”⁴²⁰ After more than twenty years in the United States, Bart’s parents still felt a sense of insecurity. The Lackow family’s fears concerning anti-Communism and the consequences of “un-American” views or politics were not uncommon among American Jews during the 1950s. Many American Jews recognized their community’s longtime commitment to liberal, and in some cases left-wing, causes and felt nervous during a time

⁴¹⁹ Pauline B. Bart, “How a Nice Jewish Girl Like Me Could,” in *Nice Jewish Girls: A Lesbian Anthology*, Evelyn Torton Beck, ed. (Trumansburg, NY: The Crossing Press, 1982), 59. Bart often used Yiddish words in correspondence and essays on Jewish topics.

⁴²⁰ Pauline B. Bart, “Notes from a Formerly Nice Jewish Girl,” *Shifra* 1 (December 1984): 38; Extended draft of “Notes from a Formerly Nice Jewish Girl,” box 26, folder 9, Bart Papers. For more on Jewish views of the New Deal, *The Jews of the United States, 1654 to 2000* (Berkeley: University of California Press, 2004), 236-238

of heightened rhetoric about “outside agitators,” especially since Jewish immigrants in earlier decades has been accused of being “inassimilable foreigners.”⁴²¹

Memories of these years and events like the Spanish Civil War, the Great Depression, the Holocaust, and the Second Red Scare marked Bart’s mind as she grew into a political adult. “What Jewish kids learned during the rise of Fascism in the Thirties was that we were vulnerable, living on the sufferance of the Gentiles, and therefore must not be ‘too’ visible,” wrote Bart.⁴²² Reinterpreting her mother’s common saying, “Scratch a *goy* (gentile) and you find an anti-Semite,” Bart countered with “Scratch a man and you find a sexist.” Echoing the feelings of othering, harm, and discrimination, she felt as a Jew in America, Bart wrote she repurposed the word *goyim* (gentiles) to reflect the marginalization of women in society: “Sometimes, I refer to men as the *goyim*.”⁴²³

In the postwar period, tens of thousands of American Jews moved out of cities and into the suburbs. Some moved to “golden cities” like Miami and Los Angeles in search of greater economic opportunity and the chance to build new, more “individualistic” communities. Part of this larger trend, the Lackow Family moved to Santa Barbara in 1948.⁴²⁴ As seen in histories by Deborah Dash Moore and Jonathan Sarna, the nature of the American Jewish community in this period began to shift away from “distinctive Jewish subcultures of the inner cities” and into more dispersed Jewish settlement patterns. Though Los Angeles had an established Jewish population well

⁴²¹ Diner, *The Jews of the United States*, 276-278.

⁴²² Bart, “Notes from a Formerly Nice Jewish Girl”; Extended draft of “Notes from a Formerly Nice Jewish Girl,” Bart Papers.

⁴²³ Bart, “How a Nice Jewish Girl Like Me Could,” 62.

⁴²⁴ Pauline B. Bart, “The Banned Professor,” drafts, box 23, folder 11, 1993, Bart Papers; Lambert, “To Jerusalem via Santa Barbara.”

before the war, it tripled in size in the twenty years following 1945 and grew from about 160,000 to 500,000.⁴²⁵ Pauline Bart married in 1949, completed a bachelor's degree in sociology at the University of California, Los Angeles the following year, and a master's degree in sociology in 1952.⁴²⁶ She later noted that it was "OK for [her] to be smart" since she had no brothers.⁴²⁷ Feeling pressure to start a family, and following the path of many other college educated young women, Bart left school to become a homemaker. Education was not discouraged in her experience, however, as *Life* magazine wrote in the mid-1950s, Bart's generation was taught that women "have minds and should use them...so long as their primary interest is in the home."⁴²⁸ Bart later noted that people would ask her if her husband forced her to leave school. "He did not have to," Bart would respond. "The message from the society was unanimous."⁴²⁹ As a sociologist, Bart

⁴²⁵ See Jonathan Sarna, *American Judaism: A History* (New Haven: Yale University Press, 2002), 291-293 and Deborah Dash Moore, *To the Golden Cities: Pursuing the American Dream in Miami and L.A.* (Cambridge: Harvard University Press, 1996). For more on Lackow family move to Santa Barbara, see Lambert, "To Jerusalem via Santa Barbara." Bart discussed moving to Los Angeles and being a "displaced New Yorker" in correspondence with Barbara Seaman. See Letter to Barbara Seaman from Pauline B. Bart, September 27, 1972, box 1, folder 3, Bart Papers.

⁴²⁶ Marriage License of Pauline Lackow and Max Bart, 1949; Bart curriculum vitae, c. 2003, Bart Papers.

⁴²⁷ Letter to "Lynn" from Pauline B. Bart, July 6, 1983, box 3, folder 7, Bart Papers.

⁴²⁸ Trish Hall, "Pauline Bart: The Sociology of Women's Oppression," *The Every Other Weekly* 1, no. 12 (May 12, 1970): 4, box 18, folder 10, Bart Papers; Ruth Rosen, *The World Split Open: How the Modern Women's Movement Changed America*, Revised Edition (New York: Penguin Books, 2006): 41. Ruth Rosen was the photographer for the *Every Other Weekly* profile. For more on this time period, see also Elaine Tyler May, *Homeward Bound* (New York: Basic Books, 1988); Stephanie Coontz, *The Way We Never Were* (New York: Basic Books, 1992); and for essays challenging narrow depictions and stereotypes of the 1950s, see Joanne Meyerowitz, ed., *Not June Cleaver: Women and Gender in Postwar America, 1945-1960* (Philadelphia: Temple University Press, 1994) and Leila Rupp and Verta Taylor, *Survival in the Doldrums* (New York: Oxford University Press, 1993).

⁴²⁹ Pauline B. Bart, "How I Lost My False Consciousness and Found Women's Liberation," *off our backs* 12, no. 5 (1982): 6-7. Bart continued, "Besides, I was having

believed the sociology of knowledge was “the most useful of intellectual tools” and she emphasized how “where one is situated in the social structure shapes how one sees the world.” For Bart, her view of the world was undoubtedly shaped by her experience as a Jewish child in the 1930s and a suburban housewife in the 1950s.⁴³⁰

Famously analyzed by Betty Friedan in *The Feminine Mystique*, the postwar period was dominated by what historian Ruth Rosen described as “the conviction that women should limit their lives exclusively to the home and hearth.”⁴³¹ Although the lifestyle of the 1950s suburban homemaker was only available to a limited subset of American women, often middle-to-upper class white women, the societal pressure to embrace this role was immense. Writing in 1970, Pauline Bart described herself as a “casualty of the 1950s.” She believed those years were a “lost decade” for women. “Why did I feel I wanted to be an intellectual, why did I feel as if I was literally suffocating when I had a home and small children but couldn’t read?” asked Bart. “You really think there’s something wrong with you if you’re not happy with the American dream.”⁴³²

Bart described this period as her “American nightmare.” Like many other women, Bart believed her dissatisfaction was her own fault and felt guilty. “We thought there was something the matter with *us*...because the only vocabulary for motives around in the

what the psychoanalysts said, and I believed, were the wrong kind of orgasms. Surely being a full-time housewife (married to the house) and mother would cure that.” In this essay, Bart also described having an illegal abortion shortly after she married because she wanted to complete her education. She wondered how many men in her field would have gone through a such a traumatic experience for their studies.

⁴³⁰ “Pioneers, Professionals, Returnees, Penelopes, and Portnoy’s Mothers,” a talk by Pauline Bart, Bart Papers.

⁴³¹ Rosen, *The World Split Open*, 4-5; Betty Friedan, *The Feminine Mystique* (New York: Norton, 1963).

⁴³² Hall, “Pauline Bart,” *The Every Other Weekly*.

Fifties was the Freudian, we assumed our problem was intra-psychic,” remembered Bart.⁴³³ She divorced her husband and returned to school in the early 1960s for a doctorate in sociology, as school was the only institution in which she had any faith. However, that faith would soon be tested when Bart later struggled to find work despite her strong recommendation letters and research productivity.⁴³⁴

Though a recognizable women’s health movement emerged in the late 1960s, Pauline Bart’s doctoral research shows health feminist thought was also developing in the academy during the middle years of the decade.⁴³⁵ In contrast to the women’s health movement’s early focus on birth control, abortion, and childbirth, Bart’s research on middle-aged and menopausal women addressed a group which was initially overlooked by the feminist movement and generally ignored by American society.⁴³⁶ Her work not

⁴³³ Letter to Ms. Magazine from Pauline B. Bart, January 4, 1978, box 3, folder 1, Bart Papers; Bart, “Sexism and Social Science,” 742.

⁴³⁴ Hall, “Pauline Bart,” *The Every Other Weekly*; “Doctoral Dissertations Newly Started in 1964,” *American Journal of Sociology* 71, no. 1 (1965): 94; Bart, “How I Lost My False Consciousness.” Bart recognized her marriage was ending and she would need to work, so she first earned a teaching credential. She would later return for the PhD. Bart’s dissertation title was listed as “Sociocultural Factors in Hospitalized Depressions of Middle-Aged Women.” In comparison, other doctoral students in her department were studying military elites, social organization in prisons, an ethnography of a newspaper, and “rule-following” in a public assistance agency.

⁴³⁵ Barbara Seaman’s *The Doctors’ Case Against the Pill* was first published in 1969. This is also the year that the group who would become the Boston Women’s Health Book Collective (authors of *Our Bodies, Ourselves*) first met at a conference on women and health at Emmanuel College in Boston. See Rosen, *The World Split Open*, 175-179.

⁴³⁶ By the mid-1970s, a number of older women’s groups had formed within second wave feminism to address older women’s concerns. The founding of these groups is generally interpreted as part of the fragmentation/spread of the women’s movement in that decade. The NOW Task Force called Older Women’s Liberation (OWL) was founded by Tish Sommers formed in 1973 to address the issues of women over thirty. In 1980, she formed the Older Women’s League. The Grey Panthers also fought for older women’s rights. See Rosen, *The World Split Open*, 271-273; Robert Mcg. Thomas Jr., “Maggie Kuhn, 89, the Founder Of the Gray Panthers, Is Dead,” *New York Times*, April 23, 1995.

only helped build early health feminist literature on mental health and wellness, it also presented an argument for feminist methodology in women's health research. Bart referenced the women's movement argument that the "personal is political" and sociologist C. Wright Mills in her defense of interweaving history and biography in sociological research.⁴³⁷ "We discovered that what we thought were private problems were in fact public issues..." wrote Bart. "Our personal experiences are *data*."⁴³⁸ Two years later, Bart would expand her argument. "In the women's movement we do not make the distinction between the personal and the scientific or the political."⁴³⁹ The addition of "the scientific" is notable, as Bart advanced a critique of the supposed objectivity of science and the impact of personal, often male, priorities on social science, psychology, and medicine.

⁴³⁷ In *The Sociological Imagination* (1959), C. Wright Mills wrote "The sociological imagination enables us to grasp history and biography and the relations between the two within society. That is its task and its promise." Education scholar Kathleen Weiler summarized this approach in as, Mills arguing "individual lives could only be understood within broader historical and social context." See Kathleen Weiler, "The Feminist Imagination and Educational Research," *Discourse: Studies in the Cultural Politics of Education* 29, no. 4 (2008): 499-507.

⁴³⁸ Bart, "Sexism and Social Science," 734. Emphasis in original. In a 1972 letter to Barbara Seaman, Bart wrote that "Sexism and Social Science" was her favorite article. See Letter to Barbara Seaman from Bart, September 27, 1972, Bart Papers. Historians such as Joan Scott and Ellen Herman argued that feminists utilized "experience" to make knowledge claims. Herman wrote that the focus on personal experience connected feminism and psychology. Herman contended that concepts that came to be vital to feminist thought like identity and consciousness were initially defined and explored in developmental psychology in the mid-twentieth century, especially by psychoanalyst Erik Erikson. Herman argued that "while psychology helped to 'construct the female' it also helped to construct the feminist." See Herman, *The Romance of American Psychology*, 277, 292-297, 301-303; Joan W. Scott, "The Evidence of Experience," *Critical Inquiry* 17 (1991): 773-797; and Susanna Kim and Alexandra Rutherford, "From Seduction to Sexism: Feminists Challenge the Ethics of Therapist-Client Sexual Relations in 1970s America," *History of Psychology* 18, no. 3 (2015): 283-296.

⁴³⁹ "Pioneers, Professionals, Returnees, Penelopes, and Portnoy's Mothers," a talk by Pauline Bart, Bart Papers.

In 1970, Pauline Bart published what would soon become one of the foundational articles in the women's health movement's critique of psychology, a piece she titled "Portnoy's Mother's Complaint." Bart had first become interested in "the sociology of mental illness" as she worked at Boston State Hospital on project on schizophrenia while her then-husband pursued a degree in public health at Harvard.⁴⁴⁰ Though her male colleagues generally dismissed her depression research as "uninteresting and unimportant," Bart's work challenged sociologists and psychologists to reconsider their conclusions that depression in middle-age and "empty nest syndrome" were solely a result of hormone changes during menopause.⁴⁴¹ In addition to testing her hypothesis on the origins of "empty nest syndrome," Bart's essay destigmatized and humanized mothers whose nurturing style and identity was driven by "overinvestment" in their children, including the stereotypical "Jewish mother" and "supermothers" of many backgrounds.⁴⁴²

⁴⁴⁰ Bart, "How I Lost My False Consciousness," 6.

⁴⁴¹ Historian Cheryl Krasnick Warsh wrote that, given that female identity was so often interpreted through and bound to ideas about reproduction, "it is not surprising that the last stage of the reproductive cycle – the menopause – should be an experience fraught with socio-cultural meaning." By the late 1970s, activists were analyzing ideas about menopause and, especially, the ill effects of hormone replacement therapy. The Boston Women's Health Book Collective shared data on menopause they gathered with Bart. She utilized this data and other studies to write, "Taking the Men Out of Menopause," which largely focused on medicalized menopause, estrogen replacement therapies, and drug companies. See Warsh, *Prescribed Norms: Women and Health in Canada and the United States Since 1800* (Toronto: University of Toronto Press, 2010), 47-51; Boston Women's Health Book Collective, *Our Bodies, Ourselves: A Book by and for Women*, Revised and Expanded Edition (New York: Simon and Schuster, 1976), 327-336; Copy of Marlyn Grossman and Pauline B. Bart, "Taking the Men Out of Menopause," from *Women Look at Biology Looking at Women*, 1979, box 28, folder 7, Bart Papers; Barbara Seaman and Gideon Seaman, *Women and the Crisis in Sex Hormones* (New York: Rawson Associates Publishers, 1977).

⁴⁴² Philip Roth's novel *Portnoy's Complaint* has been described as "simultaneously celebrated and reviled." Bart did not discuss Sophie Portnoy at length in her article, but generally depictions and experiences of Jewish mothers who suffered from depression.

Bart's theory guiding her study was that depression in middle-aged women was a result of sociocultural factors that "drastically reduce a woman's self-esteem" and that depression was linked to the loss of a significant role, such as motherhood. She also theorized that women who were "supermothers" would experience higher rates of depression with the loss of that maternal role. Bart suggested that due to the stereotype of "supermothering" associated with Jewish mothers, she would find higher rates of depression in middle-aged Jewish women than their "Anglo" or Black peers.⁴⁴³ Bart's earlier published work also showed an interest in trends in the Jewish community, including Jewish attitudes towards psychiatric treatment and the views of Jewish sociologists towards issues like the war in Vietnam.⁴⁴⁴

Printed in the social science journal *Trans-Action* and retitled by the publisher as "Mother Portnoy's Complaint," the article discussed a sample of over 500 women's medical records who had no previous hospitalization for mental illness from across five hospitals. Bart had first submitted the article, which utilized research from her dissertation, to *Trans-Action* two years prior, but she believed it was rejected because feminism was not yet profitable for publishers. In her article, Bart compared women who

See Joyce Antler, *You Never Call! You Never Write!: A History of the Jewish Mother* (Oxford: Oxford University Press, 2007), 139-141.

⁴⁴³ Pauline B. Bart, "Mother Portnoy's Complaint," *Trans-Action* 8 (November-December 1970): 69-72; Bart, "Sexism and Social Science," 739-740. In the "Sexism and Social Science" article, Bart noted her irritation that the editors of *Trans-Action* decided to "inexplicably" retitle her Portnoy piece.

⁴⁴⁴ Pauline B. Bart, "Social Structure and Vocabularies of Discomfort: What Happened to Female Hysteria?" *Journal of Health and Social Behavior* 9, no. 3 (1968): 188-193; Pauline B. Bart, "The Role of the Sociologist on Public Issues: An Exercise in the Sociology of Knowledge," *The American Sociologist* 5, no. 4 (1970): 339-344. Researchers found that Jews generally had a favorable attitude towards psychiatry. Though Bart was often discussing a broader subject than Jewish perspectives, she was interested in ethnicity in her work and noted trends concerning Jews.

had been diagnosed “depressed” using a range of diagnosis including “involutional depression, psychotic depression, neurotic depression, [and] manic-depressive depression” with women who had other functional diagnoses.⁴⁴⁵ Among her research methods were twenty “intensive interviews” conducted by Bart and a projective biography test. Her research was supported, in part, by a pre-doctoral research training fellowship from the National Institute of Mental Health.⁴⁴⁶ Bart found that Jewish women had the highest rate of depression among the sample and were roughly twice as likely to be diagnosed as depressed than non-Jewish women. However, Bart noted when she “controlled the data, holding patterns of family interaction constant, the difference between Jews and non-Jews sharply diminishes.” She found mothers who were deeply involved with their children and constructed their identities around mothering, nurturing, or being a wife were more likely to suffer from depression in middle-age than others who did not construct their sense of self around the maternal role. Bart argued that

⁴⁴⁵ Warsh noted that “involutional melancholia,” a term first coined in the early twentieth century, was a useful diagnosis to explain “in medical terms,” the rate of aging women committed to institutions without having to recognize “economic dependence, patriarchal inequities, and the apparent growing unwillingness and inability of families to care for non-productive members.” Walsh underscored that no studies ever supported the existence of involutional melancholia and, despite this, it was not removed from the American Psychiatric Associations “bible,” the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until the DSM III in 1980. See Warsh, *Prescribed Norms*, 61.

⁴⁴⁶ The National Mental Health Act of 1946 provided increased funds for medical research and training programs, as well as aid to states for mental health clinics. Training programs sponsored by the National Institute of Mental Health provided more generous stipends in order to attract residents in psychiatry. Though the social science were initially excluded from this training funding, by 1957 the program was broadened to include sociology and anthropology. Bart did not detail the specifics of her pre-doctoral funding from the NIMH. See Starr, *Social Transformation of American Medicine*, 346; Samuel W. Bloom, *The Word as Scalpel: A History of Medical Sociology* (Oxford: Oxford University Press, 2002), 164.

“overprotection or overinvolvement with children is much more common among Jews,” however, “it is clear that you don’t have to be Jewish to be a Jewish mother.”⁴⁴⁷

What was feminist about Bart’s work was not only her interest in studying women’s experiences and including their voices in her work, but also Bart’s conclusions about the results of her study. Bart recognized that comedians and satirists often ridiculed “Jewish mothers,” however, she did not see the overbearing, overinvolved mother as a humorous or pitiful person. The direct quotes and descriptions of the mothers she included in her work were there not to mock them, but rather to show the depth of their experiences. “I don’t feel at all that I’m wanted. I just feel like nothing. I don’t feel anybody cares and nobody’s interested,” one woman told Bart. Another woman described wanted to feel valued by her daughter. “Why is my daughter so cold to me? Why does she exclude me?” the woman asked Bart, “She turns to her husband...and leaves me out. I don’t tell her what to do, but I like to feel my thoughts are wanted.”⁴⁴⁸

Though these feelings were often criticized by society, Bart framed their depression as, in part, compelled by their commitment to mothering. “It is very easy to make fun of these women, to ridicule their pride in their children and concern for their

⁴⁴⁷ Bart, “Mother Portnoy’s Complaint,” 72-74. Bart also found an interesting trend in generation and American Jewish women. She found “the very small group of Jewish women whose mothers were born in the United States had a rate of depression midway between that of Jewish women with European-born mothers... and Anglo women...” Bart argued that the low rates of depression among Black women in her sample could be a result of family structure and “occupational roles” that tended to prevent depression from developing. She reasoned Black women were more likely to have identities built on factors outside of the home. Paula Weideger and others would later argue that Black women and other marginalized groups were less likely to seek mental health care services, therefore mental health statistics may not represent trends in these communities fully. See Paula Weideger, *Menstruation and Menopause: The Physiology and Psychology of the Myth and the Reality* (New York: Alfred A. Knopf, 1976).

⁴⁴⁸ Bart, “Mother Portnoy’s Complaint,” 71-73.

well-being,” wrote Bart. However, these women were “only doing what they were told to do, what was expected of them by their families, their friends, and the mass media.”

Deviation from the maternal role would not have been accepted either, she argued. Bart pointed to “inspirational literature” including magazines and soap operas that told women they could find true happiness “by devoting themselves to their husbands and children and by living vicariously through them.”⁴⁴⁹ Radical feminist Vivian Gornick and coauthor Barbara K. Moran found Bart’s conclusions about depression disturbing. “What is perhaps sadder and more frightening than any other single aspect of women’s condition is the spectacle of the women who have done exactly as they were told to do,” they wrote in *Women in Sexist Society*, which included a version of “Mother Portnoy’s Complaint.”⁴⁵⁰

Bart depicted the women in her study not as deficient or immature as mainstream psychology often did, rather, she emphasized that many of the women in the study were just following the “cultural rules” of the American Dream. “If one’s sense of worth comes from other people rather than from one’s own accomplishments, it follows that when such people depart, one is left with an empty shell in place of a self,” Bart argued. “If, however, woman’s sense of worth comes from her own interests and accomplishments, she is less vulnerable to breakdown when others leave.” Importantly,

⁴⁴⁹ Bart, “Mother Portnoy’s Complaint,” 74. Bart’s work was not the first to consider the maternal role in the Jewish family from a sociological or psychological perspective. In a research proposal, Bart references the work of Ruth Landes, Mark Zborowski, Arnold Meadow, and Harold Vetter as relevant literature. See Pauline B. Bart, “Socio-Cultural Factors in Hospitalized Depressive Reactions of Middle-Aged Women: A Research Proposal,” n.d., box 28, folder 3, Bart Papers.

⁴⁵⁰ Vivian Gornick and Barbara K. Moran, eds., *Women in Sexist Society* (New York: Basic Books, 1971), xv, 99.

Bart argued for “the development of personhood” for both men and women and pointed out that just as women must have a sense of self outside of motherhood, men should build their own identities outside of their work. In “Mother Portnoy’s Complaint” as well as her later work, Bart pointed to the women’s liberation movement as an opportunity for women to learn about “alternative lifestyles” and as a source of support for those who wished to challenge traditional sex roles.”⁴⁵¹ Bart later wrote that she understood her “Portnoy” essay to be an “outreach piece” and she noted people sent it to their mothers. She hoped her research would reach beyond professional and academic women.⁴⁵²

Rather than framing middle-aged women’s depression as an individual problem, Bart pointed to the pressures of societal expectations and value placed in maternal roles. Though some women adjust well when there is significant role loss or change in their lives, others struggle. Bart argued there is no societal support for these changes in traditional American culture. “Society has provided no guidelines for her,” wrote Bart. “No rites of passage. There is no bar mitzvah for menopause.” No rites of passage for the transition to a “empty nest.”⁴⁵³ Bart’s research was reprinted a number of times throughout the 1970s and referenced in the work of feminist psychologists, such as Phyllis Chesler.⁴⁵⁴ Writer Tillie Olsen commented that “Portnoy’s Mother’s Complaint” was the “first pro-mother piece in the women’s movement.”⁴⁵⁵ Bart’s interpretation of

⁴⁵¹ Bart, “Mother Portnoy’s Complaint,” 74.

⁴⁵² Letter to Barbara Seaman from Pauline B. Bart, September 27, 1972, Bart Papers.

⁴⁵³ Bart, “Mother Portnoy’s Complaint,” 71.

⁴⁵⁴ Pauline B. Bart curriculum vitae, c. 2003; Phyllis Chesler, *Women and Madness* (Garden City, NY: Doubleday and Company, 1972), 44, 329; Bart’s “Portnoy’s Mother’s Complaint” was also published under different titles with some changes, such as in “Depression in Middle Aged Women,” in *Women in Sexist Society*.

⁴⁵⁵ Carol Anne Douglas, “Pauline Bart: Outrageous Feminist,” *off our backs* 28, no. 11 (1998): 7. Bart’s model for studying the structural aspects of depression in middle aged

mothers varied significantly from some views among the younger generation of Jewish second wave feminists, who historian Joyce Antler argued were “alternatively resentful of their mothers’ domination of their lives or disappointed in their weaknesses.”⁴⁵⁶

Like many other young women drawn to the women’s movement, Jewish women in the second wave of the feminist movement often had conflicted relationships with their own mothers and Bart herself worked to understand her mother’s experience through sociology. By the 1970s, motherhood itself became a divisive subject as some radical feminists rejected motherhood as others, especially by the late 1970s, began to embrace becoming mothers, albeit feminist ones.⁴⁵⁷ In the 1980s, Bart’s “Portnoy” essay was referenced favorably by Jewish feminist author Susan Weidman Schneider as work that underscored how “empty nest syndrome” was linked to the “rapid advancement of the Jewish middle-class family.” A sign of this advancement, noted Schneider in her work *Jewish and Female*, was “not only the move to the suburbs, but also, perhaps especially, the incarceration of the wife and mother in the home.”⁴⁵⁸ Though Bart’s “Portnoy” article was later interpreted by historian Joyce Antler as an example of feminists contributing to “medicalized notions of the Jewish mother,” it nonetheless had a significant impact on the feminist critique of medicine and gender roles influencing illness and aging.⁴⁵⁹ Bart,

women and psychological stresses connected to menopause were “confirmed and expanded for other ethnic groups,” in studies of midlife changes in Mohawk women in Canada and Japanese women. Warsh noted studies of midlife changes among Mohawk women found that the transitions were “more gradual than abrupt” and their menopause experiences were easier or more difficult “based upon other structural aspects of their lives.” See Warsh, *Prescribed Norms*, 65-66.

⁴⁵⁶ Antler, *You Never Call! You Never Write!*, 151-164.

⁴⁵⁷ Antler, *You Never Call! You Never Write!*, 152-164.

⁴⁵⁸ Susan Weidman Schneider, *Jewish and Female: Choices and Changes in Our Lives Today* (New York: Simon and Schuster, 1984): 443-444. Schneider edited *Lilith*.

⁴⁵⁹ Antler, *You Never Call! You Never Write!*, 146-147.

drawing from her perspective as Jewish woman, a mother, and the recognition of her own mother's mental health struggles, wrote of middle-aged women's experiences with an empathetic, sociological eye rather than derision.⁴⁶⁰

HEALTH FEMINIST ACTIVISM FROM WITHIN THE "BELLY OF THE BEAST"

Throughout the 1970s, Pauline B. Bart continued to publish on a range of women's health issues and write reflections on the role of sexism in the academy, medicine, and medical education. She consistently pushed for the sociological profession to recognize women scholars in their ranks not only existed but mattered to composition of the field.⁴⁶¹ In studies before 1970, sociology as a field generally framed women in relation to men and research emphasized subjects such as dating, domestic interactions, and sexual delinquency. However, after 1970, a number of new trends developed due in part to researchers influenced by the women's movement. Work throughout the decade dealt more directly with subjects such as documenting sexism in social science and society and the revision of traditional ideas about women.⁴⁶² In 1971, Bart edited a special issue on sexism in family studies for the *Journal of Marriage and Family*. The double issue featured a number of women active in the women's movement including Phyllis Chesler, Carol Ehrlich, and Ruth Rosen. "I truly believe that the women's movement will change society so that no longer will the best female minds of our

⁴⁶⁰ Bart, "The Banned Professor," drafts, Bart Papers; Antler, *You Never Call! You Never Write!*, 150-151. Bart wrote, "I turned my mother's serious depression when she was fifty into my seven-hundred-page dissertation." Antler wrote some young Jewish women in the second wave movement "saw their own mothers as negative role models."

⁴⁶¹ Pauline B. Bart, "Invisibility of Women in Universities," *The American Sociologist* 5, no.3 (1970): 279. Bart connected the "invisibility" of women sociologists in a study of the American sociologists to a potentially biased "view of society" in the profession.

⁴⁶² Joan Huber, "Review Essay: Sociology," *Signs* 1, no. 3 (1976): 685-697.

generation be destroyed,” Bart wrote in her editorial remarks.⁴⁶³ She traced the multiple forms sexism in the sociological and psychological professions in her article. She also showed the marginalization of women as academics, researchers, and subjects of sociological study. Bart ultimately concluded her essay with what she and many women learned through the women’s liberation movement: women’s struggles were not private problems, but a “public issues structurally induced.”⁴⁶⁴

After struggling to find a tenure-track position in sociology and facing sexism, agism, and anti-Semitism on the job market, Pauline B. Bart joined the Department of Psychiatry at the University of Illinois’ Abraham Lincoln Medical School in Chicago in 1970.⁴⁶⁵ Chicago was well known for its radical feminist organizations, such as the Chicago Women’s Liberation Union, and the city had been foundational in the early years of radical feminism. Activists Heather Booth, Naomi Weisstein, Vivian Rothstein, and Shulamith Firestone were early feminist organizers in the city.⁴⁶⁶ Though Pauline

⁴⁶³ See Pauline B. Bart, “Editorial: Special Issues on Sexism,” *Journal of Marriage and Family* 33, no. 1 (1971): 409. For the readership, Bart defined sexism as “more than ‘simply’ discrimination against women...it is the process whereby patriarchal attitudes and behaviors are institutionalized, permeating the society from its language to its liturgy to its law.” Additional work by Bart on values in psychology include, “The Myth of Value-Free Psychology,” in Wendell Bell and James A. Mau, eds., *The Sociology of the Future* (New York: Russell Sage Foundation, 1971), 113-159.

⁴⁶⁴ Bart, “Sexism and Social Science,” 734-742.

⁴⁶⁵ Bart served as a lecturer in sociology at the University of California, Berkeley from 1968-1970, where she also taught one of the earliest courses in women’s studies. Bart describes her difficulties finding a position, and how her struggle for employment created a crisis of faith and mental health struggles, including a suicide attempt, in essays and talks. See Bart, “How I Lost My False Consciousness”; “Pioneers, Professionals, Returnees, Penelopes, and Portnoy’s Mothers.”; Bart curriculum vitae, c. 2003.

⁴⁶⁶ A number of these activists were formerly part of the New Left but broke away over issues of sexism. Firestone left Chicago for New York and cofounded New York Radical Women, the Redstockings, and New York Radical Feminists. A number of the founders of the CWLU were Jewish including Booth, Amy Kesselman, Rothstein, and Weisstein. Antler explores the intersection of their Jewishness and activism in *A Jewish Feminine*

Bart's appointment in a Department of Psychiatry at a medical school separated her from working daily with sociologists, it presented an opportunity for her to develop further feminist critiques of medicine while influencing future physicians.⁴⁶⁷ From her first-person perspective in what she called "the belly of the beast," Bart identified and studied how sexism was interwoven into medical education, textbooks, and health care.

In reflecting on why she decided to focus her sociological research on issues of women and health, Bart pointed to her experience working within a medical school. "I was learning experientially what I had known intellectually – that doctors have enormous power," Bart wrote. She argued that medical education and "the pathways to it" created a reality wherein doctors had "a trained incapacity to deal with women as patients (or sometimes even as medical students)."⁴⁶⁸ In the mid-1970s, the head of her department at the time stopped Bart from teaching medical students, possibly because he was resistant

Mystique? and *Jewish Radical Feminism*. Booth founded the Jane Collective, an abortion service operating before *Roe*. See Rosen, *The World Split Open*, 232; Joyce Antler, "'We Were Ready to Turn the World Upside Down': Radical Feminism and Jewish Women," in Hasia R. Diner, Shira Kohn, and Rachel Kranson, eds., *A Jewish Feminine Mystique?: Jewish Women in Postwar America* (New Brunswick: Rutgers University Press, 2010), 210-235; and Antler, *Jewish Radical Feminism*, 31-70.

⁴⁶⁷ Bart's hire in a department of psychiatry was not completely out of the ordinary. Richard Levinson, a professor in the Department of Sociology and Anthropology at Emory University, was also affiliated with the Department of Psychiatry. He wrote on sexism and medicine in the 1970s and referenced the research of Chesler, Bart, and others. Though she never held a regular position in a sociology department, Bart connected with other sociologists at conferences, visiting professorships, working with sociologists in the University of Illinois system, and organizations such as the American Sociological Association and Sociologists for Women in Society. See Levinson, "Sexism in Medicine," 426-431; Bart curriculum vitae, c. 2003.

⁴⁶⁸ Pauline B. Bart, "Being a Feminist Academic: What a Nice Feminist Like Me is Doing in a Place Like This," 1981, box 23, folder 13, Bart Papers; Pauline B. Bart and Melinda Bart Schlesinger, oral history interview with author, Cary, NC, March 2, 2019. Bart discussed how medical students would talk to her about misogynist medical professors and she described how working in a medical school isolated her from people in her field.

to her work and politics. Yet medical students still spoke with her about what they saw as serious gaps in their education, especially in terms of treating victims of rape or how to fit diaphragms.⁴⁶⁹ Even as department politics influenced which students she taught, Bart published and spoke widely on the shortcomings of medical education and the importance of medical care based on a partnership between patient and practitioner. During the 1970s, she often appeared at the same conferences and workshops as other women's health activists in this study, including Barbara Seaman and Phyllis Chesler.

Bart's research on bias in medical school textbooks and education revealed stereotypical messaging about women's roles and anatomy, as well as how medical textbooks were written with the interests of men in mind, even within women's health specialties. Cowritten with Diana Scully, Bart's 1973 article "A Funny Thing Happened on the Way to the Orifice: Women in Gynecology Textbooks," analyzed twenty-seven gynecology texts between 1943 and 1972. Textbooks, argued Bart and Scully, were "one of the primary professional socialization agents" for gynecologists and therefore the biases of the textbooks revealed a great deal about the attitudes that were taught and perpetuated about women's anatomy, sexual desires, and psyches. The authors studied gynecological textbooks, in particular, as gynecologists were seen as "society's official specialists on women" and a legitimate source of information on women's minds as well

⁴⁶⁹ Bart, "Being a Feminist Academic: What a Nice Feminist Like Me is Doing in a Place Like This," 1981; Pauline B. Bart, "The Banned Professor," drafts, box 23, folder 11, 1993, Bart Papers; Douglas, "Pauline Bart: Outrageous Feminist"; Pauline B. Bart curriculum vitae, c. 2003. Bart noted that she taught various women's studies and sociology courses for graduate and undergraduate students. Her curriculum vitae mentions a course titled "Behavioral Sciences for Medical Students," but it is unclear if she when taught this. Bart noted having supportive and unsupportive department heads.

as bodies.⁴⁷⁰ Gynecologists held a great deal of power medically and socially. “The male gynecologist is socialized first as a male and second as a doctor, the latter by the most powerful and elite profession, medicine,” wrote Bart and Scully. At the time “A Funny Thing” was published, 93.4 percent of gynecologists were male.⁴⁷¹

In their study, Bart and Scully found that textbooks consistently defined women as “anatomically destined to reproduce,” fill roles as nurturers and wives, and cater their sexual needs to their husbands’ desires. Despite advances in the understanding of female sexuality during the time period under study due to the findings of Alfred Kinsey, William Masters, and Virginia Johnson which debunked the centrality of the vaginal orgasm, many textbooks from the 1960s through the early 1970s still described women as “frigid” and argued the vaginal orgasm was the “mature” response. *Novak’s Textbook of Gynecology*, in its 1970 edition, taught “The frequency of intercourse depends entirely on the male sex drive...The bride should be advised to allow her husband’s sex drive to set their pace and she should attempt to gear hers satisfactorily to his.”⁴⁷² Based on these

⁴⁷⁰ Diana Scully and Pauline B. Bart, “A Funny Thing Happened on the Way to the Orifice: Women in Gynecology Textbooks,” *American Journal of Sociology* 78, no. 4 (1973): 1045-1050; Letter to Barbara Seaman from Pauline Bart, September 27, 1972. This article was reprinted many times in its shortened version. There was also a longer version of the article which quoted gynecology textbooks as far back as the 1840s. Scully was a student of Bart’s and she went on to write her dissertation on, in part, gynecology education in medical schools. See Diana Scully, “Skill Acquisition in Obstetrics and Gynecology, A Surgical Specialty and Implications for Patient Care,” PhD dissertation (Chicago: University of Illinois Chicago Circle, 1976). Bart told Barbara Seaman it was *bashert* (fated) for Scully to write on gynecologists for her dissertation.

⁴⁷¹ Diana Scully and Pauline B. Bart, “A Funny Thing Happened on the Way to the Orifice: Women in Gynecology Textbooks,” Original (Long) Version, box 25, folder 8, Bart Papers. The short version of the article was reprinted a number of times and referenced in a range of women’s health movement publications. The longer version of the article quoted gynecology textbooks as far back as the 1840s.

⁴⁷² Scully and Bart, “A Funny Thing Happened on the Way to the Orifice: Women in Gynecology Textbooks,” 1045-1050. For more on the history of the work of Kinsey,

findings, Scully and Bart suggested that gynecology as a specialty was committed to traditional gender roles marked by women's passivity, masochism, and neurotic tendencies, all qualities supported in psychiatry's traditional interpretation of women.⁴⁷³

It was clear that traditional sources of gynecological education served to support the interests of men, whether male physicians or husbands. "Anatomy is destiny" was a common message throughout the textbooks examined. Notably, this message was not significantly different from an 1845 textbook which contended, "Whereas before puberty, [woman] existed but for herself alone, when all her charms are in full bloom, she now belongs to the entire species which she is destined to perpetuate by bearing almost all the burden of reproduction."⁴⁷⁴ Bart's studies of gynecology education, though not technically focused on mental health practitioners, purposefully noted the role of gynecologists in helping to perpetuate traditional, often Freudian inspired, beliefs about women's mental health and sexuality. Like "Portnoy," Bart envisioned "A Funny Thing Happened on the Way to the Orifice" as an "outreach piece" and she corresponded with

Masters and Johnson, and the female sexuality (including the debates on vaginal and clitoral orgasms), see Beth Bailey, "Sexual Revolution(s)," in David Farber, ed., *The Sixties: From Memory to History* (Chapel Hill: University of North Carolina Press, 1994), 235-262; John D. Emilio and Estelle B. Freedman, "Sexual Revolutions," in *Intimate Matters: A History of Sexuality in America*, third edition (Chicago: University of Chicago Press, 2012), 301-325; and Jane Gerhard, "Revisiting 'The Myth of the Vaginal Orgasm': The Female Orgasm in American Sexual Thought and Second Wave Feminism," *Feminist Studies* 26, no. 2 (2000): 449-476. For original source material, see Alfred Kinsey, *Sexual Behavior in the Human Female* (Philadelphia: Saunders, 1953); Anne Koedt, *The Myth of the Vaginal Orgasm* (Somerville: New England Free Press, 1970), originally published in 1968.

⁴⁷³ Pauline B. Bart, "Does Medicine Care About Women?" talk, c. 1977, box 23, folder 5, Bart Papers. I believe this draft is from 1976-1977 as Bart mentions Barbara Seaman and Gideon Seaman's forthcoming *Women and the Crisis in Sex Hormones*, published in 1977. Also, Bart published an article version of the talk in *The Guthrie Bulletin* in 1977.

⁴⁷⁴ Scully and Bart, "A Funny Thing Happened on the Way to the Orifice," Original (Long) Version, Bart Papers.

Barbara Seaman about the best way to share it with women via magazines like *Family Circle*, where Seaman was the child care and education editor.⁴⁷⁵ The essay was also featured on a list of foundational events in the women's health movement in the feminist newspaper *New Directions for Women* alongside major moments like the *Roe v. Wade* ruling in 1973 and the FDA acknowledging the dangers of the Dalkon Shield in 1974.⁴⁷⁶ Academic research on women's health clearly had an impact far outside of sociology or medical education.

In addition to her specialty-specific studies of women's health, Bart also asked a broader question in the 1970s: "Does Medicine Care About Women?" At a symposium talk on the subject, Bart considered the multiple aspects of this question. She argued that all institutions, including medicine, in a sexist society were bound to be sexist and structured to reflect men's values, standards, and power. Framing her analysis of "physicians as a class and women as a class," Bart argued that doctors believed they cared about women patients. However, argued Bart, "the nature of their caring (how do they care?) and the inequality of their caring" was key to understanding physician perspectives. Bart believed that a paternalistic and inequitable model of caring created a dynamic wherein physicians "see themselves not simply as people with certain skills in performing medical procedures but as arbiters of morality" and the primary medical decision-maker, rather than the patient. Black women, she noted, were particularly

⁴⁷⁵ Letter to Barbara Seaman from Pauline B. Bart, September 27, 1972, Bart Papers.

⁴⁷⁶ Mindy Greenside Hirschhorn, "Taking a Look at Our Health," *New Directions for Women* 8, no.1 (1979), 10. Other events included were the publication of Rose Kushner's *Breast Cancer: A Personal and Investigative Report* (1975) and Barbara Seaman's *Women and the Crisis in Sex Hormones* (1977). Histories of women's health also made the list, including Linda Gordon's *Woman's Body, Woman's Right* (1976), now titled *The Moral Property of Women*.

discriminated against both as patients and as health care employees in racist, sexist medical institutions. Bart argued that “stringent” informed consent regulations were beginning to curb some of the abuses of the medical system. She suggested if physicians truly cared about patients, they would embrace recent findings in female sexuality, recognize the health needs of lesbians, support greater access to reproductive health care including abortions, and value feminist revisions to psychiatry and rape crisis care. “We are seizing the means of reproduction and taking our bodies back. Because our bodies belong to us,” concluded Bart emphasizing the importance of physicians and patients working together as partners-in-care, “And if medicine cares about women it will accept that fact and provide health care not to us or on us but with us as partners.”⁴⁷⁷

Although many physicians mocked the women’s health movement or dismissed “women’s libbers” outright, some medical students began to take health feminism seriously and they turned to activist-scholars like Pauline Bart to help educate them to be better doctors. In the mid-1970s, Bart noted that medical students were interested in learning about self-help, the women’s health movement, and how to care for victims of rape. Bart spoke on a panel on self-help at a national conference of the American Student Medical Association (ASMA) and she hoped that this indicated a change in medical students’ perspectives on women’s health. She argued that things were slowly changing in attitudes and behaviors in medicine and, if students did not become more traditional as they completed medical school, the profession would continue to change moving

⁴⁷⁷ Bart, “Does Medicine Care About Women?” talk, c. 1977, Bart Papers. Emphasis and parenthetical comments in original.

forward.⁴⁷⁸ In fact, though the American Student Medical Association began as the Student American Medical Association (SAMA) in 1950, by the late 1960s it had separated from the AMA in order to “take a stand on more socio-medical issues, such as civil rights, universal health care and Vietnam.” It changed its name to the American Student Medical Association in 1975, the same year the organization elected its first woman president.⁴⁷⁹ The connection between Bart and the ASMA represents how medical students were significantly more receptive to the women’s health movement than many members of the American Medical Association, the leader of “organized medicine.” In recognition of the many levels of sex and race discrimination in medicine, Bart’s analyses of women and medicine often considered the experiences of women medical students as well as women as patients, nurses, and other hospital staff roles. In addition to writing on specific health concerns, Bart’s research in these years shows her contributions to theories of how physicians’ maintain and perpetuate their authority.

“DON’T BE A NICE GIRL”: RAPE RESISTANCE STRATEGIES, ETHNICITY, AND JEWISH WOMEN

By the mid-1970s, feminist health activists had influenced the federal response to issues like birth control safety, abortion access, and informed consent. The impact of feminist activism can also be seen in the increasing attention to rape as both a physical

⁴⁷⁸ Bart, “Does Medicine Care About Women?” talk, c. 1977, Bart Papers; Wolfgang Saxon, “Mary Howell, a Leader in Medicine, Dies at 65,” *New York Times*, Feb. 6, 1998. Bart often referenced the work of Dr. Mary Howell when discussing women medical students and sexism. Howell, a co-founder of the National Women’s Health Network and the first woman dean at Harvard Medical School, published *Why Would a Girl Go into Medicine?* under a pseudonym in 1973. See Margaret A. Campbell, *Why Would a Girl Go into Medicine?* (Old Westbury, NY: Feminist Press, 1973).

⁴⁷⁹ American Medical Student Association, “Our History,” Accessed March 23, 2021, <https://www.amsa.org/our-history/>.

and mental health issue in these years. Radical feminists were leaders in establishing rape crisis centers and worked to change public thinking on rape and sexual assault.⁴⁸⁰ In 1975, Congress enacted legislation to create the Center for the Prevention and Control of Rape as part of the National Institute of Mental Health. That year, more than 56,000 rapes were reported. There was a 41 percent increase in the rate of reported rapes between 1970 and 1975. One out of every 2,000 women was a victim of a reported rape in 1975. Experts estimated that reported rapes represented between 5 percent and 50 percent of all rapes. A pamphlet from the NIMH introducing the new center described rape as a “violent crime... moreover a sexual humiliation and its devastation often is more to mind and emotion than to body.” Recognizing rape as a “significant health, mental health, and social problem,” the NIMH credited the feminist movement with drawing attention to the issue. In addition to supporting professional resources for victims, the NIMH noted that the new center placed “great emphasis” on the use of resources such as rape task forces and feminist groups to provide support and counseling, as some victims may prefer to work with these groups rather than a social worker or psychiatrist.⁴⁸¹ The NIMH

⁴⁸⁰ Alice Echols argued that radical feminists’ work to change public perceptions about rape also pushed liberal feminists to take on efforts to revise laws about sexual assault. See Echols, *Daring to Be Bad*, 272, 280. For radical feminist perspectives on rape see New York Radical Feminists, *Rape: The First Sourcebook for Women*, Noreen Connell and Casandra Wilson, eds., (New York: Plume, 1974) and for an analysis of rape crisis centers see Nancy Mathews, *Confronting Rape: The Feminist Anti-Rape Movement and the State* (London: Routledge, 1994).

⁴⁸¹ National Institute of Mental Health, *Rape Prevention and Control: A New National Center*, Dept. of Health, Education, and Welfare, Public Health Service, Alcohol, Drug Abuse and Mental Health Administration (Rockville, MD: GPO, 1977), 1-5. In the mid-1960s, the NIMH “launched an extensive attack on special mental health problems” as part of President Johnson’s attempt to “apply scientific research to social problems.” The NIMH established centers on schizophrenia, child and family mental health, and suicide. This program grew to include centers on aging and, in 1975, on rape. See National Institute of Mental Health, “Important Events in NIMH History,” *The NIH Almanac*,

supported the work of feminist researchers like Pauline Bart to better understand rape while also investigating strategies to help protect victims from the physical and emotional trauma of rape.

In the mid-1970s, Pauline Bart became increasingly interested in rape as a women's health issue. In 1974, *Viva* magazine published a questionnaire asking readers who had been victims of rape to share their experiences and help gather information about the issue. Barbara Seaman later wrote that in these years, rape was a "widespread yet highly misunderstood crime." The response to the questionnaire was remarkable – over a thousand women submitted their answers and the *Viva* survey became the "most wide-ranging survey [on rape] ever taken in this country." Bart published an analysis of the survey responses in *Viva* the following summer in an article titled, "Rape Doesn't End with a Kiss." Among other findings, she noted that only 15 percent of the rapes described in the responses occurred outdoors, that rape occurred at all times of day, and that 25 percent of the women had psychiatric care following the attack, though only 35 percent felt it helped them.⁴⁸² That same year also saw the publication of Susan Brownmiller's influential work *Against Our Will: Men, Women, and Rape*. Historian Ruth Rosen described Brownmiller's work as revealing the "universality of rape - of women, children, and prisoners...in every part of the world, in all periods of history."⁴⁸³ For a decade, Bart studied rape and what she called "rape avoidance strategies." As with

accessed March 29, 2021, <https://www.nih.gov/about-nih/what-we-do/nih-almanac/national-institute-mental-health-nimh>.

⁴⁸² Pauline B. Bart, "Rape Doesn't End with a Kiss," *Viva*, June 1975, reprinted in *Voices of the Women's Health Movement, Volume 2*, 116-122.

⁴⁸³ Rosen, *The World Split Open*, 182.

her research on depression, Bart analyzed rape with attention to race, ethnicity, and religion.

As with concerns such as breast cancer and domestic abuse, the subject of rape was often treated as a “shameful secret” before the women’s movement. Conventional wisdom concluded that a raped woman had “asked for it” and victim blaming was frequent in psychiatry, as well.⁴⁸⁴ By the 1970s, feminist theorists and writers like Susan Griffin, Susan Brownmiller, and Diana Russell helped develop a new interpretation of rape that contended it was “not an act of lust but an assaultive act of power in which a man attempted to gain complete control over a woman.”⁴⁸⁵ As Bart summarized in her *Viva* article, “Rape is a power trip, not a passion trip.”⁴⁸⁶ The New York Radical Feminists held a public “speak-out” on rape and feminists began to organize rape crisis centers as well as criticisms on the legal, societal, and medical response to rape.⁴⁸⁷ Bart’s research on rape avoidance strategies blended her sociological research skills with her desire to provide women with information that could impact their lives. Bart also worked to design women’s studies, nursing, and public health courses that took rape and violence against women seriously as health issues.⁴⁸⁸

⁴⁸⁴ Rosen, *The World Split Open*, 181-183; Bart, “Does Medicine Care About Women?” talk, c. 1977, Bart Papers.

⁴⁸⁵ Rosen, *The World Split Open*, 182.

⁴⁸⁶ Bart, “Rape Doesn’t End with a Kiss.”

⁴⁸⁷ Rape crisis centers offered a number of services to victims. Crisis lines connected callers to a rape victim advocate. The advocate could arrange counsel, transportation to a hospital, stay with the victim through the medical exam, or during a police interview. Dr. Charles A. DeProse estimated in 1974 that two-thirds of rapes and up to 85 percent of sexual assaults went unreported. See Rosen, *The World Split Open*, 182; Rose Mary Lentz, “Rape Crisis Line Opens Today,” *Iowa City Press Citizen*, November 1, 1974.

⁴⁸⁸ Pauline B. Bart curriculum vitae, c. 2003. Bart discussed rape in her courses on women’s health as early as 1973. In 1993, she taught “Violence Against Women as a Public Health Issue” as a graduate-level course.

Like many feminist health activists, Bart's feminist and scholarly activism concerning rape was shaped by personal experiences. In 1973, a close friend of Bart's was raped. Bart met her at the hospital and was with her whenever permitted. "She [Bart's friend] was treated very much as if she had suffered a sprained ankle, rather than having been violated for several hours in danger of being murdered," recalled Bart. Later, the when the friend tried to move out of the apartment where the attack happened, her landlord refused to refund the deposit and warned her not to tell other women in the building what happened. Only after feminists threatened to picket the building did the landlord relent. Her friend decided to speak with Bart's "Women and Health" class about the rape. "It bonded the class, which became like a Greek chorus, validating her perspectives and giving her support," Bart later wrote.⁴⁸⁹ To Bart, addressing rape required listening to the experiences of victims of rape and validating rather than dismissing those experiences. It also called for an analysis of psychological and societal factors shaping rapists' behavior as well as how the multitude of influence shaping women's reactions to attackers. "Although psychoanalysts say a gun is a substitute phallus, in the case of rape, the reverse is true – a phallus is a substitute gun," Bart wrote in 1985, echoing her *Viva* article written a decade earlier.⁴⁹⁰

In 1977, Bart was awarded grant funding from the Center for the Prevention and Control of Rape of the National Institute of Mental Health to interview women who were

⁴⁸⁹ Pauline B. Bart and Patricia H. O'Brien, *Stopping Rape: Successful Survival Strategies*, second edition (New York: Teachers College Press, 1993), ix-xi. O'Brien was a graduate student at the time of the study.

⁴⁹⁰ *Stopping Rape* was first published in 1985, but Bart had been presenting her findings at academic conferences and in the media since at least 1980. See Bart and O'Brien, *Stopping Rape*, second edition, ix-xi, 1; Bart, "Rape Doesn't End with a Kiss."

attacked by a rapist and study what strategies they used to resist the attacker, how women defined rape or rape avoidance, and the physical and psychological injuries from the attack. She hoped her work could help answer the question “What do I do if someone tries to rape me?” utilizing data from conversations with survivors of sexual assault. Bart and her co-researcher sociologist Patricia H. O’Brien based their research on a sample of 94 Chicago-area women, eighteen years and older, who had been attacked by a rapist or attempted rapist in the two years before their interview for the study. The sample was disproportionately white, young, unmarried, and “either economically active” or students. Eighteen women in the study were women of color. Fifty-one of the women interviewed reported they avoided being raped and forty-three women reported they were raped.⁴⁹¹

Bart and O’Brien recognized that individual women often had their own understanding of what constituted rape. In the study, the women themselves defined if they were raped or if they were attacked but “avoided” rape. The authors found the majority of women who reported being raped defined rape as being forced to engage in “one or more acts of phallic sex,” but there were many women who considered themselves rape avoiders who were forced to perform sexual acts not involving the penis. Bart underscored that women who reported they were not forced to perform sexual acts

⁴⁹¹ Bart and O’Brien emphasized that “because of the exploratory nature of the study and because ours was not a random sample, caution should be used in interpreting these results” but other similar studies had similar findings to their work. The call for study participants was published in newspaper ads, including Black and Hispanic papers, press releases, public service announcements and radio announcements in English and Spanish, flyers, television and radio appearances, and friendship networks of the project coordinators and staff. See Bart and O’Brien, *Stopping Rape*, 2-7, 132-133; Pauline B. Bart and Patricia O’Brien, “Stopping Rape: Effective Avoidance Strategies,” *Signs* 10, no. 1 (1984): 83-101; “Rape Avoidance Speaker Scheduled,” clipping, *The Cauldron*, May 28, 1986, box 18, folder 4, Bart Papers.

were still victims of traumatizing experiences. One academic reviewer found the decision to use a self-definition of rape frustrating. Still, Bart and O'Brien's recognition that women had differing conceptions of what they considered "rape" is important in that women were able to define the attack rather than the researcher.⁴⁹²

In interviews with Bart or a female clinical psychologist, women were asked, among other questions, to discuss their backgrounds, how they were socialized within their families, the assault, how they responded to the assailant(s), and their experience with the police, hospital, or therapists following the attack.⁴⁹³ Bart and O'Brien found that women who reported resisting the assault through screaming, hitting, kicking, or attempting to run away (or a combination of strategies) were more likely to be successful in avoiding rape than women who tried to reason with the attacker, play on his sympathy, or plead. Bart's findings contradicted advice that women had been told for years, mainly, "to act calm and cool and try to talk their way out of a rape situation."⁴⁹⁴ The advice to "treat the rapist like a human being" and try to gain the rapist's confidence was spread, in particular, by writer Frederic Storaska in his 1975 book *How to Say No to a Rapist and Survive*. It was argued that this approach minimized additional physical harm to the victim.⁴⁹⁵ Bart, directly challenging this advice, summarized her study's findings

⁴⁹² Bart and O'Brien, *Stopping Rape*, 16-22; Nanci Koser Wilson, "Review: *Stopping Rape: Successful Survival Strategies* by Pauline B. Bart and Patricia O'Brien," *The Journal of Criminal Law and Criminology* 77, no. 4 (1986): 1207-1210

⁴⁹³ Bart and O'Brien, *Stopping Rape*, 3-5.

⁴⁹⁴ Ronald Kotulak, "Fight Sex Assault, Study Confirms," *Chicago Tribune*, November 30, 1980; Clipping on Bart rape research from *Capital Times*, March 1, 1986, box 18, folder 4, Bart Papers; Bart and O'Brien, *Stopping Rape*, 16-22. The study analyzed a number of factors such as the location of the attempted rape, whether the victim knew the attacker, the woman's traits such as height, education level of the woman, and more.

⁴⁹⁵ Sue Marks, "Storaska's Book Offers Sound Advice on How to Avoid Sexual Assault," *The Sioux City Sunday Journal*, April 2, 1978.

succinctly as “Don’t be a nice girl.” Bart found that sixteen women who had not used physical resistance reported they were depressed after the rape, while nine women who had been raped and used physical resistance reported depression. Bart suggested that even in cases where the resistance was unsuccessful, attempting to physically resist impacted how some women later felt psychologically.⁴⁹⁶

Although the sample was relatively small, reviewers praised Bart and O’Brien’s work for offering women an opportunity to learn about types of rape resistance strategies and the effectiveness of each strategy. Reviewing the book for *Contemporary Sociology*, Lynda Lytle Holmstrom noted how “many people offer advice – helpful, nonhelpful, even harmful” to women about how to avoid rape but *Stopping Rape* took the important step to empirically study what strategies are successful. Holmstrom recommended the work for the public and for academics. While criminologist Nanci Koser Wilson noted that the most effective rape prevention strategies included “more effective rape laws [and] stricter enforcement of these laws,” she admitted that attempting to provide prescriptive advice to women was a worthwhile goal. Betsy Stanko of *The Women’s Review of Books* wrote that *Stopping Rape* should be “mandatory reading for every teenage girl” and Carol Anne Douglas of *off our backs* wrote that the data from the study “deserves national circulation.”⁴⁹⁷ Bart’s findings were circulated through conference

⁴⁹⁶ Bart and O’Brien, *Stopping Rape*, 14, 42-43; Bart argued in her talk “Taking Our Bodies Back” that Storaska’s work lacked data and he was an “entrepreneur” who charged high fees to give lectures. Bart saw his work was condescending.

⁴⁹⁷ Lynda Lytle Holmstrom, “Review: *Stopping Rape: Successful Survival Strategies* by Pauline B. Bart and Patricia O’Brien,” *Contemporary Sociology* 15, no. 6 (1986): 845-846; Nanci Koser Wilson, “Review: *Stopping Rape*,” Betsy Stanko, “Review: Resisting the Rapist,” *The Women’s Review of Books* 3, no. 8 (1986): 14; Carol Anne Douglas, “Review of *Stopping Rape: Successful Survival Strategies*” *off our backs* 16, no. 2 (1986): 12.

papers, academic journals, and public talks at universities. Newspapers like the *Chicago Tribune* and the *Washington Post* helped spread Bart's research well beyond the academic community while student publications helped her findings reach young women in Chicago and on college campuses. She also participated in international conferences on rape, such as a World Congress on Rape held in Jerusalem.⁴⁹⁸

Bart's research was also controversial for challenging the feminist interpretation of rape as primarily a crime of violence and power. Bart argued that rape must be interpreted as a sexual act, as well. Some women interviewed believed men raped because women were seen as sex objects, while other interviewees used psychological explanations.⁴⁹⁹ "Yes, rape is about violence, but it's also about sex," Bart told a reporter in 1986. "In our society, dominance is eroticized. The men (who rape) really enjoy it." Reporting on Bart's conclusions argued that "an increasing number of feminists are joining her refutation of what used to be the 'official party line.'"⁵⁰⁰ Bart believed that pornography contributed to the attitudes of rapists towards women and that pornography showed "no harm or bad effects [of rape] and no matter how much the woman resists, she ends of loving it and begging for more." *Stopping Rape* also referenced the work of anti-pornography radical feminists Andrea Dworkin and Catharine MacKinnon that framed pornography as a violation of women's civil rights. "We can't have this assumption that

⁴⁹⁸ Letter to "Women of Lilith" from Pauline B. Bart, April 21, 1986, box 4, folder 3. Bart wrote to *Lilith* magazine about her experience in case they wanted to report on the proceedings. "There were several confrontations (verbal) and the Israeli feminists [are] happy, they told us, that were saying things they couldn't," wrote Bart. Pornography was a major point of contention. Bart referred to two researchers claiming pornography was harmless as "shande for the goyim [sic]." *A shande far di goyim* can be translated as "a disgrace, or embarrassment, in front of the Gentiles."

⁴⁹⁹ Bart and O'Brien, *Stopping Rape*, 92-103.

⁵⁰⁰ Clipping on Bart rape research from *Capital Times*, Bart Papers.

women want to be raped,” Bart concluded in 1986.⁵⁰¹ In the decade since she first began studying rape, Bart’s conclusions about the factors perpetuating “rape culture” became connected to larger debates in among feminists about sex, pornography, and violence.⁵⁰²

Bart and O’Brien’s findings on ethnicity and rape avoidance sparked debate in feminist newspapers and Jewish women’s magazines. The authors found that among the ethnic groups in their study (described as Catholic and Protestant Black women, Catholics and white Protestants, and Jewish women), Jews were “the only group with more raped women than women who avoided rape.” Of the eighteen Jewish women interviewed, eleven reported they were raped. Bart and O’Brien argued that although Jewish women had a reputation for “aggressive” behavior in American society, this applied primarily to verbal rather than physical aggression. “In traditional Jewish socialization, physical skills, particularly fighting, are considered un-Jewish,” suggested Bart. Only two Jewish women reported they were told by parents to fight back when they were children. “We want to make it clear that we are not blaming parents,” wrote the authors in a footnote, “Since one of us is a Jewish mother (Bart - whose children were not told to fight back), we are hardly in a position to do so.” Using physical force was one of the strategies used by women who were able to resist rape. Socialization alone was not the single factor shaping Jewish women’s experiences within the study; Bart and O’Brien

⁵⁰¹ Bart and O’Brien, *Stopping Rape*, 92-103; 123-125; Clipping of Sandra Goldin, “Passive resistance no way to prevent rape, professor says,” *The Daily Illini*, April 28, 1986, box 18, folder 4, Bart Papers. For more on feminist anti-pornography movement, see Andrea Dworkin and Catharine A. MacKinnon, *Pornography and Civil Rights: A New Day for Women’s Equality* (Minneapolis: Organizing Against Pornography, 1988); Catharine A. MacKinnon, *Feminism Unmodified: Discourses on Life and Law* (Cambridge: Harvard University Press, 1987).

⁵⁰² For the “sex wars” and pornography debates, see Rosen, *The World Split Open*, 188-195.

also found that the Jewish women in their study were more likely to be attacked inside their homes or another location, which made it difficult for them escape.⁵⁰³ Bart's choice to self-identify as a Jewish mother in *Stopping Rape* is another example of her engaging with her women's health research as a scholar and as a Jewish woman.

Bart and O'Brien also analyzed the upbringing and messaging reported by women from other backgrounds. Black women were found to have used a number of resistance strategies, including fighting back physically. The study also found discussions of sexual violence appeared to be more common in Black families and several Black women remembered being given "direct advice" on rape avoidance during their upbringing. White Catholic women also were found to be "substantially more likely" to use physical force than Jewish women.⁵⁰⁴ *Stopping Rape* suggested culture and upbringing may have a relationship to the strategies women used to resist an attacker.

Women's responses to Bart's findings on ethnicity, religion, and rape avoidance varied widely. Carol Anne Douglas of the feminist publication *off our backs* was curious about the differences between white Protestant and Catholic women. Douglas noted that as a white woman with a Catholic upbringing, she remembered "indoctrination on the idea that death was better than loss of chastity" and stories about saints who had "died rather than submit to rape."⁵⁰⁵ Jewish women responded to an interview with Bart about her research in the Jewish feminist magazine *Lilith* with praise and their concerns about the findings. "I find myself feeling very uncomfortable with the conclusions in the article," wrote Sharon Lieberman of Evanston, Illinois. "Here was yet another suggestion

⁵⁰³ Bart and O'Brien, *Stopping Rape*, 33, 70-72. Parenthetical comments in original.

⁵⁰⁴ Bart and O'Brien, *Stopping Rape*, 71, 76-80.

⁵⁰⁵ Douglas, "Review of *Stopping Rape*"

that a woman is a victim and a Jew is a victim as a result of an ethnically determined inability to react physically to imminent danger.” Lieberman questioned the size of the small sample and suggested that there was a “need to present an article with a ‘Jewish’ slant” in *Lilith* rather than a general article on the findings. Another reader wrote that the Bart interview helped their family understand their daughter’s rape. “When she was raped last summer, age 14, she seemed strangely passive,” wrote a parent anonymously, “But after reading your article, lightning bolts began exploding for us. So thank you very much for helping us work through a horrid experience with a lot more understanding.”⁵⁰⁶

Responding to the critiques, Bart underscored ethnicity was just one of many background variables in her study and her goal for sharing her findings about Jewish women’s experience was not to victimize them, but to encourage a behavior change. Bart recognized the small sample size and pointed readers to larger, randomly drawn samples in a study by Diana Russell that also found Jewish women were “disproportionately more likely to be sexually assaulted.” Bart argued that she felt “obligated” to share the findings of her research so “Jewish women would, if they so desired, change the socialization of their girls and take self-defense themselves.” Bart also challenged the letter writer’s suggestion that *Lilith* emphasized Jewish themes in interpreting Bart’s work. “I have always had a ‘Jewish slant’ in my research,” Bart wrote.⁵⁰⁷ Bart openly identified as a Jewish woman in her academic and personal life. In *Stopping Rape* and related press, Bart referred to herself as a Jewish mother and reflected that her own parenting decisions.

⁵⁰⁶ “Lines of Communication,” letters to the editor, *Lilith* 16 (Spring 1987), accessed March 15, 2021, <https://lilith.org/articles/lines-of-communication-5/>.

⁵⁰⁷ “Lines of Communication,” letters to the editor, *Lilith* 16 (Spring 1987); Douglas, “Review of Stopping Rape.” Douglas noted that Bart suggested organizations like Hadassah could offer self-defense classes for Jewish women.

Although Bart and O'Brien's research sparked a wide range of responses, they understood their work as serving a practical purpose in addressing rape as a women's health issue. A pioneer in the creation of women's studies courses in the late 1960s, Bart consistently recognized women's studies as the "academic arm of the women's movement" and research as activism.⁵⁰⁸ Bart would go on to serve as an expert witness on sexual assault and serve on the Illinois Coalition Against Sexual Assault and the Chicago Coalition Against Sexual Assault.⁵⁰⁹ Her audience went well beyond the women's health movement, as she spoke with families, students, police officers, and lawmakers. Bart's strategies for change were rooted in research, outreach, and responding to what women wanted to know. Bart's approach to women's health activism also inspired later generations of activists working on issues of harassment and assault.⁵¹⁰

"I AM A JEWISH FEMALE – INTENSE, DETERMINED, AND UNASSIMILABLE":
FIGHTING ANTI-SEMITISM AND JEWISH ERASURE IN THE WOMEN'S
MOVEMENT AND ACADEMIA

⁵⁰⁸ Pauline B. Bart, Lynn Bentz, Jan Clausen, et al., "In Sisterhood? Women's Studies and Activism," *Women's Studies Quarterly* 27, no. 3/4 (1999): 257-267.

⁵⁰⁹ Pauline B. Bart curriculum vitae, c. 2003

⁵¹⁰ Marty Langelan, author of *Back Off: How to Confront and Stop Sexual Harassment and Harassers*, wrote that Bart was a "shero" of hers and Bart's work on stopping rape was "what inspired all my research on assault and harassment." Though Bart's work was influential to women's health research, there was debate within sociology in the mid-1980s about the extent to which feminists were able to "transform the basic conceptual frameworks of the field," comparatively to how feminists influenced the disciplines of history, literature, and sociology. See Marty Langelan, "Pauline Bart – a shero," *off our backs* 29, no. 1 (1999): 17; Judith Stacey and Barrie Thorne, "The Missing Feminist Revolution in Sociology," *Social Problems* 32, no. 4 (1985): 301-316; Marjorie L. DeVault, "Talking Back to Sociology: Distinctive Contributions to Feminist Methodology," *Annual Review of Sociology* 22 (1996): 29-50; Karen Esther Rosenberg and Judith A. Howard, "Finding Feminist Sociology: A Review Essay," *Signs* 33, no. 3 (2008): 675-696.

Pauline Bart's contention that she always had a "Jewish slant" to her work was not an exaggeration or an attempt to appease the *Lilith* letter writer. Even before many white feminists began discussing the impact of religion, ethnicity, and identity on their activism and worldview in the mid-1970s, Bart's research showed her connection to Jewish women's experiences and trends in the American Jewish community.⁵¹¹ In the 1970s and 1980s, her interest in Jewish women's issues were wide ranging. Bart worked to address concerns of Jewish women in academia and fought against anti-Semitism in the feminist movement. In talks and articles, Bart discussed anti-Jewish discrimination in academic hiring and, in particular, discrimination against Jewish women. She served as the chair of Jewish Women for Affirmative Action in the early 1970s.⁵¹² Bart also spoke with longstanding Jewish women's organizations like the National Council of Jewish Women about trends in American Jewish family life.⁵¹³ Though Bart wrote that she only "[took pride in] celebrating the festivals of freedom, Hanukkah and Pesach," she was nevertheless mindful of the Jewish community and reminded feminist event organizers not to schedule events on major Jewish holidays.⁵¹⁴ Though Jewish women were often a

⁵¹¹ Scholars argue that identity politics "exploded" in the Seventies. See Deborah Dash Moore, ed., *American Jewish Identity Politics* (Ann Arbor: University of Michigan Press, 2008), 1-2; Matthew Frye Jacobson, *Roots Too: White Ethnic Revival in Post-Civil Rights America* (Cambridge: Harvard University Press, 2006).

⁵¹² "Bart's Topic: Women's Health," *Iowa City Press-Citizen*, November 1, 1974; Letter to Senator Charles Percy from Pauline B. Bart on behalf of Jewish Women for Affirmative Action, October 23, 1974, box 19, folder 1, Bart Papers.

⁵¹³ Letter to Pauline B. Bart from the National Council of Jewish Women, Baltimore Section, October 17, 1973, box 16, folder 11, Bart Papers. Bart was part of a day-long program on "The Family in Trouble." She spoke on "Portnoy's Mother's Complaint."

⁵¹⁴ Bart wrote in *Nice Jewish Girls* that she "never felt the need to do anything special for the High Holy Days." See Letter to "Lynn" from Pauline B. Bart, July 6, 1983; Bart, "How a Nice Jewish Girl Like Me Could," in *Nice Jewish Girls: A Lesbian Anthology*, Evelyn Torton Beck, ed. (Trumansburg, NY: The Crossing Press, 1982), 61.

feature of Bart's academic work, her personal reflections on Jewishness and participation in the organized Jewish feminist community show how she connected feminism, justice, and Jewish identity in and outside of academic research.

In personal and professional capacities, Pauline Bart fought for the voices of Jewish women as Jews to be included in the women's movement as well as women's studies spaces. Bart was part of a larger trend in Jewish feminist organizing that sought to address the issues of Jewish women in secular movements, like the women's movement, and in Jewish community structures, organizations, and Judaism itself. For many Jewish women, their consciousness of the marginalization of Jewish women in the Jewish community was directly related to their consciousness raising experiences in the women's movement.

Scholars and journalists have connected the upsurge in Jewish feminist organizing in the 1970s to a number of trends ranging from a larger "white ethnic revival" in America and a "roots movement among Jewish feminists" to Jewish women responding to experiencing Jewish erasure, anti-Semitic remarks within the women's movement, and fallout over the "Zionism is Racism" issue at United Nations Decade of Women conferences.⁵¹⁵ There was also a theological aspect to the increased concerns of Jewish

⁵¹⁵ Historian Joyce Antler noted the "Zionism as Racism" idea was "linking Israeli policies to South African apartheid." Critics of Israeli policies accused the country of "racist settler colonialism." For reflections from the 1980s about these issues, see Letty Cottin Pogrebin, "Anti-Semitism in the Women's Movement," *Ms.*, June 1982, 45–72; Irena Klepfisz, "Anti-Semitism in the Lesbian/Feminist Movement," in *Nice Jewish Girls*, 45–51; Ellen Cantarow, "Zionism, Anti-Semitism, and Jewish Identity in the Women's Movement," *Middle East Report* 154 (1988); Schneider, *Jewish and Female*, 508–509. For treatments by historians see Paula Hyman, "Jewish Feminism Faces the American Women's Movement," in Pamela Nadell, ed., *Jewish American Women's History* (New York: New York University Press, 2003), 303–304; Matthew Frye Jacobson, *Roots Too: White Ethnic Revival in Post-Civil Rights America* (Cambridge:

women in the feminist movement, especially in regards to the work of Christian feminists who blamed Judaism “for the birth and survival of patriarchy.”⁵¹⁶ Ultimately, many Jewish feminists were moved by Letty Cottin Pogrebin’s 1982 article “Anti-Semitism in the Women’s Movement,” in *Ms.* magazine when she asked, “Must we identify as Jews in feminism with as much discomfort as we identify as feminists in Judaism?”⁵¹⁷

Reflecting on the debates about Zionism, anti-Semitism, and Jewish identity in the women’s movement, journalist Ellen Cantarow wrote, “What is curious about the Jewish identity movement among American feminists is that it came so late in the day.”⁵¹⁸ Late, perhaps, but nonetheless deeply felt by secular and religious Jewish women who felt the women’s movement was also their space and Jewishness was “a legitimate category of difference” and anti-Semitism a legitimate, real “form of oppression” even among progressive communities.⁵¹⁹

Organizations founded in the 1970s and early 1980s like the Jewish Feminist Organization (JFO) and Feminists Against Anti-Semitism worked to address a wide

Harvard University Press, 2006), 253-269; Joyce Antler, *Jewish Radical Feminism: Voices from the Women’s Liberation Movement* (New York: New York University Press, 2018), 315-348. At the Nairobi international women’s year conference in 1985, Jewish activists, the U.S. delegation, the Kenyan delegation, and others were successful in getting the “Zionism is racism” phrase removed from the meeting’s final document. The word “Zionism” in the final document was substituted with “all other forms of racism.”

⁵¹⁶ Theologian Judith Plaskow and Annette Daum pushed back against these arguments of Christian feminists in *Lilith* and other publications in the early 1980s. Historian Paula Hyman argued the “traditional Christian claim of Judaism as inferior to Christianity and as the source of evil in the world was now clad in new feminist garb.” See Hyman, “Jewish Feminism Faces the American Women’s Movement: Convergence and Divergence,” 301-302.

⁵¹⁷ Letty Cottin Pogrebin, “Anti-Semitism in the Women’s Movement,” 46.

⁵¹⁸ Cantarow, “Zionism, Anti-Semitism, and Jewish Identity in the Women’s Movement,” 40.

⁵¹⁹ Hyman, “Jewish Feminism Faces the American Women’s Movement, 301-302.

range of Jewish women's concerns from a feminist perspective. The JFO, founded in 1974, worked for the "full and direct participation of women in all phases of Jewish life" and sponsored conferences to discuss a range of issues. Conference themes included "Jewish Woman: Fantasy and Reality" and "The Jewish Woman: Spectator or Participant?"⁵²⁰ During a workshop with nearly 300 attendees sponsored by Feminists Against Anti-Semitism in 1981 at the National Women's Studies Association (NWSA) conference, Bart emphasized that the "real oppression" of Jewish and non-Jewish women in the United States and Israel was done by Jewish men. The feminist newspaper *New Directions for Women* reported Bart reminded the group that "one of the main opponents of affirmative action was B'nai, B'rith." She stressed how Jewish men, too, were participating in the oppression of women. In the early 1980s, Jewish men dominated the leadership of many Jewish community organizations and religious life.⁵²¹

⁵²⁰ Clipping of Sharon Lieberman, "JFO: Equal Rites," *Majority Report*, May 17, 1975, box P/P1, folder 5, Phyllis Chesler Papers, David M. Rubenstein Rare Book and Manuscript Library, Duke University; Vera S. Goodman, "Abzug to Jewish Women: One Meir Not a Revolution," *New Directions for Women* 4, no. 2 (Spring 1975): 8-9; Rhea C. Levy, "JFO plans conference," *New Directions for Women* 4, no. 3 (Autumn 1975): 7.

⁵²¹ Vivian J. Scheinmann, "Jewish Feminists Demand Equal Treatment," *New Directions for Women* 10, no. 4 (1981): 5, 16; NWSA conference 1981 is frequently mentioned as a major moment in the history of Jewish feminists addressing anti-Semitism as the theme of the conference was "racism," but originally there was no discussion of anti-Semitism. The panel "Anti-Semitism, the Unacknowledged Racism" was organized by Feminists Against Anti-Semitism to push back against this oversight. The panel included Paula Hyman, Esther Broner, Judith Plaskow, Andrea Dworkin, and Phyllis Chesler. Bart could have been referencing the *Regents of the University of California v. Bakke* case (1978) concerning affirmative action. The Anti-Defamation League of B'nai B'rith, the American Jewish Congress, and American Jewish Committee filed amicus briefs in support of Bakke, a white student who challenged the school's racial quotas and affirmative action policies. See also Schneider, *Jewish and Female*, 508-509; Antler, *Jewish Radical Feminism*, 330-331; Diner, *The Jews of the United States*, 338-339; and Charles Lane, "Critics of Affirmative Action Temper Their Opposition," *Washington Post*, December 22, 2002.

In the early 1980s, the heightened attention to anti-Semitism in the women's movement and the minimization of Jewish women's experiences as Jews in some women's studies circles brought to mind Bart's early experiences in the academic job marked and facing discrimination as a Jewish woman, particularly a Jewish mother.⁵²² Bart argued that she was discriminated against in academia in hiring, promotion, and pay because she was a woman, but also "a Jewish female – intense, determined, and unassimilable into either WASP or male culture (and they overlap since WASP males set the norms for both)."⁵²³ Bart increasingly reflected on her experiences as a Jewish woman and a Jewish lesbian feminist in public talks and essays.⁵²⁴ She wrote a number of essays on her experiences growing up in a Jewish immigrant family in the interwar period and discussed how she developed a political consciousness against the backdrop of World War II, the Holocaust, and the Second Red Scare. Jewish lesbian activists like Melanie

⁵²² Joyce Antler noted that "attitudes toward Israel hardened after the 1982 war in Lebanon" and there was a rise in the number of anti-Semitic attacks against Jewish institutions in Europe. Jewish feminists in the United States reported more verbal confrontations they saw as anti-Semitic. See Antler, *Jewish Radical Feminism*, 335-336.

⁵²³ Bart, "Notes from a Formerly Nice Jewish Girl," *Shifra* 1 (December 1984): 38; Extended draft of "Notes from a Formerly Nice Jewish Girl," Bart Papers; Bart, "How a Nice Jewish Girl Like Me Could," 59. Parenthetical comments in original. In addition to being a groundbreaking work of Jewish lesbian feminist thought, *Nice Jewish Girls* is also important because it includes the work of Jewish lesbian women of color including musician-writer Josylyn C. Segal, the daughter of a Black and Native American woman and a Russian/Romanian Jewish father, and author Savina Teubal, a woman of Syrian Jewish roots.

⁵²⁴ In 1972, Chesler wrote that most mental health clinicians "viewed lesbianism and homosexuality as 'pathological' or, at best, as 'second best.'" Many psychiatrists ignored advances in sex research and were hostile to or resisted Kinsey's findings that homosexuality was "more common in the general population than was generally believed." The American Psychiatric Association did not remove "homosexuality" as a diagnosis from the DSM until 1973. See Chesler, *Women and Madness*, 74; Jack Drescher, "Out of DSM: Depathologizing Homosexuality," *Behavioral Sciences* 5 (2015): 565-575; for attitudes in second wave feminism towards lesbians, lesbian feminist politics, and lesbian separatism, see Rosen, *The World Split Open*, 164-175.

Kaye/Kantrowitz, Irena Klepfisz, Evelyn Torton Beck, and Pauline Bart were some of the earliest in the women's movement to openly discuss what historian Paula Hyman described as their "dismay at the denial of difference" they found among feminists.⁵²⁵

In "How a Nice Jewish Girl Like Me Could" in *Nice Jewish Girls: A Lesbian Anthology* and "Notes from a Formerly Nice Jewish Girl" in the Jewish feminist magazine *Shifra*, Bart acknowledged the complex position of Jewish feminists in the women's movement and academia. Through vignettes, Bart showed how she often felt a sense of stark cultural, ethnic, and religious difference between herself and non-Jewish colleagues and lovers, especially WASPs. Commenting on the debates about anti-Semitism that took place at NWSA meetings, Bart described how she felt she, and other Jewish women, would be "annihilated for our chutzpah in daring to speak of our invalidation in a WASP dominated society. After all, we were privileged, weren't we?"⁵²⁶ Using the term "annihilation" connected Bart's argument directly to the Holocaust and raised questions about the definition of privilege in historical perspective. Bart also recalled how she would remove her Jewish star necklace and her goddess necklace from the Tel Aviv Women's Center before hearings investigating her low salary and questions of pay inequity. "I realized that in times of stress I still feel constrained," wrote Bart, "If not to 'pass,' at least not to 'flaunt' my differences."⁵²⁷ For Bart and other Jewish women,

⁵²⁵ Hyman, "Jewish Feminism Faces the American Women's Movement, 301-302; Evelyn Torton Beck, ed. *Nice Jewish Girls: A Lesbian Anthology*. Jewish feminist lesbians described how they felt marginalized in different capacities in each of their communities, whether as lesbians in the Jewish feminist community, feminists and lesbians in the Jewish community, or Jews in the lesbian community.

⁵²⁶ Bart, "Notes from a Formerly Nice Jewish Girl"; Extended draft of "Notes from a Formerly Nice Jewish Girl," Bart Papers. Emphasis in original.

⁵²⁷ Bart, "Notes from a Formerly Nice Jewish Girl"; Extended draft of "Notes from a Formerly Nice Jewish Girl," Bart Papers.

Jewishness was a complex and dynamic identity that could be embraced and, in some cases, minimized. Bart seemed to see her jewelry as projecting a specific message about her Jewish and her feminist identities and, at times, she felt those visual indicators of difference could be detrimental to her in certain circles. Questions about passing complicated conversations about Jewishness as a category of difference compared to the experiences of other marginalized women and groups.

Despite her concerns about “flaunting” her Jewishness in front of academic administrators and committees, Bart nonetheless felt it was important to recognize Jewish identity and culture on college campuses. In 1983, she spoke with members of the University of Illinois, Chicago Circle chapter of Hillel about her experiences as a Jewish woman and academic in a talk titled “My Jewish Identity: How It Has Emerged and Influenced My Life.”⁵²⁸ That same year, Bart wrote a women’s studies program and argued that Jewish culture and women should be included in their new multicultural institute. “American Jewish culture is very different from standard American culture as I can testify in my own experience – a major reason why I feel so alienated in the Midwest but have no such feelings on the East and West coasts.” Bart referred the institute’s leaders to Pogrebin’s article in *Ms.* magazine and coverage on anti-Semitism in the women’s movement in *Sinister Wisdom*, *off our backs*, and *Nice Jewish Girls*. “I refuse to let my experience continue to be erased,” Bart concluded.⁵²⁹ The fluidity of Jewish

⁵²⁸ Letter to Pauline B. Bart from Lynn Hazan, Director of Hillel at the Circle, March 10, 1983, box 3, folder 7, Bart Papers.

⁵²⁹ Letter to “Women’s Studies” re: Multicultural Institute from Pauline B. Bart, 1983, box 3, folder 7, Bart Papers. No specific date given on the letter nor an institution name.

belonging and self-understanding is seen even in the lives of Jewish women like Bart who openly embraced being Jewish and wrote about themselves as Jewish women.

In her reflections, Bart also wrote how she strongly felt her Jewish difference in lesbian circles on a physical and aesthetic level. “My self-presentation is butch intellectually but femme emotionally,” wrote Bart. Though Bart felt anti-Semitism did not appear in the same ways in the Midwest as it did in New York, she did feel a “more subtle kind of oppression of Jewish women...in the lesbian feminist subculture.” Bart observed that at the time, “the hallmark proper dyke behavior was looking and acting like non-Jewish working class male adolescents.” Bart felt she would never fit that aesthetic of lesbian feminist communities, nor could she control her feelings of vulnerability connected to her upbringing. “I am the five-foot-tall daughter of Russian immigrants who came here in their late teens...There were lots of folkways I never learned, or learned in my twenties after making faux pas.”⁵³⁰ These faux pas often played out in her relationships with white, upper or middle-class women and Bart used poetry to help her process her experiences and feelings of difference. For example, a poem titled “The Policy of Containment, or Can a Nice Jewish Girl from Brooklyn find Happiness with an Upper Upper Class WASP,” was inspired by a former lover who was annoyed that Bart did not transfer cereal from its original box into a more refined container. Bart’s poem spoke of feeling constrained in her self-expression in her relationships with non-Jewish

⁵³⁰ Bart, “Notes from a Formerly Nice Jewish Girl”; Extended draft of “Notes from a Formerly Nice Jewish Girl,” Bart Papers. For more on radical feminism and Jewish lesbians, see Antler, *Jewish Radical Feminism*, 278-314.

women, that she felt too reactive or too expressive. “I/a New York Jew/talking with my mouth full,” Bart wrote. “I/must contain/my rage/my fears/my depression/my tears.”⁵³¹

During the 1980s, many Jewish woman in the feminist movement began to pay closer attention to their Jewish identities rather than prioritize gender alone. “There is no question that Jewish consciousness followed Black consciousness, and lesbian consciousness preceded both [in feminism],” commented women’s studies scholar and editor of *Nice Jewish Girls* Evelyn Torton Beck, “When the women’s movement began focusing on diversity and difference, Jewish women became aware of anti-Semitism.”⁵³² For Pauline Bart, Jewish themes, concerns, and history were a near-constant feature of her work as a feminist sociologist since the early 1960s. In correspondence, she consistently used Yiddish phrases and terms. Bart’s essays, talks, and letters show how Bart navigated the world as a Jewish feminist. In childhood, Bart had learned to be concerned about Jewish visibility and anti-Semitism. As an adult, she found herself against debating internally about when and where she could “be Jewish.” She nonetheless fought for Jews to be included in women’s studies and multiculturalism. Deeply concerned about the erasure of Jewish culture, Bart used her writing as a tool to show how Jewish and lesbian identities intersected with feminism and American history.

WOMEN’S HEALTH RESEARCH AS OUTREACH AND A STRATEGY FOR CHANGE

⁵³¹ Letter to “Evy” from Pauline B. Bart, July 12, c. late 1970s, box 3, folder 3, Bart Papers; Pauline B. Bart, “The Policy of Containment, or Can a Nice Jewish Girl from Brooklyn find Happiness with an Upper Upper Class WASP,” poem, box 33, folder 6, Bart Papers. “Upper upper class” in original.

⁵³² Evelyn Beck quoted in Cantarow, “Zionism, Anti-Semitism, and Jewish Identity in the Women’s Movement,” 40.

As a women's health scholar tenured in a department of psychiatry, Pauline Bart occupied a complex space in the spectrum of feminist women's health activists that ranged from laypeople and patients to health practitioners such as doctors and psychologists. Sociologists like Bart were technically part of a cadre of experts, a group that many lay health activists distrusted. However, because of her methodology and radical feminist politics, Bart could navigate the larger distrust of institutional authority in the 1970s and early 1980s. She helped create materials and studies which advanced the feminist critique of medicine and the practical goals of health feminism. Bart, and other feminist sociologists in the movement such as Sheryl Burt Ruzek, also wrote some of the earliest analyses of the women's health movement's strategies, tensions, and achievements. In many ways, these were the first histories of the movement for "feminist alternatives to medical control."⁵³³ Complementing the work of lay health activists, such as Barbara Seaman and Rose Kushner, and activist-clinicians such as Dr. Mary Howell. Dr. Helen Rodriguez-Trias, and Dr. Phyllis Chesler, scholar-activists like Pauline B. Bart helped the women's health movement reach new audiences in women's studies courses, influence the messaging of government agencies like the National Institute of Mental Health, and shape medical education for future physicians, nurses, and social workers.

Throughout Pauline Bart's career as a radical feminist sociologist, humor often blended with sharp political observations and critiques of sexism in society. "Dear Diana," she wrote in 1986. "I hope everything is going wonderfully well with you or at

⁵³³ Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger Publishers, 1978); Bart, "Seizing the Means of Reproduction."

least as well as is possible under patriarchy.”⁵³⁴ Bart’s accessible tone and writing style is ever present in her letters, research, and poetry. Her academic publications were designed to act as outreach pieces on subjects as varied as depression, gynecological textbooks, medical education, and rape resistance strategies. She worked to advance the women’s health movement through her interdisciplinary research which challenged sexist interpretations of women’s minds and bodies. Demystifying the body was important to the activists of the women’s health movement, as was demystifying the physician as a socio-cultural authority. Bart suggested women “exposed” to the tenets of health feminism “are less likely to turn an M.D. into a deity.”⁵³⁵ She offered women feminist health research in the hope of protecting their physical and mental health.

Some Jewish women never publicly or personally connected their feminist work with their Jewish background, while others openly blended aspects of Jewish ritual, history, and culture with their health feminist activism. Bart’s reflective essays on her experiences as a child of Russian immigrants, her evolving political consciousness during the Great Depression and rise of fascism, and her own experiences with anti-Jewish discrimination helped readers understand the worldview of Jewish women who felt marginalized in American society and, at times, in the feminist movement. For Bart, her sociological research paid close attention to Jewish women’s experiences and her dissertation research was based, in part, on an effort to understand her own mother’s mental health struggles. Bart did not mock the middle-aged Jewish women she discussed

⁵³⁴ Letter to “Diana” from Pauline Bart, December 17, 1986, box 4, folder 4, Bart Papers. Most likely Diana Scully but possibly Diana Russell.

⁵³⁵ Bart, “Taking Our Bodies Back,” Bart Papers. Belita Cowan also discussed the “MD-iety” and physicians’ power. See Susan M. Reverby, “Feminism & Health,” *Health and History* 4, no. 1 (2002): 10.

in her research as they were often mocked in Jewish mother jokes, she connected with them in her footnotes and empathetic retellings of their stories. Additionally, as an academic and a health activist, she felt an obligation to share her research directly with Jewish women through longstanding Jewish women's organizations and feminist Jewish publications. Throughout, Bart's identity as a Jewish woman was often inseparable from her understanding of activism and the responsibilities of a women's health researcher.

By the early twenty-first century, Pauline Bart was frustrated by the trajectory of the feminist movement. Despite the many gains made for women, she felt deeply concerned that feminism lost sight of its radical aims and methods in favor of stability. Bart had stopped teaching women's studies and sociology courses at University of Illinois at Chicago in the early 1990s after a male student accused her of discrimination against men.⁵³⁶ "I am unhappy, as a radical feminist, because FEMINISM HAS LOST ITS SOUL," wrote Bart in *off our backs*. "We can look at it in part as the failure of success. The failure is because we have become institutionalized. The success is because we have become institutionalized."⁵³⁷

Like feminists in other areas of the movement, the women's health movement activists often had ambivalent reactions to institutionalization. Institutionalization could mean feminist critiques of medicine were successful in advancing reforms in women's health care access, health education, and the patient-physician relationship. Yet it could also mean, for example, that the very authorities being critiqued by the movement,

⁵³⁶ Sharman Stein, "UIC Firing Feminist Over Discrimination," *Chicago Tribune*, September 24, 1992.

⁵³⁷ Pauline B. Bart, "Gains and Losses," *off our backs* 30, no. 1 (2000): 21-23. Emphasis in original.

including physicians and medical systems, may “coopt” the language and methods of the movement without the supporting the political power of patients.⁵³⁸ Still, Bart pointed to the women’s health movement as maintaining its connection to an earlier brand of feminism. “[The women’s health movement] still retains many of its Seventies values,” noted Bart. Women’s lives were at stake when women’s health issues were not funded or addressed, she argued, so “even some cooptation by liberal feminist doctors is worthwhile.”⁵³⁹

For decades, the women’s health movement connected radical feminists like Bart, more moderate feminists like Rose Kushner, and allies in the medical profession and in government. Willing to work together, these groups created a flexible and responsive movement that helped answer the questions women had about depression, psychology, violence against women, and more. Bart, through decades of health feminist scholarship and teaching, was part of the women’s health movement’s longevity. Her work not only helped create the women’s health movement itself, she personally shaped a new generation of activists, patients, and physicians by teaching the tenets of health feminism.

⁵³⁸ Bart wrote in 1971 that “cooptation is the sincerest form of flattery.” In the late 1970s referenced how some gynecologists were attempting to use cervical self-examination in their practice. Bart regarded this is an indicator of how successful the women’s health movement had been in “starting to demystify what is ‘down there.’” See Bart, “Sexism and Social Science,” and “Taking Our Bodies Back.” For an analysis of women’s health centers and “the dynamics of cooptation,” see Sandra Morgen, *Into Our Own Hands: The Women’s Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002), 153-180.

⁵³⁹ Pauline B. Bart, “Gains and Losses,” *off our backs* 30, no. 1 (2000): 21-23. Emphasis in original.

CHAPTER 5

RADICAL REVISIONS TO MENTAL HEALTH: PHYLLIS CHESLER AND THE IMPACT OF THE PSYCHOLOGIST-ACTIVIST

“Both psychotherapy and marriage function as vehicles for keeping a woman in her place,” declared Dr. Phyllis Chesler to a ballroom of colleagues during a town hall meeting of the American Psychological Association in September 1970. A radical feminist psychologist and cofounder of the Association for Women in Psychology, Chesler contended that psychology stigmatized women, served women patients poorly, and misunderstood and misrepresented women. Chesler, arguing that psychology perpetuated male supremacy, demanded a million dollars in reparations for harm done to women by the mental health professions. “The crowd went crazy,” Chesler later wrote. Many in the audience laughed nervously, some mumbled about penis envy. Others yelled at Chesler. Years later, she reflected on her decision to deliver the speech that became a historic moment in feminist women’s health activism. “I spoke without hesitation because I had been steeped in feminist and psychoanalytic ideas for many years,” she remembered. “Maybe I’d been preparing for that moment all my life.”⁵⁴⁰ Though the

⁵⁴⁰ Robert Reinhold, “Women Criticize Psychology Unit,” *New York Times*, September 6, 1970; Phyllis Chesler, *A Politically Incorrect Feminist: Creating a Movement with Bitches, Lunatics, Dykes, Prodigies, Warriors, and Wonder Women* (New York: St. Martin’s Press, 2018), 57-60.

Association for Women in Psychology (AWP) never received reparations to aid women, what Chesler called her “fiery little speech” pushed the feminist critique of mental health care into the public eye.⁵⁴¹

Rippling far outside the initial audience of American Psychological Association members, Chesler’s message about how psychology perpetuated sexist Freudian conclusions about women patients and discriminated against women clinicians spread around the world in newspapers. Coverage of the event reveals how journalists across the United States reacted to Chesler’s contentions. Some demeaned the women psychologists, others reflected on the dominance of men in the profession. “Women Criticize Psychology Unit,” reported Robert Reinhold in the *New York Times* on September 6, 1970. “Male Supremacy: Gals Dicker for \$1 Million Reparations,” wrote the *Sacramento Bee*. The *Miami Herald* published a more in-depth piece following the conference titled “Psychotherapy Male-Oriented?: \$1 Million in Damages Demanded.” The story was even picked up overseas, appearing in news coverage in South America, Europe, Australia, and the Middle East.⁵⁴² Many articles carried Reinhold’s observation that women psychologists’ complaints were linked to a larger trend in women’s

⁵⁴¹ The Association for Women in Psychology was founded the previous year, 1969, at a meeting of the American Psychological Association. See Chesler, *A Politically Incorrect Feminist*, 57-60; Leonore Tiefer, “A Brief History of the Association for Women in Psychology,” *Psychology of Women Quarterly* 15 (1991): 635-649; Phyllis Chesler, “Twenty Years Since ‘Women and Madness’: Toward a Feminist Institute of Mental Health and Healing,” *The Journal of Mind and Behavior* 11, no. 3/4 (1990): 313-322.

⁵⁴² Many stories were picked up through the *New York Times* news service and are adapted from Reinhold’s reporting. See Reinhold, “Women Criticize Psychology Unit”; “Male Supremacy: Gals Dicker for \$1 Million Reparations,” *Sacramento Bee*, September 6, 1970; “Women Psychiatrists Want Reparations from Males,” *Battle Creek Enquirer*, September 6, 1970; Molly Sinclair, “Psychotherapy Male-Oriented?: \$1 Million in Damages Demanded,” *Miami Herald*, September 11, 1970; Chesler, *A Politically Incorrect Feminist*, 60.

frustration with sexist behavior. The complaints, wrote Reinhold, typified “a growing unhappiness – and one that is being taken with growing earnestness – over the attitude of the professions in general toward women.” The feminist women’s health movement interpreted this unhappiness as more than the experience of individual women; sexism in psychology influenced society’s perception of acceptable behavior for women and men alike. Health feminists came to embrace mental health care in their vision for greater patients’ rights in private therapy and psychiatric hospitals.

Due in part to the extensive coverage of Chesler’s work and reporting on feminist psychology, the feminist critique of mental health care reached patients and clinicians alike during the 1970s and 1980s. As in many professions, men dominated the field of psychology. According to the National Research Council, in 1970 nearly 80 percent of all PhD recipients in psychology were male.⁵⁴³ The majority of patients, however, were female. The number of women patients began to noticeably increase in the mid-1960s and soon adult female patients came to exceed the number of adult male patients.⁵⁴⁴ The National Institute of Mental Health found 125,351 more woman than men were “psychiatrically hospitalized and/or treated as [outpatients]” between 1964 and 1968.⁵⁴⁵

⁵⁴³ Amy Cynkar, “The Changing Gender Composition of Psychology,” *Monitor on Psychology* 37, no. 7 (2007): 46. Women were poorly represented among American psychiatrists, as well, at the time. In 1970, the American Board of Psychiatry and Neurology issued 549 new certificates to men and 50 to women. The number of women psychiatrists would grow dramatically during the 1970s as women had greater access to medical education due to Title IX. See Laura D. Hirshbein, “History of Women in Psychiatry,” *Academic Psychiatry* 28, no. 4 (2004): 337-343; Ira Rutkow, *Seeking the Cure: A History of Medicine in America* (New York: Scribner, 2010), 275.

⁵⁴⁴ Phyllis Chesler, *Women and Madness* (Garden City, New York: Doubleday and Company, 1972), 33.

⁵⁴⁵ Phyllis Chesler, “Women as Psychiatric and Psychotherapeutic Patients,” *Journal of Marriage and the Family* 33, no. 4 (1971): 746-748. It is important to note that late twentieth century health feminists were not the first to critique the male-dominated

Women's health activists argued that this trend of the male clinician and female patient perpetuated the stereotypical idea of the "helpless female" and "competent male."⁵⁴⁶

Phyllis Chesler's call for reparations was based on more than her own experience with discrimination as a women psychologist; it was rooted in her observations about what she saw as the harmful and misogynist nature of psychology education, theory, and treatment.

"The ethic of mental health – as defined by research and clinical psychologists, most of whom are middle-class, middle-age, white men – is a masculine one in our culture,"

Chesler contended during her controversial speech. "Women are perceived as childlike, churlish, emotional, intuitive – as alien to most male psychologists."⁵⁴⁷ Alien, and

therefore, mentally ill unless they embraced traditional gender roles and found satisfaction in them.

theories of psychology. In the 1920s, German psychoanalyst Karen Horney wrote "Like all sciences and valuations, the psychology of women has hitherto been considered only from the point of view of men. It is inevitable that the man's position of advantage should cause objective validity to be attributed to his subjective, affective relations to woman..." Clara Thompson also criticized Freud's views of women and penis envy. Chesler wrote in *Women and Madness* that some male psychologists had also "refuted" Freud, including Bronislaw Malinowski, Alfred Adler, Wilhelm Reich, and Thomas Szasz, but "not necessarily or primarily because of [Freud's] view of women." Chesler later noted that, though she read Freud at 13, she discovered Horney in her twenties and Horney's challenge to Freud on "feminist and psychological grounds...was a significant discovery for me." See Chesler, *Women and Madness*, 82-84; Phyllis Chesler, "Patient and Patriarch: Women in the Psychotherapeutic Relationship," *Women's Studies* 1 (1972): 127-157; Karen Horney, "The Flight from Womanhood," in Harold Kelman, ed., *Feminine Psychology* (New York: W.W. Norton); Claudia Pitts, "Phyllis Chesler – A Life on Behalf of Women," *Women & Therapy* 40, no. 3/4 (2017): 288-300.

⁵⁴⁶ "Conference Report: Women and Mental Health," in Proceedings for the 1975 Conference on Women and Health, *Our Bodies Ourselves* Blog, accessed November 12, 2017, <http://www.ourbodiesourselves.org/history/womens-health-movement/harvard-conference-on-women-and-health-1975/>.

⁵⁴⁷ Reinhold, "Women Criticize Psychology Unit"

Phyllis Chesler, both during the decades under study in this chapter and in retrospect years later, often connected her experience growing up as a girl in an Orthodox Jewish household with her frameworks of gender discrimination and the fight for social justice. Throughout the 1970s, Chesler was involved in the feminist reimagining of Jewish ritual and she helped organize the first feminist Passover seder in New York City. She also became increasingly vocal in her critiques of anti-Semitism in the American and international women's movements. She came to openly identify as a Zionist, though certainly one with critiques of the State of Israel, even in feminist circles where many women renounced Israel's policies towards Palestinians. Throughout these decades, her work as a feminist psychologist and activist often intersected with her interest in religious Jewish feminism and international feminism. Chesler's Jewish and feminist identities were deeply intertwined as she helped create the women's health movement's foundational texts and organizations.

Working with other psychologists, sociologists, and lay women's health activists, Chesler contributed to definition and growth of feminist psychotherapy. Activist doctors and health care professionals occupied a complex place within the women's health movement as they were part of the authority that the movement criticized.⁵⁴⁸ In some

⁵⁴⁸ Doctor-activists in the women's health movement included pediatrician Mary Howell, co-founder of the National Women's Health Network and a Dean at Harvard Medical School, and pediatrician Dr. Helen Rodriguez-Trias, who grew up in Puerto Rico and later became a founding member of the Committee to End Sterilization Abuse (CESA). Dr. Mary Jane Gray was a founder of the Vermont Women's Health Clinic and one of the first feminist abortion providers in the country. See Sandra Morgen, *Into Our Own Hands: The Women's Health Movement in the United States, 1969-1990* (New Brunswick: Rutgers University Press, 2002), 133-145; Sheryl Burt Ruzek, *The Women's Health Movement: Feminist Alternatives to Medical Control* (New York: Praeger Publishers, 1978), 72-73; Chesler, *A Politically Incorrect Feminist*, 12, 72-76. For a consideration of the doctor-activist generally, see Ellen L. Bassu and Rebecca W.

cases, women's health activists provided alternatives to mainstream medicine through feminist clinics and self-help manuals. Yet, activist-clinicians had the ability to reform medicine from within, offer new feminist forms of care, and show that doctors were also invested in reforming the patient-practitioner relationship. Psychologists had a great deal of social and cultural authority in the postwar period as Americans increasingly turned towards psychotherapy and psychiatry to address personal, as well as societal, problems.⁵⁴⁹

Historian of psychology Ellen Herman argued that psychology as a discipline, “appeared a social or natural science, sometimes a source of moral, cultural, and political values that could address the meaning of human identity and existence, matters that were traditionally the exclusive province of religion or philosophy.”⁵⁵⁰ Perceived as a blend of scientist, healer, and sage, psychologists' views of women and sex roles influenced frameworks of “healthy” American womanhood. As products of the psychological or medical education system, participants in medicine as an institution, and critics of medicine's discrimination against women, feminist activist-clinicians used their authority to challenge the biases and practices of system that educated them.

Carman, eds., *The Doctor-Activist: Physicians Fighting for Social Change* (New York : Plenum Press, 1996).

⁵⁴⁹ For more on the history of psychology and mental health treatment in these years, see the Pauline B. Bart chapter, especially footnotes 5 through 14. John C. Burnham, *Health Care in America: A History* (Baltimore: Johns Hopkins University Press, 2015), 286-287; Paul Starr, *The Social Transformation of American Medicine: The Rise of a Sovereign Profession and the Making of a Vast Industry* (New York: Basic Books, 1982), 336-346; Jacalyn Duffin, *History of Medicine: A Scandalously Short Introduction*, second edition (Toronto: University of Toronto Press, 2010): 311-340; Ellen Herman, *The Romance of American Psychology* (Berkeley: University of California Press, 1995).

⁵⁵⁰ Herman, *The Romance of American Psychology*, 5-6.

Pushing back against clinical education and practice that presented women as “somehow *naturally* mentally ill,” Chesler used her position as a scholar, professor, activist, and clinician to advance the feminist critique of mental health care and develop new resources for women. Chesler published on diverse issues at the intersection of sexism, women, and mental health care in academic journals, magazine, and in the popular press. She helped found organizations which supported professional women in psychology such as the AWP and women’s health advocacy organizations serving women at large, such as the National Women’s Health Network (NWHN) based in Washington, D.C.⁵⁵¹ Chesler’s participation in the founding of the NWHN indicates that mental health care was taken seriously in women’s health movement’s early years as one of many health specialties in need of reform and feminist revisioning. Chesler saw her feminist activism as deeply connected to her Jewish identity. Speaking in 1980, Chesler argued there were a hundred reasons she was a dedicated feminist, “...but one is that I’m a Jew, and as a Jew I was concerned with the issues of slavery and freedom. As a Jew, I have a moral concern with injustice.”⁵⁵²

“THE ‘SMARTEST BOY’ IN MY TALMUD TORAH”: BROOKLYN, KABUL, AND AN EMERGING FEMINISM

In an interview with the Jewish feminist magazine *Lilith* in the mid-1970s, Phyllis Chesler argued that her involvement with the Jewish community and Israel ebbed and flowed throughout her lifetime. She described the relationship between Jewishness and her life as a series of moments marked by forgetting and “remembering” that she was

⁵⁵¹ Chesler, *A Politically Incorrect Feminist*, 57. Emphasis in original.

⁵⁵² Shirley Williams, “The Ways That Women are Exploited Concern Author-Psychiatrist,” *The Courier-Journal* (Louisville, Kentucky), March 18, 1980.

Jewish. Some moments of remembering were sparked by her involvement in social justice politics, others were brought on by experiencing anti-Semitism. In her accounting, she had at least three separate beginnings in her dynamic relationship to Jewish identity, the first being 5,000 years before the interview. “I remain a remnant and a witness,” Chesler told the interviewer, Aviva Cantor Zuckoff. The second was her birth and early childhood in a “relatively” Orthodox Jewish family in Borough Park, Brooklyn, where she felt “very enamored with the Old Testament.” Chesler came to her Jewishness for a third time within the women’s movement when she realized she was not considered a “feminist-in-the-abstract” but rather “a *Jewish* feminist.” The dynamic nature of Chesler’s relationship to her own Jewish self-understanding echoes other Jewish women in this study. Chesler’s description shows how feminist and Jewish identities were often in conversation, and sometimes in contention, throughout an individual’s activist life history. Like many feminists, Chesler’s understanding of gender discrimination, injustice, and patriarchy were rooted in her early life and education. These memories were often what underscored her ever-evolving “feminist vision.”⁵⁵³

Growing up the child of immigrants and a girl in an Orthodox Jewish family shaped Phyllis Chesler’s understandings of discrimination against women and a certain distrust of authority. Chesler was born in October 1940 in Borough Park, Brooklyn. “Like all firstborn Orthodox Jewish girls, I was supposed to be a boy,” she later noted. Her father, Leon, was born in 1912 in Ukraine and immigrated to the United States after

⁵⁵³ Aviva Cantor Zuckoff, “An Exclusive Interview with Dr. Phyllis Chesler,” *Lilith*, Winter 1976/1977, <http://lilith.org/articles/an-exclusive-interview-with-dr-hyllis-chesler/>; Chesler, *A Politically Incorrect Feminist*, 18. Chesler discussed in her memoir that in the early 1960s, she began to develop a “feminist vision” on an individual level without the influence of a full-fledged movement. Emphasis in original.

surviving pogroms, World War I, the Russian Revolution, and following civil war. Leon's mother was murdered in her tea shop by Cossacks when he was an infant. Chesler later wrote that her father did not share these memories with her directly. "Nothing this important was ever openly discussed," recalled Chesler in her recent memoir, *A Politically Incorrect Feminist*.⁵⁵⁴ The Holocaust was never discussed at home or in her Hebrew school, either.⁵⁵⁵ Chesler's mother, Lillian Hammer Chesler, was the first member of her family to be born in the United States after the family immigrated from Poland. Chesler's grandparents did not learn English after immigrating and her mother served as a translator. Lillian had wanted to be a ballet dancer, but her parents forbade it.⁵⁵⁶ Chesler summarized her parents as Eastern European Jewish immigrants who "worked hard to put bread on the table, clothes on our back, [and] the fear of authorities in our hearts."⁵⁵⁷ To support the family, Leon was a "seltzer man" who delivered cases of seltzer, soda, and chocolate syrup. Lillian was a homemaker.⁵⁵⁸

In the 1970s, Phyllis Chesler directly connected her feminist identity with her Jewishness and the Jewish community's emphasis on justice. However, the Jewish world also shaped her early experiences with injustice rooted in gender, patriarchy, and tradition. As a child, she was sent to a Talmud Torah where the students learned in

⁵⁵⁴ Chesler, *A Politically Incorrect Feminist*, 1-3. Phyllis Chesler, *Letters to a Young Feminist* (Chicago: Lawrence Hill Books, 1997), 17. Chesler's Yiddish name was Perel, after her grandmother.

⁵⁵⁵ Chesler, *Letters to a Young Feminist*, 22.

⁵⁵⁶ Chesler, *A Politically Incorrect Feminist*, 1-3, 9.

⁵⁵⁷ Chesler, *Letters to a Young Feminist*, 17. The first edition of *Letters to a Young Feminist* was published in 1997.

⁵⁵⁸ Chesler, *A Politically Incorrect Feminist*, 10; Tamara Cohen, "Phyllis Chesler," *Jewish Women: A Comprehensive Historical Encyclopedia*, March 1, 2009, Jewish Women's Archive, Accessed October 13, 2015, <http://jwa.org/encyclopedia/article/chesler-phyllis>.

Yiddish. At five and a half years old, Chesler pushed to learn Hebrew and she became captivated by Jewish sacred texts. “I thus managed to steal some very sacred Jewish male fire, to acquire some Jewish “male” characteristics, namely a divine obsession with the Book, the words...with justice,” Chesler recalled in the Winter 1976/1977 issue of *Lilith*. Chesler linked her feminism and social justice activism to her Jewish identity. “The reason I am a feminist has very much to do with the passion for justice and the irrational belief that reason can prevail, that I learned as a Jew.” Chesler emphasized her deep frustration and disappointment as a girl after she realized she did not have access to equal participation in Jewish religious life. “As the ‘smartest boy’ in my Talmud Torah, I assumed I would certainly be a rabbi. Of course, I did not become a rabbi. I was not Bar Mitzva’ed.” This barrier to Jewish women and girls was distressing and caused Chesler to, for a time, “forget” about being Jewish.⁵⁵⁹ In the 2010s, Chesler wrote she was trying to see the story of her childhood from a more nuanced perspective rather than focus only on the “humiliations and prohibitions ...the injustices routinely visited upon a girl child.” Nonetheless, it was these very prohibitions in her younger years, paired with her embrace of Jewish teachings to value justice and reason, that shaped Chesler’s lifelong work as a feminist activist.⁵⁶⁰

Although Chesler’s early Jewish education stalled, she excelled in secular education and she found reading to be a refuge from her restrictive upbringing. Chesler

⁵⁵⁹ Zuckoff, “An Exclusive Interview with Dr. Phyllis Chesler.” Chesler used “bar” not “bat mitzvah” in the interview. For more on the history of bat mitzvahs in the postwar period and especially the rapid growth in the number of Conservative synagogues introducing the bat mitzvah in the late 1940s and early 1950s, see Jonathan D. Sarna, *American Judaism: A History* (New Haven: Yale University Press, 2004), 287-288.

⁵⁶⁰ Chesler, *A Politically Incorrect Feminist*, 11.

had a difficult relationship with her parents and described her home life as governed by rules that were “strictly Old Country.” She was not permitted to wear pants, shave her legs, or pierce her ears. Curfews were early and physical discipline was common. “My parents believed that physical punishment and harsh words were how to socialize a child,” Chesler remembered. Yet her parents also provided Chesler access to an education that took nurtured her intellect and creativity. Chesler took lessons in ballet, drama, piano, Hebrew, and painting. Chesler’s mother would take her to lessons and to the public library on McDonald Avenue. She later described her mother a “patriarchal loyalist” who was committed to Chesler’s education, even if she was a harsh critic of her daughter. Chesler loved to read and described herself as “haunting” the library. “Books saved me, but they also exacted their price,” Chesler wrote in the 1990s as she reflected on the tensions between generations. “I jumped ship, left my family behind when I was very young. I have since come to understand that absolutely no other family can ever become mine. A very American kind of heartbreak/success story.”⁵⁶¹ In contrast to Chesler’s passion for books, many of Chesler’s older relatives could not read English and had very little formal education. “No one was cultured in either secular or religious terms,” she recalled, underscoring that these relatives did not lack intelligence. They were focused on surviving.⁵⁶²

Chesler’s first marriage shaped her developing perspectives on gender, patriarchy, and injustice in marriage and in cultures. In 1958, she left home to attend Bard College on a full scholarship. During her second semester, she met an Afghan student and they

⁵⁶¹ Chesler, *A Politically Incorrect Feminist*, 8-14; Chesler, *Letters to a Young Feminist*, 17-21.

⁵⁶² Chesler, *A Politically Incorrect Feminist*, 10.

began to date. When she brought him home for Shabbos, Chesler's family whispered to her that he was not Jewish and not white. "This fiasco drove me right into his arms," she recalled. Two-and-a-half years later, they married and flew to Kabul. In the Kabul airport, Afghan authorities took Chesler's passport. For five months in 1961, Chesler was held captive by her husband's family. "'Only five months,' you might say," Chesler later wrote, "I felt as if I'd been help hostage for ten years and felt deceived by the man I married." She learned her father-in-law had three wives and twenty-one children.⁵⁶³

Chesler wrote that she witnessed a "pre-Taliban level of gender apartheid" marked by polygamy, purdah, child brides, and honor killings during her months in Afghanistan. Her mother-in-law tried to convert her to Islam and Chesler had little access to the world outside of her new family. "Yes, Kabul was where I learned how to see gender injustice with shattering clarity," Chesler wrote in her memoir. Chesler used the word "patriarchy" for the first time while writing in her diary in Kabul. "I have no idea where I found that word," she noted in the 2010s. "I wrote that the 'family is a vicious institution.'" In late December 1961, Chesler was severely ill after contracting dysentery followed by hepatitis and her father-in-law obtained the necessary documents to fly her home to the United States. "I was saved. I was free. I got out...when my plane landed, I literally kissed the ground at Idlewild airport."⁵⁶⁴ Chesler's months in Afghanistan shaped her understanding of patriarchy and the controls exacted on women's thinking,

⁵⁶³ Chesler, *A Politically Incorrect Feminist*, 14-18.

⁵⁶⁴ Chesler, *A Politically Incorrect Feminist*, 14-18. Chesler extensively about her experience in Kabul in an earlier memoir. See Phyllis Chesler, *An American Bride in Kabul: A Memoir*, reprint edition (New York: St. Martin's Press, 2014). Chesler's marriage was annulled.

movement, and bodily autonomy. In her career, Chesler drew from her experience and supported feminism at home and abroad.

Upon returning to the United States, Chesler completed her final semester at Bard and looked towards the future. She decided to be a “Viennese witch doctor,” a psychoanalyst, and she chose to earn her doctorate in psychology at the New School for Social Research. Chesler enrolled in an evening program so she could work during the day as a writer and “copy boy.” She also worked as a welfare investigator on the Lower East Side. Though she believed this position would help people, she soon learned that her job was to “frustrate, punish, humiliate, and drive away welfare recipients.” Chesler was “stunned and saddened” by what she saw and by the bureaucracy viewed welfare recipients disparagingly. In these years, Chesler was also active in the civil rights movement. She joined organizations that were raising money for the Student Nonviolent Coordinating Committee and she attended meetings of the Congress of Racial Equality.⁵⁶⁵

During her time in graduate school, Chesler became increasingly involved in women’s rights organizing and soon found herself drawn to radical feminist politics. In 1967, Chesler joined the New York City chapter of the National Organization of Women (NOW), where she initially served on the childcare committee. Working with NOW in New York connected Chesler with radical feminists Ti-Grace Atkinson, who served as the chapter’s president at the time, and Kate Millet as well as lawyer and civil rights

⁵⁶⁵ Chesler, *A Politically Incorrect Feminist*, 19-22; for more on Jewish activism in the civil rights movement, see Debra L. Schultz, *Going South: Jewish Women in the Civil Rights Movement* (New York: New York University Press, 2001) and Diner, *The Jews of the United States*, 265-274.

activist Florynce (Flo) Kennedy.⁵⁶⁶ Becoming involved in social justice causes helped Chesler “remember, again, that I was Jewish.” In analyzing Jewish involvement in social justice causes, Chesler theorized that Jewish activists became involved because the causes were worthy but also because it helped Jews feel more secure in society. “Their security resides in how well they understand, and empathize with and are altruistic towards the needs of the other,” Chesler argued in *Lilith*.⁵⁶⁷ Becoming involved in social justice activism and the emerging women’s movement helped Chesler re-embrace her Jewish identity. From these early years of feminist organizing forward, Chesler’s Jewishness and empathy with the marginalized shaped her feminist politics.

By the late 1960s and early 1970s, Chesler focused a great deal of her feminist activism on issues of women’s health including reproductive rights and mental health care. Chesler’s earliest feminist health activism was helping women access abortion services. Working with her friend Barbara Joans, Chesler “passed women along an underground railroad of doctors’ names and locations.”⁵⁶⁸ The year 1969 was a major marker in the development of the women’s health movement and Chesler’s professional career as well. In March, the radical feminist group the Redstockings held a speak-out where women shared their personal experiences with abortion in front of an audience of

⁵⁶⁶ Chesler, *A Politically Incorrect Feminist*, 31-36.

⁵⁶⁷ Zuckoff, “An Exclusive Interview with Dr. Phyllis Chesler.”

⁵⁶⁸ Chesler wrote that she had two illegal abortions and she believed a speak-out event on abortion would resonate with women. “Every woman I knew had had an abortion,” she recalled. See Chesler, *A Politically Incorrect Feminist*, 41-43. For more on abortion in this period see Leslie Reagan, *When Abortion Was a Crime: Women, Medicine, and Law in the United States, 1867-1973* (Berkeley: University of California Press, 1997); Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America*, third edition (Urbana-Champaign: University of Illinois Press, 2007) and Laura Kaplan, *The Story of Jane: The Legendary Underground Feminist Abortion Service* (Chicago: University of Chicago Press, 1995).

300 people. That same year, Chesler completed her doctorate and was hired as an assistant professor in psychology at Richmond College, part of the City University of New York (CUNY) system; she was the first and only woman in the department.⁵⁶⁹ In 1969, she also cofounded the Association for Women in Psychology (AWP). Included in the organization's bylaws, written by 26 women and one man, was a commitment to take action "against the roles which psychology and other behavioral sciences have had in perpetuating the unscientific and unquestioned assumptions about the nature of women and men." In addition to working towards equal opportunity between men and women in the profession, the AWP also planned to "educate and sensitize the psychology profession and the public to the psychological, social, political, and economic problems of women."⁵⁷⁰ The radical feminist critique of sexism in medical care and health politics was reaching individual women and communities as well as shaping movements within health professions.

Radical health feminists in the late 1960s analyzed how the psychological and psychiatric professions conceived of women and defined mental illness along gendered lines and definitions. Activists argued that the traditional interpretations of good mental health and what defined a mentally healthy woman were based on patriarchal assumptions and values rather than science. Connecting with a community of radical feminist psychologists including Naomi Weisstein, the cofounder of the Chicago

⁵⁶⁹ Alice Echols, *Daring to Be Bad: Radical Feminism in America, 1967-1975* (Minneapolis: University of Minnesota Press, 1989), 139-143; Chesler, *A Politically Incorrect Feminist*, 41-45; Pitts, "Phyllis Chesler – A Life on Behalf of Women," 291-292. Richmond College is now the College of Staten Island.

⁵⁷⁰ Phyllis Chesler Curriculum Vitae 2020, "About Phyllis Chesler," accessed March 1, 2021, <https://phyllis-chesler.com/pages/about-phyllis>; Tiefer, "A Brief History of the Association for Women in Psychology," 635-638.

Women's Liberation Union and author of the influential essay "Kinder, Küche, Kirche as Scientific Law," and radical feminist sociologist and mental health researcher Pauline B. Bart, Phyllis Chesler helped create the women's health movement and its extensive critique of sexism in mental health care.⁵⁷¹ Chesler's experience as a girl in an Orthodox Jewish family, her grueling months in Kabul, and her civil rights activism would shape her drive for women's health reform and her analyses connecting patriarchy, marriage, and psychotherapy.

"SO STARTLING, SO SIMPLE, SO DANGEROUS, SO ELITE AN IDEA AS
FEMALE HUMANITY": MENTAL HEALTH, *WOMEN AND MADNESS*, AND
HEALTH ACTIVISM

Following the uproar surrounding her speech at the American Association of Psychologists meeting in 1970, Phyllis Chesler became a well-known name in the women's movement and the push for feminist revisions to mental health care. On the plane home from the conference, Chesler began writing *Women and Madness*, a work which became a feminist classic. Chesler's writing blended feminist politics with her perspectives as a clinician, researcher, and activist.⁵⁷² Throughout the 1970s, she helped

⁵⁷¹ For more on Weisstein's writing, see the previous chapter on Pauline Bart, footnote 10. Bart and Chesler both published work in the special issue of *Journal of Marriage and Family* 33, no. 1 (1971), edited by Bart, and in Gornick and Moran's anthology *Women in Sexist Society*. Weisstein and Chesler also connected over their mutual interest in feminism as well as an interest in brain research. Chesler worked in a brain research lab and considered medical school. She opted to continue with her psychology PhD. See Chesler, *A Politically Incorrect Feminist*, 24-25, 37-38; Naomi Weisstein, "'Kinder, Küche, Kirche' as Scientific Law: Psychology Constructs the Female," in Robin Morgen, ed., *Sisterhood is Powerful* (New York: Vintage Books, 1970), 228-245; *Women in Sexist Society: Studies in Power and Powerlessness*, (New York: Basic Books, 1971).

⁵⁷² In 1970 Chesler gave her first "grown-up, drop-dead-gorgeous, take-no-prisoners lecture on feminism" with Barbara Joans. After, her mother commented that she did not

build the women's health movement through multiple directions and strategies. On the individual level, Chesler wrote on mental health care and the sexist, as well as outright unethical, behavior of many in the profession. She also lectured widely on the mistreatment of female patients in mental health care, speaking to lay people as well as medical professionals, was a part-time psychotherapist, and taught psychology and women's studies courses. Working together with other feminist health activists, Chesler helped found the National Women's Health Network, a non-profit women's health advocacy organization and the "action arm" of the women's health movement.⁵⁷³ She also strategized with other mental health professionals to reform their profession from within, including calling on the professional organizations to reform their standards on the patient-therapist relationship, especially in terms of sexual relationships.⁵⁷⁴ Chesler acted as a bridge between academics, health professionals, and activists in the women's health movement.

Phyllis Chesler lived in Greenwich Village at the time she was working on *Women and Madness*. Describing the feminist community in New York City of the early 1970s, Chesler wrote "radical feminists and lesbian feminists *owned* the Village. It was

look well and should see a doctor. "I *am* a doctor," Chesler replied. See Chesler, *A Politically Incorrect Feminist*, 47. Emphasis in original.

⁵⁷³ Chesler, *A Politically Incorrect Feminist*, 107. National Women's Health Movement, "NWHN History," accessed December 1, 2020. <https://nwhn.org/nwnh-history/>

⁵⁷⁴ For an overview of some of the literature in the mid-1970s on psychology and women and the differences (interpretively, therapeutically, and politically) between what psychologist Nancy Henley delineated as "psychology 'of' women," "psychology against women," and "psychology for women," see Mary Brown Parlee, "Review Essay: Psychology," *Signs* 1, no. 1 (1975): 119-138 and the response to Parlee, Martha T. Shuch Mednick, "Some Thoughts on the Psychology of Women: Comment on Mary Brown Parlee's 'Review Essay: Psychology,'" *Signs* 1, no. 3 (1976): 763-770.

our town. We all lived within a mile or two of each other.”⁵⁷⁵ Living and working in close proximity with radical feminists like Alix Kates Schulman, Barbara Joans, Vivian Gornick, Susan Brownmiller, Kate Millet, and Ellen Frankfort, Chesler was steeped in radical feminist thought, protest, and writing. Chesler’s publications in these years reflect the radical feminist analyses of patriarchy in institutions, including medicine. Vital radical feminist interventions included questioning “the omniscience of the physician” and promoting self-help manuals, groups, and techniques.⁵⁷⁶

Though radical feminists were well known for what activist and essayist Ellen Willis described as “a militant campaign for abortion law repeal,” they were also part of the women’s health movement’s critique of birth control safety, menopause treatments, and mental health care.⁵⁷⁷ Chesler described radical feminist ideas and activism as “a bit like LSD...So many women became high at the same time that suddenly the world became psychedelically clear.”⁵⁷⁸ Increasing the number of women physicians was not enough, argued radical feminists, especially if women doctors embraced or tolerated sexism in medical education, care, and culture. Critiques of the impact of patriarchy, sexism, and traditional sex roles on the psyche and definitions of mental illness are a common throughline in the radical feminist analyses of mental health care. Some radical feminists were part of the antipsychiatry movement, a cause that also attracted patients, psychiatrists, and academics.⁵⁷⁹

⁵⁷⁵ Chesler, *A Politically Incorrect Feminist*, 52. Emphasis in original.

⁵⁷⁶ Echols, *Daring to Be Bad*, vii, 285.

⁵⁷⁷ Echols, *Daring to Be Bad*, vii, 285.

⁵⁷⁸ Chesler, *A Politically Incorrect Feminist*, 5.

⁵⁷⁹ Chesler wrote movingly about mental illness and the feminist movement in her autobiography, especially about her experiences with close friend Kate Millett. Millett, author of the now-classic *Sexual Politics* (1970), was active in the antipsychiatry

Phyllis Chesler expressed her critique of mental health care in academic journal articles and interviews. However, it was with *Women and Madness* that Chesler's work reached an even wider audience. "When is a woman mad and who is it who decides?" asked the cover of the book.⁵⁸⁰ Blending reflections on women in Greek mythology and the Judeo-Christian tradition with case studies of the mental health of women writers, the history of mental health care, recent psychological research, and her own interviews with sixty women who had sought private psychotherapy or were psychiatrically hospitalized, Chesler created a complex analysis of the treatment of mental illness in women and psychology's perpetuation of traditional sex roles.⁵⁸¹ Chesler argued in *Women and Madness* that there was a "double standard of mental health – and humanity" for women and men. Adding to this, there was a complex series of double standards in mental health and treatment for patients based on race, class, ethnicity, or other facets of their lives.

movement. Chesler discussed mental illness as perhaps one of the issues the feminist movement never came to terms with, especially how many great feminist thinkers and artists struggled with mental illness and the impact it had on the community. See Chesler, *A Politically Incorrect Feminist*, 159, 189-192; Duffin, *History of Medicine*, 334-335.

⁵⁸⁰ Chesler, *Women and Madness*, front cover.

⁵⁸¹ Chesler argued "certain myths reveal a great deal about the origins and models of contemporary female personality." Some figures she discussed included Demeter, Persephone, Joan of Arc, the Virgin Mary, Sylvia Plath, Zelda Fitzgerald, Nelly Bly, Artemis, Amazons, and Liebe Yentl, the girl possessed by a dybbuk in Isaac Bashevis Singer's "The Dead Fiddler." Women interviewed ranged in age from 17 to 70, were located from Rhode Island to California, and their experiences in private therapy or mental asylums spanned 1945 to 1971. The interviewees included white women and women of color (though only 9, called "Third World Women" in the book), lesbians, and feminists. Chesler analyzed the experiences of women of color in a separate chapter as she argued "racism is as deep, as complicated, and as absolutely evil a factor in American society as sexism." Contemporary psychologists, researchers, and scientists she discussed and/or critiqued included Freud, Erik Erikson, Bruno Bettelheim, Wilhelm Reich, David Cooper, and Thomas Szasz. She also referenced the work of Michel Foucault and others in her chapter on the asylum. See Chesler, *Women and Madness*, 1-38; for more on Szasz, see Michael S. Goldstein, "The Politics of Thomas Szasz: A Sociological View," *Social Problems* 27, no. 5 (1980): 570-583.

Chesler argued that most clinicians were trained to view everyone as “sick” and they had significantly different standards of health and illness for women and men.⁵⁸²

As in many health feminist texts, Chesler included her own voice and perspectives in *Women and Madness* as a clinician and feminist critic. In discussing the women she interviewed, Chesler noted she found some kindred spirits among them. “I made and received many midnight phone calls, some of which were exhausting and depressing.”⁵⁸³ But these calls and interviews helped Chesler see how most clinicians and researchers, and even some patients, “adhered to a masculine standard of mental health” and how women were viewed as “psychiatrically impaired – whether they accept or reject the female role – simply because they are women.”⁵⁸⁴ The introduction contains a call to action for the reader. Describing herself as a “time-traveler turned messenger, a bearer of bad news” Chesler reflected on the potential impact the news would have for the future of mental health care. “I wonder how you will receive it, I wonder what will you do?”⁵⁸⁵

Women and Madness analyzed the steep increase in the number of American women who were seen as, or saw themselves as, “neurotic” or “psychotic” and the mental health care they sought.⁵⁸⁶ In discussing help-seeking behavior, what was seen as mental

⁵⁸² Chesler, *Women and Madness*, xxi, 65-70.

⁵⁸³ Chesler, *Women and Madness*, 122-125.

⁵⁸⁴ Chesler, *Women and Madness*, 116.

⁵⁸⁵ Chesler, *Women and Madness*, xxiii.

⁵⁸⁶ Chesler reported that there had been a significant increase in the number of women “involved” with psychiatry in America beginning in the mid-1960s. Between 1964 and 1968, the number of women in psychiatric facilities increased from 479,167 to 615,112. Chesler wrote, “in 1964, there were 1079 more women than men in psychiatric facilities. By 1968, 50,363 more women than men were psychiatrically hospitalized and publicly treated.” Even with the consideration of the fact that there are more women than men in the American population, Chesler argued, the amount of female participation and use of psychiatric services exceeded “what we would expect” and many women were being stigmatized as “mentally ill.” See Chesler, *Women and Madness*, 115-119.

illness, and how women were helped, or in some cases actively harmed, Chesler traced the overlapping origins of women's mistreatment in mental health care. Clinicians and culture were influential in defining and shaping madness. "There are very few genuinely (or purely) mad women in our culture," argued Chesler. "Their madness usually lasts a short time or is short-circuited by psychiatric intervention altogether. Society generally banishes such experiences from understanding, respect – and from plain view." For Chesler, contributing to the injustices against women was society's marginalization of mental health concerns. "Madness is shut away from sight, shamed, brutalized, denied, and feared," she argued.⁵⁸⁷ Chesler's aim in the book was not to romanticize madness or discount the existence of mental illness, rather, she showed how women had been "diagnostically punished when they rebelled against sex roles," whether that rebellion was in the direction of being too feminine ("passivity, dependence") or too masculine ("anger, independence").⁵⁸⁸

Women and Madness emphasized that psychologists and psychiatrists were "no more sexocidal" than individuals in other careers. However, Chesler underscored that despite mental health professionals' concern the well-being of those in their care, psychologists and psychiatrists were not usually less sexist or less influenced by traditional gender roles than other professionals. This created a dynamic wherein misogynistic views of women and of sex stereotypes were embedded in the "scientific" and "curative" theories and practices of the profession, whether that be in private therapy or in psychiatric hospitals. Not only were the professions of psychiatry and psychology

⁵⁸⁷ Chesler, *Women and Madness*, 26.

⁵⁸⁸ Chesler, *A Politically Incorrect Feminist*, 108.

dominated by men numerically, the standards of health and illness were often defined in gendered ways. What was seen as healthy behavior for men was not so for women.⁵⁸⁹

Drawing an analogy between the institution of marriage and the institution of psychotherapy, Chesler argued private therapy was bound to be patriarchal regardless of the sex of the clinician. “For most women (the middle-class-oriented) psychotherapeutic encounter is just one more instance of an unequal relationship, just one more opportunity to be rewarded for expressing distress and to be ‘helped’ by being (expertly) dominated,” wrote Chesler.⁵⁹⁰ She had found in her research that patients, whether male or female, showed a strong preference for a male rather than a female therapist. Generally, both male and female patients reported they had greater respect for a man’s mind, competence, and authority in contrast to women therapists, who patients tended to fear or mistrust.⁵⁹¹ Not only did sexism impact perceptions of female patients, it shaped patients’ views of the female clinicians.

Woman and Madness emphasized that the definitions of mental wellness were highly gendered. Citing the work of Dr. Inge K. Broverman et al., who analyzed a sex-role stereotype questionnaire completed by seventy-nine clinicians (33 of whom were female), Chesler reported that “clinicians have different standards of health for men and women,” and clinicians’ concepts of what qualities or behaviors were considered healthy

⁵⁸⁹ Chesler, *Women and Madness*, 60-69.

⁵⁹⁰ Chesler, *Women and Madness*, 108. Parentheticals in original.

⁵⁹¹ Chesler, “Women as Psychiatric and Psychotherapeutic Patients,” 748-751. Chesler also analyzed her sample of 258 patients with a therapist preference in regards to the religion of the patient. Interestingly, she found that there was a “significant relation between a male patient’s request for a male therapist and his age (under 30) and his religion: specifically, 63 percent of the Jewish male patients (who composed 40 percent of the entire male sample and 73 percent of whom were under thirty) requested male therapists – a higher percentage than in any other group.”

in men “did not differ significantly from their concepts of health mature adults.”

However, when it came to women, Broverman found that clinicians were “likely to suggest that women differ from healthy men by being more submissive, less independent, less adventurous, more easily influenced, less aggressive, less competitive, more excitable in minor crises...[and] less objective.” Chesler interpreted these findings as evidence that the “ethic of mental health” was masculine in American culture and women were required to “adjust to and accept behavioral norms for her sex even though these kinds of behaviors are generally considered less socially desirable.”⁵⁹² Chesler argued psychologists also routinely infantilized or sexualized their female patients. She also suggested that “madness” was often a case of men and women “acting out of the devalued female role or the total or partial rejection of one’s sex-role stereotype.”⁵⁹³

Women were not the only patients deemed “unhealthy” by mental health professionals who embraced sex-role stereotypes as the foundation of suitable behavior. Broverman’s findings were also referenced by Pauline B. Bart in her research on sexism and social science. Bart contended that there was, “almost an infinite amount of data supporting the evaluation of psychotherapy as sexist.” Such data showed how characteristics that were favorable in one sex were could be considered pathological in the other.⁵⁹⁴

Women’s experiences as patients in mental hospitals and private practice are shared throughout *Women and Madness*, often in their own words. In addition to her analysis of the trends seen in the interviews, Chesler shared portions of the interview

⁵⁹² Chesler, *Women and Madness*, 65-75.

⁵⁹³ Chesler, *Women and Madness*, 56.

⁵⁹⁴ Pauline B. Bart, “Sexism and Social Science: From the Gilded Cage to the Iron Cage, or, the Perils of Pauline,” *Journal of Marriage and the Family* 33, no. 4 (1971): 740.

transcripts in chapters on sex between patients and therapists, psychiatrically institutionalized women broadly, and specific chapters covering the experiences of lesbians, women of color, and feminists in therapy.⁵⁹⁵ This approach did more than give a first-person perspective on what mental health patients were experiencing in and outside of therapy or the mental institution, it helped destigmatize their stories in the narrative and place the authority of the retelling with the women themselves rather than Chesler's authorial voice. Chesler's role as a clinician, researcher, and professor is not the only respected voice in these chapters.⁵⁹⁶ This approach echoes trends in the larger women's health movement literature where patients, whether they identified as health activists themselves or not, shared their personal experiences in health manuals and disease or issue specific studies for mainstream as well as academic audiences. Considered together, these narratives helped show that women's experiences with disrespectful or patronizing medical professionals were not isolated cases or due to personal dynamics; therefore, these narratives indicated medicine as an institution needed reformed, not simply a few bad actors or misguided individual practitioners. Barbara Seaman's *The Doctors' Case Against the Pill* also highlighted women's voices as did *Our Bodies, Ourselves* and Pauline Bart's research on depression in middle-aged women.

⁵⁹⁵ Chesler interviewed white and Black lesbians and dedicated a chapter to their experiences. A number of the women reported being considered "sick" by mental health professionals they interacted with in private therapy and psychiatric hospitals, but simultaneously discouraged from "thinking of themselves as lesbians." Therapists often encouraged them to date or have sexual relationships with men. One therapist even arranged dates for her lesbian patient with men. The American Psychiatric Association did not remove "homosexuality" as a diagnosis from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) until 1973. See Jack Drescher, "Out of DSM: Depathologizing Homosexuality," *Behavioral Sciences* 5 (2015): 565-575; Chesler, *Women and Madness*, 189-194.

⁵⁹⁶ Chesler, *Women and Madness*, Chapters 5-9.

The interviews in *Women and Madness* speak for themselves and work as a condemnation of the standards of mental health care in America. Patients known as Melissa, Donna, Roslyn, Ellen, Sheila, Cindy, Carmen, Lois, and Evelyn helped show the complex dynamics between women seeking care from the mental health profession and women's multifaceted assessments of their experiences. Some of the women voluntarily sought mental health treatment in therapy or asylums, others were committed against their will. Some found the experience healing, others felt it actually harmed their health. In the interviews, women shared memories of the sexual abuses they suffered in mental asylums, their frustrations with their therapists, the humiliation during and after a sexual relationship with their therapists, and how some women were forced to be unpaid domestic laborers as part of their "treatment" in mental institutions often performing labor associated with traditionally female work. Chesler contextualized their interviews with an analysis of how race, class, and age impacted the experiences of women. "It is undeniable that Black women and men are discriminated against and misunderstood whenever they make contact with the psychiatric world," wrote Chesler. However, she underscored that despite their many differences in access to care and the compounding experience of facing racism and sexism in medicine, "the fact that they are *women* makes them all equally vulnerable to the predominantly masculine standard of mental health."⁵⁹⁷

⁵⁹⁷ Chesler, *Women and Madness*, 210-216. Chesler interviewed six Black women and three Latina women in her sample. Recognizing that she was not the appropriate person to speak to the experiences of women of color and theorize their lives, Chesler wrote, "I have no single theory to offer of Third World female psychology in America. No single theory will do descriptive justice to women of African, Latin-American, Mexican, Chinese, and native Indian descent. Furthermore, as a white woman, I'm reluctant and unable to construct theories about experiences I haven't had..."

Chesler also used *Women and Madness* to assess the intersection of and interplay between feminism, mental health, and clinicians. She began the chapter with a series of questions, intentionally echoing the sorts of questions present in consciousness raising groups. “Why had modern feminism surfaced in America?” asked Chesler. “Why has so startling, so simple, so dangerous, so elite an idea as female humanity, or equality, or supremacy, or sexuality, surfaced as a potentially *mass* movement?”⁵⁹⁸ Considering the impact of conditioning and the institution of marriage, could women become revolutionaries without becoming lesbians? Chesler described the swell in feminist activity in recent years and recognized that many women found the women’s liberation movement to be therapeutic, perhaps more so than marriage or psychotherapy. “It made women happier, angrier, more confident, more adventurous, more moral – and it produced a range of behavior changes,” noted Chesler. Behavior changes included women exploring their sexuality, pursuing higher education and careers, insisting on the equitable division of household labor, and embracing political activism. Some women credited feminism with their behavior changes, while others credited psychotherapy for helping them make personal changes that brought them to feminism.⁵⁹⁹

Mental health professionals had a range of reactions to the women’s movement, the contentions of feminist health politics, and patient activism. Chesler wrote that American psychologists and psychiatrists reacted to feminism with much of the derision, “purposeful misunderstanding,” hostility, and hairsplitting seen elsewhere in American society. Many denied the claims and grievances of feminists about the treatment of

⁵⁹⁸ Chesler, *Women and Madness*, 239. Emphasis in original.

⁵⁹⁹ Chesler, *Women and Madness*, 239-257.

women in asylums and private practice. Some clinicians genuinely supported feminist politics and wrote in professional or underground journals on issues related to sexism and women patients, however, Chesler noted a “new theory of human personality” based on feminist ideologies was undeveloped. Working together with patients, women psychologists and therapists also created referral lists of feminist therapists.⁶⁰⁰ At the time, Chesler expressed some hesitations about radical revisions to mental health care and alternative models. “The ideas and alternative structures of a ‘radical’ or feminist psychotherapy both excite and disturb me,” she wrote. “...The difficulty of translating one’s ideology into action remains a problem for clinicians and people, whether traditional, radical, or feminist.”⁶⁰¹ She emphasized that the women’s movement also struggled to abandon the “virulent” double-standard of male-female behavior. For example, she described how feminist groups often expected women’s help and sacrifice “more quickly and easily than they demand a man’s sacrifice or even his cooperation.”⁶⁰²

In the conclusion of *Women and Madness*, Chesler argued women must make a psychological change as well as seize control of their bodies and reproduction. Science, religion, language, and psychoanalysis need not be abandoned wholesale because that have been used against women, noted Chesler, as women may use them for in the future to create change. Chesler wrote science “must be used to either release women from biological reproduction – or to allow men to experience the process also.” Rather than self-sacrifice, guilt, and helplessness, women should “convert their ‘love’ for and reliance

⁶⁰⁰ Chesler, *Women and Madness*, 244-249

⁶⁰¹ Chesler, *Women and Madness*, 113.

⁶⁰² Chesler, *Women and Madness*, 277-278; Chesler, *A Politically Incorrect Feminist*, 6. Chesler often discussed “woman’s inhumanity to woman” in the 1990s and 2000s. She also considered the impact of “trashing” and infighting on the feminist movement.

on strength and skill in others to a love for all manner of strength and skill in themselves.”

Similar to arguments from other feminists like Pauline Bart who suggested women develop a sense of self that did not rely solely on mothering, Chesler called on women to forge psychological identities emphasizing their own self-definition. To create this psychological change would not have to mean rejecting the need for affection, emotional comfort, sexuality, or love. Chesler contended women must “find ways of satisfying these needs without losing their freedom or dignity.”⁶⁰³ In her concluding remarks, Chesler notably focused a great deal on the power of the individual to enact a psychological change in themselves rather discussing a larger movement of feminist patients and practitioners reforming medicine as an institution. Though *Women and Madness* concluded with an emphasis on individual action, Chesler’s work would also help grow the women’s health movement and her organizing efforts offered women new avenues for advocating for themselves as patients and as individuals.

Women and Madness was published October 1, 1972 on Phyllis Chesler’s thirty-second birthday. Poet Adrienne Rich’s review of the work appeared on the front cover of the *New York Times Book Review* later that year. Describing *Women and Madness* as a “pioneer contribution to the feminization of psychiatric thinking and practice,” Rich’s extensive review carefully walked readers through the contours of Chesler’s arguments and style. “Chesler has jettisoned much of the linearity of argument to which we are accustomed,” observed Rich, “in so doing she has created something like a long monologue, intense, rapid, brilliant, controversial, broken by transcribed dialogues with

⁶⁰³ Chesler, *Women and Madness*, 277-302

women describing their experiences in hospitals and in therapy.” Rich acknowledged that Chesler does use conjecture in her writing alongside more scholarly references and Rich believed the work would be challenged on that accord. However, Rich characterized Chesler as an author who was “always honest about her assumptions and the limits of her knowledge; she is extremely just and never shallow.”⁶⁰⁴ Reviews of the work appeared across the country and in Canada and the United Kingdom.⁶⁰⁵ Titling her review of the book “Madwomen in Man’s World,” Jane Merkel of the *Cincinnati Enquirer* concluded that Chesler “makes some well-considered suggestions of ways we can structure our society so that it will not drive women officially crazy.”⁶⁰⁶ The *Baltimore Sun* reviewer asked, “Crazy or just feminine?”⁶⁰⁷ An Arizona newspaper predicted that *Women and Madness* would make Chesler as famous as Gloria Steinem or Kate Millet.⁶⁰⁸

Academic response to the work was mixed and reflected a divide between traditionally-minded psychiatrists and psychologists with a more critical reaction to feminism and those professionals who were open to integrating health feminism into their practice, teaching, and research. Literary scholar and founder of the Feminist Press Florence Howe paired *Women and Madness* with a number of other feminist works concerning medicine, health, and the body including Barbara Seaman’s *Free and Female* and Ellen Frankfort’s *Vaginal Politics*. “Perhaps the chief accomplishment of the new feminism thus far is an explosion, if not in knowledge about women, then in questions,”

⁶⁰⁴ Adrienne Rich, “Women and Madness,” *New York Times*, December 31, 1972.

⁶⁰⁵ Chesler, *A Politically Incorrect Feminist*, 99-101.

⁶⁰⁶ Jayne Merkel, “Madwomen in Man’s World,” *Cincinnati Enquirer*, October 26, 1972.

⁶⁰⁷ Donna Keck, “Crazy or Just Feminine?” *Baltimore Sun*, October 22, 1972.

⁶⁰⁸ “Men Driving Women Insane, Claims Psychologist,” *Arizona Daily Star* (Tucson), January 8, 1973.

wrote Howe. “To know your own body, to question those who define and control it, has been a primary goal.”⁶⁰⁹ Betty S. Johnson, a professor at the School of Social Welfare at the University of Wisconsin-Milwaukee, argued that social workers should see Chesler’s *Women and Madness* as a call to reassess their assumptions “about who is defined as mentally ill and why” and take the opportunity to embrace a “large scale examination” of the scholarship and practice of social work.⁶¹⁰

Reactions to Chesler’s work from the mainstream psychology community were less than enthusiastic. Clinical psychologist Florence Halpern of the New York University School of Medicine noted that *Women and Madness* was clearly dedicated to advancing the women’s liberation movement. Halpern argued the work had “no reference to the millions of women who, despite the restraints placed on them, are not excessively disturbed” and Chesler “in her enthusiasm for her cause...indulged in an extreme case of ‘oversell.’” Halpern believed Chesler purposefully disregarded evidence contrary to her thesis and did not reference the recent, historical shifts in women’s position. Halpern also believed Chesler “[revealed] considerable psychological and clinical naivete” in her interviews with women patients. Halpern contended that it was well-known how patients told therapists and interviewers what they believed an interviewer wanted to hear. She concluded the bias and selective evidence would not “bring home” Chesler’s message.⁶¹¹

⁶⁰⁹ Florence Howe, “The Revolving Bookstand: Eight New Feminist Books,” *The American Scholar* 42, no. 4 (1973): 676-684; Alice Murray, “Feminist Press Creating What It Couldn’t Find,” *New York Times*, December 10, 1972.

⁶¹⁰ Betty S. Johnson, “Coming to Grips with the Problems of Women: A Review of the Literature,” *Social Work* 21, no. 6 (1976): 531-534.

⁶¹¹ Florence Halpern, “Review of *Women and Madness*: When is a woman mad and who is it who decides?,” *American Journal of Orthopsychiatry*, 43(4), 679–681.

Earlier critiques of Chesler's contentions also questioned her data and argued that there is more nuance than she represented. Psychologist Arnold Meadow noted that he believed "psychologists err less in the direction of female prejudice than many other professions" and he suggested that "he would not be surprised to find that women now advocating liberation got their ideas of equality from books written years ago by male psychologists."⁶¹² Pauline B. Bart summarized the response to Chesler's work perfectly in her review for *Society* as, "The feminists loved it. Others didn't. The critics ignored her citations which substantiated her statements, and insisted it was simply her opinion." Bart believed the work was not without its flaws, but its imperfections did not detract from the main contention of the work. Bart wrote that Chesler's framing of mental health care and the dynamics between patients and therapists rang true to many women.⁶¹³

In the trajectory of the women's health movement, perhaps what mattered most was the fact that women patients themselves responded to the arguments of *Women and Madness* and Chesler's research helped amplify the call for feminist revisions to mental health care. In addition to her teaching, Chesler appeared on radio and television,

⁶¹² Lindsay Van Gelder, "Psychotherapy for Women: Is it Frustration or Liberation?" *Sacramento Bee*, October 25, 1970. Meadow was a professor of clinical psychology at the University of California, Davis medical school. As previously mentioned, historian Ellen Herman contended that concepts that came to be essential to feminism were initially defined in developmental psychology in the mid-twentieth century, especially by psychoanalyst Erik Erikson. Herman argued that "while psychology helped to 'construct the female' it also helped to construct the feminist." See Ellen Herman, *The Romance of American Psychology: Political Culture in the Age of Experts* (Berkeley: University of California Press, 1995), 277, 292-297, 301-303; Alexandra Rutherford and Michael Pettit, "Feminism and/in/as Psychology," *History of Psychology* 18, no. 3 (2015): 223-237.

⁶¹³ Original draft and reproduction of final version of Pauline B. Bart, "Review: *Women and Madness*," *Society* 11, no. 2 (1974): 95-98, box 20, folder 25, Pauline Bart Papers, David M. Rubenstein Rare Book and Manuscript Library, Duke University.

lectured, and participated in conferences and symposia with other health feminists studying mental health issues and sexism.⁶¹⁴ Excerpts from the book were featured in *Ms.* magazine and *New York Magazine* in advance of publication. Women from across the country wrote to Chesler, asking for her help. “I’m 45 years old. I’m the mother of ten and my husband is trying to put me into the state mental hospital,” wrote a woman from Massachusetts. “I know he has another woman, but he says I’m paranoid.” Other women told Chesler that the book inspired her to sue therapists that preyed upon women or how *Women and Madness* helped them feel less alone. In addition to current and former patients, family members and friends of those with mental illness wrote Chesler to share how her work gave them insight into their loved one’s condition, or, tragically, how the mental health profession had failed to help. In mid-1973, Chesler was receiving a hundred letters a week.⁶¹⁵ Chesler found the sheer number of requests for her help overwhelming and though she knew she could not possibly “save” everyone who wrote her. “I didn’t think I could *save* anyone,” she later wrote, “But clearly my work was a liberating lightning rod.”⁶¹⁶ Between its publication and 1990, *Women and Madness* sold

⁶¹⁴ Chesler, *A Politically Incorrect Feminist*, 103-107. Pauline Bart and Phyllis Chesler both appeared at a number of events during the 1970s, including conferences at Radcliffe College and the University of Santa Clara. See Patricia Rice, “New Roles for Women Predicate New Society,” *St. Louis Post-Dispatch*, April 24, 1972; pamphlet from “The Psychology of Women” conference, November 5-6, 1977, San Jose, California, sponsored by the University of Santa Clara, box 17, folder 2, Bart Papers. Chesler spoke on “The Significance of Feminism on Male and Female Psychology” and Bart spoke on “Rape: A Paradigm of Sexism in Society.”

⁶¹⁵ “Feminist Group Searches for Women Doctors, Lawyers,” *The News-Press* (Fort Myers, Florida), January 1, 1973.

⁶¹⁶ Chesler, *A Politically Incorrect Feminist*, 92, 103-107.

over a million and a half copies and it was translated into many languages including Japanese and Hebrew.⁶¹⁷

In her 1972 *New York* magazine article, Chesler brought the ethical question of patient-therapist sexual relations to readers. “Are you sure you want to sleep with your psychotherapist?” she asked. “...At the risk of superficiality, it should be pointed out that many therapists are lousy lovers. They may not be very good doctors either.” At the time of the article’s publication as the cover story “The Sensuous Psychiatrists,” none of the major professional associations for psychotherapists in the United States expressly forbade sexual relationships between patient and therapist in their codes of ethics.⁶¹⁸ Excerpts from Chesler’s *Women and Madness* chapter on sex between patient and therapist made up the majority of the article, including direct quotations from women patients. The article shared their experiences in stark detail, including the stories of two women who slept with the same therapist and their conflicting emotions about the decision. A patient called Joyce recalled, “It was like he was God...I guess I loved him...He treated me like a whore, just like my fantasies, and I guess it worked—sexually. Psychologically it was tearing me apart.” The other woman, Stephanie, remembered seeing a young woman frantically ringing the therapist’s doorbell for twenty minutes, crying. Stephanie believed she saw her future in the crying woman, desperate for the attention of her therapist-turned-lover. That moment convinced Stephanie to later demand her money back from the therapist who used her. “He explained to me that when a

⁶¹⁷ Chesler, “Twenty Years Since ‘Women and Madness,’” 314; Pitts, “Phyllis Chesler – A Life on Behalf of Women.” By 2015, it had sold between 2.5 and 3 million copies.

⁶¹⁸ Susanna Kim and Alexandra Rutherford, “From Seduction to Sexism: Feminists Challenge the Ethics of Therapist-Client Sexual Relations in 1970s America,” *History of Psychology* 18, no. 3 (2015): 283-296.

surgeon makes a mistake the patient still pays. And I told him had he been a surgeon I would certainly be dead,” she recalled.⁶¹⁹ Chesler’s article helped show the damage done by these kinds of “relationships,” both to the patients and the profession itself.

Throughout the 1970s, activist patients and clinicians alike worked to redefine mental health care along feminist lines and connect women to feminist mental health resources. While some psychologists were resistant to the women’s movement, others argued that although the women’s movement was causing a great deal of debate and strain in society initially, an increase in choices and opportunities for women could result in fewer chronic mental health problems. Dr. Mary Eckardt observed that her patients involved in the women’s movement seemed “peppier, more alive” and under less strain. “More important, the movement is helping women relate to one another in very favorable ways,” noted Eckardt.⁶²⁰

Groups like the Feminist Psychotherapy Collective, founded in 1973, and the Women’s Psychotherapy Referral Service connected women with feminist therapists and counselors. Though Chesler rightfully observed that the feminist therapist movement was largely served middle- and upper-class women in the mid-1970s, many feminist therapists charged lower fees or used a sliding scale in order to serve a wider range of women. Feminist therapists also worked to use a “partners-in-care” approach and treat patients as peers.⁶²¹ “I think the trend in all therapy is toward feminist thinking,”

⁶¹⁹ Phyllis Chesler, “The Sensuous Psychiatrists,” *New York*, June 19, 1972, <https://nymag.com/news/features/48888/>. The cover of the magazine featured an image of an older male therapist with a younger female patient embracing on the therapist couch with the subtitle “Lie Down and Tell Me Where It Hurts.”

⁶²⁰ “Feminists Bring Better Health,” *Dayton Daily News*, September 15, 1972.

⁶²¹ “Women Seeking Psychiatric Help Turning to Feminist Therapists,” *The Journal Times* (Racine, Wisconsin), May 15, 1973; “Feminist Group Searches for Women

observed Dr. Leo Rubinstein. Men, too, could be feminist therapists. Yet, some more traditional therapists believed feminist therapists were also being one-sided in their approach and underestimated the influence of anatomy in shaping women's lives.⁶²² Significant gains were also made through the work of feminist academics, clinicians, and activists in the reframing of patient-practitioner sexual relations as an abuse of power. By 1977, the American Psychiatric Association, the American Psychoanalytic Association, the American Association of Sex Educators, Counselors, and Therapists and the American Psychological Association had all revised their codes to expressly state that sex between therapist and patient was unethical.⁶²³

In addition to calling for reform in the psychology profession, teaching, and offering feminist health services to women, Phyllis Chesler helped found the National Women's Health Network (NWHN), an organization which went on to become one of the longest-lived feminist women's health organizations. Chesler's public speaking on

Doctors, Lawyers," *The News-Press* (Fort Myers, Florida), January 1, 1973; Reproduction of J.C. Barden, "Feminist Psychotherapy: Seeking to Redefine 'Healthy' Woman," *New York Times*, March 5, 1974, box P/P1, folder 5, Phyllis Chesler Papers, David M. Rubenstein Rare Book and Manuscript Library, Duke University. The *News-Press* listed Chesler as a member of the Feminist Psychotherapy Collective.

⁶²² Psychiatrist Nathaniel Ross argued that "I think the feminists have gone to an extreme...Anatomy and biology are powerful influences in life. A woman is really denying a part of herself if she doesn't want motherhood and marriage." Quoted in "Women Seeking Psychiatric Help Turning to Feminist Therapists," *The Journal Times* (Racine, Wisconsin), May 15, 1973.

⁶²³ Susanna Kim and Alexandra Rutherford, "From Seduction to Sexism: Feminists Challenge the Ethics of Therapist-Client Sexual Relations in 1970s America," *History of Psychology* 18, no. 3 (2015): 283-296. The American Psychiatric Association was the first of this group to declare patient-therapist sexual relations unethical in 1973; it took until 1977 for the American Psychological Association to do so. Kim and Rutherford's work also showed the impact psychologists working on reform from within, especially as part of the Task Force on Sex Bias and Sex-Role Stereotyping in Psychotherapeutic Practice of the American Psychological Association formed in 1974 and the ad hoc Committee on Women in Psychology.

her research was what brought her together with Barbara Seaman in 1971. Following Chesler's address to a meeting of psychiatrists on the mistreatment of female patients, including using women in psychiatric hospitals as unpaid servants, Seaman approached Chesler. "What you're saying is true," Chesler recalled Seaman whispering to her, "My husband is a psychiatrist and we've always had inmate-servants." In a 2006 oral history interview, Chesler argued that Seaman's whispered reaction to the talk on patient labor exhibited how even other health activists could be "afraid...to say too loudly, 'What you're saying is the truth!'"⁶²⁴ Chesler and Seaman's friendship grew over the years. In her memoir, Chesler described herself as a bridge between well-off activists like Seaman and what Chesler described as "the downtown dykes and radical feminist activists." Chesler argued that Seaman was her own connection to feminist health activists who were wary of professional women, especially doctors.⁶²⁵ Historian Naomi Rogers noted that feminist health activists could be "especially intolerant" of women doctors, some of whom may have embraced the paternalistic and patronizing bedside manner of their colleagues.⁶²⁶

⁶²⁴ Barbara Seaman's daughter Shira described how the family lived on the grounds of a mental institution in Kings Park while Gideon Seaman completed his residency in the early 1960s, however it is unclear if this is the institution Barbara Seaman was discussing with Chesler. Chesler did not specify in her discussions of the meeting. See Phyllis Chesler, oral history interview with Leeat Granek, Psychology's Feminist Voices Oral History and Online Archive Project, New York, NY, September 6, 2006; Copy of letter to Barbara Seaman from Phyllis Chesler, December 30, 1988, box 4, folder 6, Bart Papers. Bart was carbon copied on the 1988 letter; Shira Seaman, "A Daughter's Story," in *The Conversation Begins: Mothers and Daughters Talk about Feminism*, Christina Looper Baker and Christina Baker Kline, eds. (New York: Bantam Books, 1996), 134.

⁶²⁵ Chesler, *A Politically Incorrect Feminist*, 75-77

⁶²⁶ See Naomi Rogers, "Feminist Fight the Culture of Exclusion in Medical Education, 1970-1990," in Ellen S. More, Elizabeth Fee, and Manon Parry, eds., *Women Physicians and the Cultures of Medicine* (Baltimore: Johns Hopkins University Press, 2009), 218-219.

Embracing a wide range of women's health issues as their concern, the NWHN worked to "monitor Federal health agencies and ensure that the voice of a national women's health movement would be heard on Capitol Hill." Initially called the National Women's Health Lobby, NWHN was founded by birth control safety activist Barbara Seaman, Phyllis Chesler, feminist health writer Belita Cowan, radical feminist activist Alice Wolfson, and pediatrician and educator Dr. Mary Howell in 1975.⁶²⁷ With the exception of Dr. Howell, all of the NWHN cofounders were Jewish.⁶²⁸ The organization shared many of the same goals with activists and organizations in the growing women's health movement such as support for informed consent, patients' rights generally, addressing the health needs of rural women and women of color, and calling for safe and effective pharmaceuticals and medical products. Cowan and Seaman pushed for the creation of the NWHN so the women's health movement could have a professional, coordinated group based in Washington, D.C. to report on, shape, and, if needed, protest federal health policy.⁶²⁹

Phyllis Chesler's participation in the founding of the organization indicates that the group was concerned with women's health issues beyond reproductive rights. In the

⁶²⁷ Morgen, *Into Our Own Hands*, 29; Mindy Greenside Hirschhorn, "Health Network Tackles Medicine," *New Directions for Women* 7, no. 1 (1978): 4, 9. Hirschhorn described the NWHN as the "first organized effort, on a national scale, by women to influence health care decisions" and federal health policy.

⁶²⁸ Barbara Seaman, "Health Activism, American Feminist," *Jewish Women: A Comprehensive Historical Encyclopedia*, Jewish Women's Archive, March 20, 2009, <http://jwa.org/encyclopedia/article/health-activism-american-feminist>.

⁶²⁹ The first public action the NWHN organized was a "memorial service" for women who had died from complications from the birth control pill, DES, and estrogen replacement therapies on the steps of the FDA as the agency considered whether or not to require package inserts in estrogenic drugs for menopause. See Morgen, *Into Our Own Hands*, 29-30; National Women's Health Network, "Our History: The First FDA Protest (1975)," Accessed March 15, 2021, <https://nwhn.org/who-we-are/our-history/>.

annual progress report for 1977-1978, the NWHN reported that their membership's three top priorities were issues of informed consent/patients' rights, reproductive health, and national health insurance. NWHN supporters and contributors consisted of individuals, including Pauline Bart and Rose Kushner, as well as organizational supporters like the American College of Nurse-Midwives, the Boston Women's Health Book Collective, the UAW Solidarity House in Detroit, and organization Indian Women United for Justice. One of the ways the activists of the NWHN engaged with current issues in mental health care and its practitioners was by attending major conferences like the American Psychiatric Association conference and the American Public Health Association conference.⁶³⁰ The NWHN supporter list showed how the women's health movement was bringing together academic women's health researchers, lay activists, physicians, women's health clinics, and other organizations committed to health reform. Connecting the women's health movement and academic scholarship helped create a brand of health activism that reached into communities, campuses, and Congress.⁶³¹

Although Chesler was active in the founding of the NWHN and remained connected to the organization for years, she later reflected on the fact that that reproductive rights issues often dominated the organization's work over the decades. "To

⁶³⁰ "The Network's Priority Issues" and "Representative Supporters and Contributors" list, Annual Progress Report, 1977-1978, National Women's Health Network Records, box 1, folder 1, Sophia Smith Collection, Smith College, Northampton, Mass.

⁶³¹ Women's health activists blended the rhetoric of the feminist and patients' rights movements alongside arguments that women were owed respectful care and safe medical projects as part of their rights as consumers. See Morgen, *Into Our Own Hands*, 29-30, 38-39; for more on consumer activism in these years and the work of Nader generally, see Lawrence B. Glickman, *Buying Power: A History of Consumer Activism in America* (Chicago: University of Chicago Press, 2009) and Daniel Horowitz, *The Anxieties of Affluence: Critiques of American Consumer Culture, 1939-1979* (Amherst: University of Massachusetts Press, 2004), 162-202.

my sorrow, I did not, and no one else came along who could focus them on mental health issues,” Chesler reflected. “I think they would have loved it, they would have been open to it, it’s not too late, but I didn’t do it.”⁶³² Yet, part of the strength of the NWHN was its definition as a multi-issue health organization and it operated on that model. Mental health was one of many important issues. Chesler later noted she preferred to found organizations and move on to new projects, rather than “linger” for long in the leadership, though she maintained her connection to the organizations for decades.⁶³³

Throughout the 1970s and the 1980s, Chesler continued to participate widely in the women’s movement and write from a feminist perspective on a number of contemporary issues. Chesler’s work included books on issues of economic disparities between men and women, male psychology, the experience of motherhood, child custody, and debates around surrogacy.⁶³⁴ Chesler continued teaching psychology and women’s studies, though she was often accused of being unprofessional, not preparing for class, or hating men. “For each witch hunt I had to organize a petition on my behalf that many students signed, along with every major feminist I knew,” recalled Chesler.⁶³⁵ Male dominance in the leadership of the CUNY system and resistance to her work was

⁶³² Phyllis Chesler, oral history interview with Leeat Granek, Psychology’s Feminist Voices Oral History and Online Archive Project, New York, NY, September 6, 2006.

⁶³³ Chesler, *A Politically Incorrect Feminist*, 275.

⁶³⁴ After *Women and Madness*, some other works by Chesler in the 1970s and 1980s include *Women, Money, and Power* (New York: Bantam Books, 1976) written with Emily Jane Goodman, *About Men* (New York: Simon and Schuster, 1978), *With Child: A Diary of Motherhood* (New York: Lippincott & Crowell, 1979), *Mothers on Trial: The Battle for Children and Custody* (New York: McGraw-Hill, 1986), and *Sacred Bond: The Legacy of Baby M* (New York: Times Books/Random House, 1988).

⁶³⁵ Chesler, *A Politically Incorrect Feminist*, 45, 81; Pitts, “Phyllis Chesler – A Life on Behalf of Women,” 291; Jean Dietz, “Sad Success of Phyllis Chesler,” *Boston Globe*, May 22, 1973.

such that it took twenty-two years for the university to grant her tenure. During these years, Chesler also began to organize with other Jewish feminists in efforts to reimagine Jewish ritual along feminist lines and to address anti-Semitism in the women's movement.

"I LEARNED AGAIN ABOUT BEING A JEW": FEMINIST ACTIVISM, JEWISH IDENTITY, AND ANTI-SEMITISM

Phyllis Chesler's dynamic relationship with her own Jewishness was shaped by her experiences in the women's movement at home and feminism on the international stage. During the 1970s and 1980s, Chesler brought together her Jewish and feminist identities in both religious and political capacities. She helped create feminist Passover rituals and organized with other Jewish feminists, both secular and religious, on issues of equality in the Jewish community. She spoke on women's mental health, the exploitation of women, and reflections on feminist motherhood to Jewish community organizations. Chesler, who believed her feminist activism was deeply influenced by her identity as a Jew, was also a vocal critic of anti-Semitic and anti-Zionist views among communities of feminists and leftists. Social justice activism reconnected Chesler with her Jewishness in intertwined ways: a key reason she became a feminist was that she learned a "passion for justice" from being a Jew and she "learned again about being a Jew" as she experienced anti-Semitism in the women's movement.

Speaking to *Lilith* magazine, Chesler described becoming "involved" with being Jewish for a third time in her life as she embraced feminism and experienced other feminists' reactions to Jewish women in the cause. "I found that I was treated and recognized as a *Jewish* feminist, and not a feminist-in-the-abstract," Chesler recalled. "I

learned again about being a Jew the way Jews have always learned: because of anti-Semitism.”⁶³⁶ Chesler recalled in her memoir how a fellow feminist asked her in the early 1970s, “Don’t you think the Jews are taking over our movement?” Chesler challenged the question and the other feminist insisted she was not anti-Semitic, as her best friend was Jewish. “I took her comments as racist and anti-Semitic,” Chesler remembered. She decided to visit Israel for the first time following that conversation.⁶³⁷ Chesler felt “singled out” by some feminists as “somehow fleshier, earthier, sexier, pushier, more verbal: ‘Jewish.’” As previously discussed, Pauline Bart also encountered other feminists’ stereotypical assumptions about the “aggressiveness” of Jewish women as she shared her research on rape resistance. Such comments suggested that Jewish women were perceived to be particularly aggressive, even by other feminists.⁶³⁸ In response to her experience in the women’s movement with anti-Semitism, Chesler began to wear large Jewish stars and identify herself a Zionist when she spoke publicly as a feminist.⁶³⁹ In embracing and asserting Jewish feminist and Zionist identities in a very public fashion, Chesler and others like her directly challenged the prioritization of female identity alone over other intersecting identities in the women’s movement.

Although some Jewish women in the women’s movement had always blended their Jewish and feminist identities publicly, others came to embrace their Jewishness in feminist circles once debates about Zionism exposed rifts between feminists. Not every

⁶³⁶ Zuckoff, “An Exclusive Interview with Dr. Phyllis Chesler.”

⁶³⁷ Chesler, *A Politically Incorrect Feminist*, 53, 73. Following the publication of *Women and Madness*, Chesler visited Israel for the first time.

⁶³⁸ Pauline B. Bart and Patricia H. O’Brien, *Stopping Rape: Successful Survival Strategies*, second edition (New York: Teachers College Press, 1993), 70-72.

⁶³⁹ Zuckoff, “An Exclusive Interview with Dr. Phyllis Chesler.”

Jewish woman in the feminist movement embraced a Zionist identity, however, for others Zionism was a lifelong interest or became a concern after the events of the Six Day War in 1967.⁶⁴⁰ For example, Phyllis Chesler began working for Israel in 1948 as a member of Hashomer Hatzair, a Socialist-Zionist youth movement, and later for Ain Harod. “At one point in Ain Harod, we were packing machine gun parts for Israel,” she recalled.⁶⁴¹ In contrast, writer Ellen Cantarow remembered growing up in Connecticut and “like many American Jews before 1967...with no feelings whatsoever about Zionism.”⁶⁴² Historian Joyce Antler argued that for those women’s liberationists who had “resisted or ignored” their Jewish identities, the “contentious Zionism question became a pathway to claim their Jewishness.” Feminist leaders like Chesler, Betty Friedan, Esther (E.M.) Broner, and Letty Cottin Pogrebin were especially conscious of these issues after the events of the Mexico City conference. They joined many other Jewish women in reclaiming Jewishness at this time and bringing conversations about Jewish women in feminism into public forums.⁶⁴³

⁶⁴⁰ For more on the interest in Israel and connection between the American Jewish community in Israel during this time, see Diner, *The Jews of the United States*, 321-329.

⁶⁴¹ Zuckoff, “An Exclusive Interview with Dr. Phyllis Chesler”; Antler, *Jewish Radical Feminism*, 331. Ain Harod may be spelled Ein Harod.

⁶⁴² Ellen Cantarow, “Jewish Women & Nairobi: Another View,” *Sojourner: The Women’s Forum* 11, no. 3 (1985): 18-19. At Nairobi, the “Zionism is racism” phrase was removed from the meeting’s final document. The word “Zionism” in the final document was substituted with “all other forms of racism.” See Ellen Cantarow, “Zionism, Anti-Semitism, and Jewish Identity in the Women’s Movement,” *Middle East Report* 154 (1988): 38-39.

⁶⁴³ Joyce Antler, *Jewish Radical Feminism: Voices from the Women’s Liberation Movement* (New York: New York University Press, 2018), 316, 320-322. Antler noted that Friedan “viewed anti-Semitism as a political tool wielded against feminism, noting that anti-Zionist diatribes had been much more dominant at the Mexico City women’s conference than at other UN gatherings.”

Phyllis Chesler participated in the reclamation of Jewishness in a number of ways ranging from religious expression to international activism. In the mid-1970s, as she worked to advance feminist psychotherapy and mental health reform, Phyllis Chesler also participated in Jewish women's groups. In 1976, alongside E.M. Broner, Chesler led the first feminist seder in New York City. The guiding theme for this first feminist Passover seder was "the ten plagues of womanhood" and, according to participant Letty Pogrebin, "each guest unburdened herself of female oppressions – violence, poverty, and discrimination, as well as intimate personal suffering." After the first seder, Chesler remembered Gloria Steinem asking her in private "whether I really believed 'all this stuff.'" Chesler told Steinem that the seder was her "legacy" and "an intellectual and religious treasure that was meant for women, too." Chesler told Steinem Jewish feminists wanted to "take back our religion."⁶⁴⁴

Phyllis Chesler also helped to organize conferences and panels to address anti-Semitism in the women's movement and make space for discussions on and recognition of Jewish identity in feminist circles. Addressing a conference organized by the Jewish Feminist Organization in April 1975, Chesler said, "I didn't have to marry a doctor, I became one." Chesler discussed a range of topics from the need for a "female army" and

⁶⁴⁴ Letty Pogrebin, "A Feminist Ritual of Liberation," *Daily News* (New York), April 3, 1988; Chesler, *A Politically Incorrect Feminist*, 151-152; Antler, *Jewish Radical Feminism*, 316; Pitts, "Phyllis Chesler – A Life of Behalf of Women," 293-294. Chesler met E.M. Broner in Israel in 1975 and they decided to organize the feminist Passover seder. Broner and Naomi Nimrod worked on the feminist "counter-Haggadah." For more on the development of religious Jewish feminism and the creation of new rituals and interpretations of Jewish texts, see Judith Plaskow, *Standing Again at Sinai: Judaism from a Feminist Perspective* (San Francisco: Harper and Row, 1990); Sylvia Barack Fishman, *A Breath of Life: Feminism in the American Jewish Community* (New York: Free Press, 1993); Antler, *Jewish Radical Feminism*, 205-242.

her experiences speaking on feminism in Israel to how she believed anti-Semitism was disguised as anti-Zionism in feminist circles. She called the International Women's Year "theatre, not politics," and suggested an ad hoc committee of Arab and Jewish women to come together to "solve their mutual problems of oppression."⁶⁴⁵ In the 1980s, Chesler would continue to call for dialogues between Jewish women, Arab women, and Black women in the United States. She also helped organize Jewish women's groups and connected with Jewish feminists in international groups.⁶⁴⁶

The passage of the "Zionism is Racism" resolution at the 1975 United Nations women's conference in Mexico City drew many American Jewish women to fight anti-Semitism and anti-Zionism in the American women's movement. In 1980, Chesler also witnessed anti-Israel rhetoric at a United Nations symposium in Oslo and anti-Jewish vitriol at the Copenhagen UN women's year conference. "The only good Jew is a dead Jew," Chesler heard at the conference. These experiences with anti-Semitism during international feminist gatherings and in the American women's movement led Jewish feminists in New York to found Feminists Against Anti-Semitism in 1981. Members included Broner, Chesler, historian Paula Hyman, and Letty Cottin Pogrebin. Feminists Against Anti-Semitism went on to organize a well-attended panel on feminism, racism,

⁶⁴⁵ Clipping of Sharon Lieberman, "JFO: Equal Rites," *Majority Report*, May 17, 1975, box P/P1, folder 5, Phyllis Chesler Papers. It is important to note that some Jewish women in the feminist movement questioned the belief that anti-Zionism was anti-Semitism. Some argued that the debate about anti-Zionism was deeply one-sided in the feminist movement. Ellen Cantarow wrote, "I deplore it when Palestinians raise the Zionism-is-racism charge: it is a smokescreen of rhetoric that guarantees rhetoric back, and the ensuing name-calling defeats any progress. I equally deplore the Jewish charge, which I see as simply the other face of the same coin." See Cantarow, "Jewish Women & Nairobi: Another View."

⁶⁴⁶ Antler, *Jewish Radical Feminism*, 316.

and anti-Semitism at the 1981 National Women's Studies Association meeting that sparked a great deal of debate within the women's movement.⁶⁴⁷ Challenging anti-Israel feminists and leftists in her article in *Ms.* magazine, Pogrebin wrote, "If we can understand why history entitles lesbians to separatism, or minorities and women to affirmative action, we can understand why history entitles Jews to 'preferential' space. *To me, Zionism is simply an affirmative action plan on a national scale.*"⁶⁴⁸ Some letters to *Ms.* after the article challenged Pogrebin's arguments, others supported her conclusions. "None trivialized the importance of anti-Semitism as a historical force," recalled Ellen Cantarow, "But pointed out that Pogrebin was confusing it with criticism of Israel."⁶⁴⁹ Even with the debates among feminists, these discussions served to advance the American women's movement's recognition of the many manifestations of anti-Semitism and how Jewishness could be understood as a category of difference.⁶⁵⁰

In the early 1980s, Chesler also connected with the Jewish organizations outside of the feminist movement and shared her perspectives on women's health directly with Jewish communities. As part of speaking engagements related to her work and recent book *With Child*, Chesler gave talks to Jewish organizations around the country including

⁶⁴⁷ Antler, *Jewish Radical Feminism*, 328-334; Vivian J. Scheinmann, "Jewish Feminists Demand Equal Treatment," *New Directions for Women* 10, no. 4 (1981): 5, 16; Susan Weidman Schneider, *Jewish and Female: Choices and Changes in Our Lives Today* (New York: Simon and Schuster, 1984): 508-509. Chesler wrote on her experiences at Copenhagen in a piece for *Lilith* under the pseudonym "Regina Schreiber" titled "Sisterhood is Powerful...Unless You're Jewish." See further discussion on the panel in previous chapter on Pauline B. Bart.

⁶⁴⁸ Letty Cottin Pogrebin, "Anti-Semitism in the Women's Movement," *Ms.*, June 1982, 65. For more on how Pogrebin became "radicalized as a Jew," see Antler, *Jewish Radical Feminism*, 333-335. Emphasis in original.

⁶⁴⁹ Cantarow, "Zionism, Anti-Semitism, and Jewish Identity in the Women's Movement."

⁶⁵⁰ Hyman, "Jewish Feminism Faces the American Women's Movement," 301-304.

the National Council of Jewish Women (NCJW) of Louisville and a seminar sponsored by the Jewish Federation of Raritan Valley in New Jersey. In the late 1970s, a number of radical feminists were reevaluating their earlier positions on motherhood. *With Child*, published in 1979, contained her personal reflections on her pregnancy and first year of her son's life. She described becoming a mother as humbling and empowering. In *With Child*, Chesler's reflections on blending motherhood and feminist perspectives nuanced her earlier arguments on the oppressive nature of the family.⁶⁵¹

In Louisville, Chesler discussed a wide range of women's issues including unpaid household labor, the importance of women controlling their own bodies, and how she came to see motherhood as a "great rite of passage," though family life could have few "built-in safety zones" to help with stress. She also reflected on why she was a passionate feminist. "There are over a hundred reasons, but one is that I'm a Jew, and as a Jew I was concerned with the issues of slavery and freedom," she explained to the large audience, which included one man. "As a Jew, I have a moral concern with injustice." Chesler went on to discuss her theory on "uterus envy" and why men "fear us, hate us, envy us, as well as need us." Chesler also commented that she feared what "test-tube babies" and the impact of such technology would mean regarding men's need for women. "If the Holocaust happened, then anything is possible," Chesler argued.⁶⁵² Although the reporting did not include the audience reaction to her talk, Chesler's Louisville speech

⁶⁵¹ Chesler married an Israeli man in the early 1970s and had a son, Ariel. Chesler and her husband divorced and she raised Ariel largely as a single mother. See Joyce Antler, *You Never Call! You Never Write!: A History of the Jewish Mother* (Oxford: Oxford University Press, 2007), 160-164; Chesler, *A Politically Incorrect Feminist*, 180.

⁶⁵² Shirley Williams, "The Ways That Women are Exploited Concern Author-Psychiatrist," *The Courier-Journal* (Louisville, Kentucky), March 18, 1980; "Women's Day Seminar Planned," *Central New Jersey Home News*, February 18, 1981.

shows her interests in women's health, bodily autonomy, radical feminism, and Jewish identity coming together in a specifically Jewish space. The descriptions of the large audience size indicates that members of organizations like the National Council of Jewish Women and women in the Louisville Jewish community were open to Chesler's patient politics and brand of Jewish radical feminism, even in a conservative state like Kentucky.

The fact that organizations like Hillel, Jewish federations, and the NCJW hosted radical feminist speakers means that there was a dialogue about radical feminist ideas in Jewish communal spaces. During these years, Pauline Bart and Phyllis Chesler shared their perspectives on the intersection of Jewish identity and activism with members of the Jewish community broadly, not just other Jewish feminists. The NCJW had long supported women's rights issues and services for women in need.⁶⁵³ In the 1970s and 1980s, NCJW members connected with radical feminist activists through their shared concern with Jewish community interests, including women's health topics like breast cancer, depression, and reproduction. Well before Chesler discussed motherhood and reproductive technologies Bart spoke on depression and middle-aged women in a program in the Jewish family with the NCJW, Baltimore section in 1973.⁶⁵⁴

Throughout the 1980s, Chesler was also actively rediscovering her spiritual connection to Judaism and religious Jewish feminist groups. Continuing work she began with the first feminist seder, she helped reimagine and reclaim Jewish rituals and life

⁶⁵³ For the many different campaigns of the NCJW and the development of the organization, see Faith Rogow, *Gone to Another Meeting: The National Council of Jewish Women, 1893-1993* (Tuscaloosa: University of Alabama Press, 2005).

⁶⁵⁴ Letter to Pauline B. Bart from the National Council of Jewish Women, Baltimore Section, October 17, 1973, box 16, folder 11, Bart Papers. Bart appeared as part of a day-long program on the topic of "The Family in Trouble," and she spoke on "Portnoy's Mother's Complaint."

cycle events. In 1988, Chesler was part of the multid denominational group of seventy Jewish women who prayed together as a group in the women's section at the Western Wall (the Kotel) in Jerusalem, where women were forbidden to hold service. Chesler received the honor of opening the Torah. She went on to study Torah for twenty-four years with her close friend Rivka Haut, an Orthodox woman who had pioneered Orthodox feminist prayer groups in Brooklyn and organized the Kotel women's prayer group from participants in the International Jewish Feminist Conference. Chesler later credited Haut with teaching her "that feminism has a sacred as well as a secular voice."⁶⁵⁵ Chesler's rediscovery of her Jewishness in the 1970s was sparked by experiencing anti-Semitism among feminists, yet this rediscovery also connected her to circles of Jewish women who blended their identities as Jews with their concern for justice, freedom, and liberation in secular and religious spaces.

"ILLUMINATE THE PATH FOR OTHERS": A PSYCHOLOGIST-ACTIVIST IN THE WOMEN'S HEALTH MOVEMENT

Nearly twenty years after the publication of her feminist classic *Women and Madness*, Phyllis Chesler reflected on mental health care and the changes that had come, or had not, through decades of feminist health activism. "Most of what we take for granted today was not even whispered about twenty years ago," wrote Chesler. As a doctoral student, Chesler was only taught how to administer a test for mental illness, never a test for mental health. Feminist theories of psychology and feminist therapists were few. No clinical supervisor ever suggested Chesler reflect upon her own

⁶⁵⁵ Chesler, *A Politically Incorrect Feminist*, 293-295; Antler, *Jewish Radical Feminism*, 344-345. This moment led to the founding of the Women of the Wall organization.

experiences to better understand women and mental health. “None of my teachers ever mentioned that women (or men) were oppressed or that people suffer when they are victimized – and then blamed for their own misery,” she recalled.⁶⁵⁶ In the 1960s, Chesler was taught that women suffer from penis envy, are “morally inferior” to men, and were dependent, passive, emotional, and “innately masochistic.” Mothers, never fathers, were to blame for causing neurosis and psychosis; mothers created the sons who later became sexual predators or pedophiles.⁶⁵⁷

Throughout her career as a psychologist-activist and radical feminist, Chesler challenged these sexist and harmful assumptions in professional spaces and personal politics. In *Women and Madness*, public speeches, academic panels, and her college teaching, Chesler confronted the “double standard of mental health,” the sexist foundations of Freudian thought and therapeutic practice, the compounding injustices against people of color when they sought psychiatric care, and helped reveal the unethical and harmful nature of therapist-patient sex and the forced domestic labor of patients in mental hospitals. She called for reparations from the American Psychological Association (APA) for harm done to women by the mental health professions and helped organize feminist therapists. Newspaper coverage and *Women and Madness* brought the feminist

⁶⁵⁶ Chesler, “Twenty Years Since ‘Women and Madness’: Toward a Feminist Institute of Mental Health and Healing”; Chesler, *Women and Madness*, 64-66.

⁶⁵⁷ Chesler, *A Politically Incorrect Feminist*, 56-57; for other retrospective essays on the development of feminist psychology see Nancy M. Henley, “Psychology and Gender,” *Signs* 11, no. 1 (1985): 101-119 and Abigail J. Stewart and Andrea L. Dottolo, “Feminist Psychology,” *Signs* 31, no. 2 (2006): 493-509. Stewart and Dottolo’s essay followed the contributions of Sandra Bem, Oliva Espin, Stephanie Riger, Mary Gergen, and Stephanie Shields. Assessing the work of the Seventies feminist psychologists, they write, “It is clear...that the Seventies psychologists have worked hard to develop their own work into truly integrated feminist psychology; the result was hard-won.”

critique of mental health care directly to patients and into the hands of clinicians as well as social workers and women's health researchers. As a faculty member at Richmond College, she not only taught psychology and women's studies, she helped found health resources on campus like the College Birth Control and Ob/Gyn Self-Help Clinic, the College Child Care Center, the Rape Counseling Project, and the Counseling for Battered Women Project.⁶⁵⁸ Some colleagues and antifeminists accused her of being unprofessional and biased, however, later work would confirm many of her findings, especially regarding the sexual exploitation of female patients by therapists.⁶⁵⁹

As a psychologist-activist, Chesler had the ability to act as a bridge between mental health professionals and the lay activists of the women's health movement. Though medical practitioners were often interpreted by health activists performing a "social control function" and were regarded with suspicion, Chesler's radical feminism and public reckoning with the harm done by colleagues showed her dedication to a radical revisioning of mental health care.⁶⁶⁰ Chesler helped form organizations and collectives to create a feminist standard of care and unseat the dominance of traditional sex roles, nurturing, and motherhood in the definition of what women must embrace to be seen as "healthy." She also made a point to center the voices of the women patients in her work rather than speak for them. Patients had a right to non-sexist care, the right to share their own patient experiences, and the right not to be abused by their therapists.

⁶⁵⁸ Pitts, "Phyllis Chesler – A Life on Behalf of Women," 290.

⁶⁵⁹ Chesler, *A Politically Incorrect Feminist*, 93.

⁶⁶⁰ Ruzek, *The Women's Health Movement*, 72-73; Chesler, *A Politically Incorrect Feminist*, 76.

Another significant change in the twenty years since Chesler began to practice psychology was the sheer number of women entering careers in psychology and psychiatry due in part to the impact of Title IX.⁶⁶¹ In 1970, woman received only 8 percent of new certificates issued by the American Board of Psychiatry and Neurology. Twenty years later, women were 36 percent of all new certificates issued in that specialty. By 2005, women were nearly 72 percent of new PhD and PsyDs, up from 20 percent of new PhD recipients in psychology in 1970.⁶⁶² Feminist psychology had made a foothold in the profession. They established journals, conferences, and maintained referral networks. At the center of their practice was a simple concept: “feminist therapists try to *believe* what women say.” With the history of psychiatry and psychology what it is, noted Chesler, “this a radical act.”⁶⁶³ The women’s health movement supported the growth of feminist therapy throughout the 1970s and 1980s. Activists and organizations provided tools in feminist health manuals and at conferences for patients to find and assess a feminist therapist, understand the differences between the varieties of mental health professionals, and specific advice for lesbian women seeking therapists.⁶⁶⁴

After decades of feminist health activism, Chesler felt in 1990 that too little had changed since the publication of *Women and Madness*. Chesler described the world as a

⁶⁶¹ See Naomi Rogers, “Feminist Fight the Culture of Exclusion in Medical Education, 1970-1990.”

⁶⁶² Hirshbein, “History of Women in Psychiatry; Cynkar, “The Changing Gender Composition of Psychology.”

⁶⁶³ Chesler, “Twenty Years Since ‘Women and Madness’: Toward a Feminist Institute of Mental Health and Healing”

⁶⁶⁴ See “Conference Reports: Women and Mental Health,” Proceedings for the 1975 Conference on Women and Health”; Boston Women’s Health Book Collective, *The New Our Bodies, Our Selves: A Book by and for Women* (New York: Simon & Schuster, 1984), 73-76, 153.

situation wherein mother-blaming continued, girls were still pushed into accepting traditionally “feminine roles,” incest and sexual molestation of boys and girls continued, and women still tended to “disassociate themselves from both female victims and female rebels.” She was also frustrated by how little male therapists and anti-feminist therapists read the work of feminists in social work, medicine, psychology, counseling and nursing. However, Chesler did believe that the creation of feminist therapy ultimately had helped women over the decades. Feminist therapists listened to patients respectfully rather than dismissively and worked to serve women in need. Feminist therapists made a difference because they believed “that any attempt to integrate mind and body is ‘healing’ ...that body work is as important as (or *is*) political work.”⁶⁶⁵

In 2018, Chesler underscored that clinicians must be flexible and open-minded in their approach to mental health care and treatment, especially in terms of the use of controversial treatments like low levels of shock therapy or tranquilizers. “If you are a clinician and not an ideologue,” wrote Chesler in her recent memoir, “And if you care about someone who is suffering (whether you are a family member, a friend, or a therapist), you will try anything and everything that might work.” Although she knew those who romanticized mental illness, Chesler saw concerns like schizophrenia, depression, and mania to be quite real and she underscored that no “political revolution can cure such states of being.”⁶⁶⁶

⁶⁶⁵ Chesler, “Twenty Years Since ‘Women and Madness.’” Emphasis in original.

⁶⁶⁶ Chesler, *A Politically Incorrect Feminist*, 156-158. Chesler wrote that there were many different experiences reported by patients who turned to low levels of shock therapy or pharmaceuticals to manage their mental illness. She also wrote that deinstitutionalizing public psychiatric hospitals was the correct decision, however, allowing people with severe mental illness to suffer from homelessness and neglect was “no kinder than incarcerating them.”

Over the years, Phyllis Chesler had a mutable sense of her relationship to her Jewish identity. Her worldview was shaped by her experience as first-generation Jewish American.⁶⁶⁷ “This is the story of how a daughter of working-poor immigrants came into her own and helped illuminate the path for others,” Chesler wrote in her 2018 memoir.⁶⁶⁸ Though Chesler described moments forgetting and remembering her Jewishness, by the late 1970s, she directly connected her passion for justice and liberation to her identity as a Jewish woman. Raised in the Orthodox Jewish community, Chesler had the opportunity as a young girl to study Torah and to “steal some very sacred Jewish male fire.” She remembered becoming obsessed with the words, obsessed with justice. Yet, as a girl, it was Jewish tradition that dealt her what she saw as a deep injustice: the denial of full access to Jewish religious life. Chesler’s obsession with justice, shaped in her childhood and refined during her years in the feminist movement and other progressive causes, influenced her health activism. With her eye on women’s liberation, Chesler illuminated a path for the women’s health movement to take on mental health reform and advance feminist psychology in the late twentieth century.

⁶⁶⁷ Chesler identified as a first-generation American. See Chesler, *Letters to a Young Feminist*, 17.

⁶⁶⁸ Chesler, *A Politically Incorrect Feminist*, 6. In her memoir, Chesler would also discuss her more recent, often controversial, writing on Israel, Western feminism, gender and violence in the Islamic world, and anti-Semitism.

CONCLUSION

MOTHERS AND PROPHETS OF THE WOMEN'S HEALTH MOVEMENT

In 1977, radical feminist sociologist Pauline B. Bart discussed the women's health movement with Division 35 of the American Psychological Association (APA). Created in 1973 after years of agitation from women psychologists, feminist clinicians, and others, Division 35 was the Psychology of Women division. Bart noted that she was "uniquely happy" to speak to this group. After years of fighting for feminist scholarship by women and about women to be recognized as legitimate academic work, Division 35's founding meant a great deal to her. "Since a contribution of the women's movement has been to demonstrate that the personal is the political [and] our lives are our data, let me give you a bit of that history," Bart told the audience as she began her address. Bart described how she taught one of the very first women's studies courses in 1969 as an "experimental course" while she was a lecturer at University of California, Berkeley. At the time, no women were in tenure track positions in sociology at Berkeley and a woman had not been a tenure track hire in the psychology department in half a century. "But it is exciting to know that less than ten years later both the American Psychological Association and the American Sociological Association have sections devoted to women's issues," observed Bart, "And women's studies are so successful that

I worry about cooptation.”⁶⁶⁹ As she reflected on the growth of the women’s health movement and the impact of the movement on women’s lives including her own, Bart blended biography, history, and politics. She had, after all, always contended that “private problems were, in fact, public issues.”⁶⁷⁰

In Pauline Bart’s life, her personal identity as a Jewish woman was never far removed from her feminist political consciousness and health activism. Studying the work of Jewish activists in the women’s health movement reveals that patient politics and personal histories were deeply intertwined for many Jewish women as they sought to redefine the patient-physician relationship and the power dynamics of American medicine on local, state, and national levels. Jewish women helped advance patient’s rights for all Americans seeking medical care and fought to ensure that patients could make informed decisions about everything from cancer surgery to prescription drugs to mental health services. Patient package inserts, accessible health publications, and the work of dedicated feminist clinicians alone could not solve all the injustices and inequities of the American medicine and the health care system, however, these interventions undoubtedly challenged the unequal dynamic between those who sought care and those who healed.

As the women’s health movement emerged from second wave feminism in the late 1960s, activists blended the personal, political, and the medical to create a new kind

⁶⁶⁹ Pauline B. Bart, “Taking Our Bodies Back,” conference paper for American Psychological Association presented to Division 35 (Psychology of Women Division), 1977, box 28, folder 8, Pauline Bart Papers, David M. Rubenstein Rare Book and Manuscript Library, Duke University.

⁶⁷⁰ Pauline B. Bart, “Sexism and Social Science: From the Gilded Cage to the Iron Cage, or, the Perils of Pauline,” *Journal of Marriage and the Family* 33, no. 4 (1971): 737.

of empowered patient. Frustrated with paternalistic physicians and disillusioned with medicine as an institution, American health feminists called for alternatives to mainstream medicine as well as reforms within the medical establishment. Jewish women helped found and sustain the women's health movement as journalists, scholars, health educators, clinicians, and more. As individuals and as part of women's health organizations and collectives, Jewish women pioneered health feminist rhetoric and reform strategies. Jewish health feminists working on birth control safety, breast cancer, rape, and mental health reform helped the women's health movement make inroads at the Food and Drug Administration, the National Cancer Institute, the National Institute of Mental Health, and Congress. Though the women's health movement primarily used universalist, secular messaging to speak of women's health and patients' rights, many Jewish women nonetheless brought Jewish perspectives of service, liberation, and justice to their interpretation of feminist health activism. The women's health movement did not have to be a "Jewish" movement to be shaped by Jewish tradition.

Directly engaging with health activists' Jewishness enriches the history of the women's health movement and our understanding of Jewish women's roles in shaping American medicine in the twentieth century. Inclusive and flexible, Jewishness as a category allows historians to include a range of Jewish practice and self-understanding within histories of Jewish women's activism. Similar to work by historians Melissa Klapper, Joyce Antler, and Debra Schultz, this study used biographies built from oral histories, correspondence, personal papers, and memoirs to explore the dynamic nature of Jewish women's identities in the women's health movement and the influence of Jewishness on their feminist politics. Studying the lives and work of Barbara Seaman,

Rose Kushner, Pauline B. Bart, and Phyllis Chesler confirms that Jewish women were connecting Jewish tradition and culture to their health feminism in public spaces and in private reflections during the 1970s and 1980s. Speeches, letters, interviews, and autobiographical essays from these years reveal that Jewish women were present as Jews and as feminists in the women's health movement.

Case studies also show that there was no one way of being a health feminist and no one understanding of identity among the Jewish activists in the women's health movement. Jewish women identified as radical feminists, moderate feminists, and some simply as feminists. Expressions of Jewish identity among health feminists spanned the spectrum of Jewish self-understanding and included secular, cultural, ethnic, and religious definitions of Jewish belonging. Identity was not static and many women in this study explored their Jewishness in new ways and with different lenses throughout their lives, especially in response to experiencing anti-Semitism or Jewish erasure within the women's movement and American society.

Though historians have explored how race, ethnicity, and class impacted the health care experiences and health activism of women of color, histories of the women's health movement contain very little about Jewish women as an ethnic and religious minority. This study challenges historians of the women's health movement and second wave feminism to more closely consider how Jewish women occupied a complex space in these movements. Jewish women often benefitted from the privileges of whiteness and economic stability yet were also impacted by anti-Semitism, anti-Judaism, and the erasure of the Jewish people from understandings of difference and histories of oppression. Flattening Jewish women's stories into a generalized narrative of white

feminism does not do justice to Jewish women's experiences as members of an ethnic and religious minority, nor does it explore the multitude of influences and identities at play among white women. Attention to Jewish identity not only helps historians understand Jewish women's roles within the women's health movement, it complicates the history of second wave feminism's cultural, ethnic, and religious intersections and divides. More research on how religion and culture shaped views on health and healing among women's health movement activists of all backgrounds would undoubtedly enrich the historiography of women's health.

Although some American Jews felt very little connection of their Jewishness in these decades, it is evident that Jewish women like Seaman, Kushner, Bart, and Chesler were informed by Jewish history, teachings, and tradition as they helped build the women's health movement. Birth control safety and multi-issue women's health activist Barbara Seaman placed health feminism in conversation with Jewish teachings about liberation. She reflected on how her consciousness was shaped by her Jewish identity and understanding of patriarchy within Judaism. Breast cancer patient and activist Rose Kushner spoke of the impact of Yiddish language and culture on her life and how growing up in a Jewish immigrant neighborhood in East Baltimore shaped her perspectives on medicine and illness. As a young child, she witnessed how visiting nurses and social workers took care of her chronically ill mother. Years later, Kushner decided to be "a social worker on behalf of breast cancer."⁶⁷¹ In the case of Pauline Bart, she consistently included Jewish women's perspectives in her work, even as she spoke of

⁶⁷¹ Anne S. Kasper with Tania Ketenjian, in *Voices of the Women's Health Movement, Volume II* (New York: Seven Stories Press, 2012), 237.

larger trends in health and medicine. In her scholarly life and lived experience as a Jewish radical feminist lesbian, Bart saw herself as an “unassimilable” Jewish female. Radical feminist psychologist Phyllis Chesler went through periods of “forgetting” and “remembering” her Jewishness throughout her life, however she connected her social justice activism to her Jewish identity and her “obsession” with justice. In these examples and many more, Jewish health feminists’ identities as Jews are an undeniable influence on their political lives.

Activists featured in this study not only discussed their perspectives as Jewish women at conferences and gatherings of other feminists, they also shared their work directly with Jewish communities. As invited speakers at local National Council of Jewish Women (NCJW) events and Jewish federations around the country, Bart, Chesler, and Kushner connected the relatively secular women’s movement with long-established organizations in the Jewish community. “One advantage of the women’s health movement is its outreach potential,” noted Bart in 1977. “Unlike other segments of the women’s movement, it affects all women directly because we all have bodies and at some time have to deal with the health care, or perhaps the health uncare, system.”⁶⁷² Although organizations like the NCJW took on many issues in the 1970s and 1980s, women’s health topics and speakers were of interest to their membership and drew audiences of both men and women.⁶⁷³

⁶⁷² Bart, “Taking Our Bodies Back,” Bart Papers.

⁶⁷³ Shirley Williams, “The Ways That Women are Exploited Concern Author-Psychiatrist,” *The Courier-Journal* (Louisville, Kentucky), March 18, 1980; “Women’s Day Seminar Planned,” *Central New Jersey Home News*, February 18, 1981; “Author to Speak of Breast Cancer,” *The American Israelite*, September 23, 1976; Letter to Pauline B. Bart from the National Council of Jewish Women, Baltimore Section, October 17, 1973, box 16, folder 11, Bart Papers.

An understudied aspect of women's health movement history is the extent to which other women's organizations helped expand the reach of health feminism and integrated health feminist messaging into their community health initiatives. For example, even in the conservative American South, organizations like the National Council of Jewish Women, Charleston section supported feminist developments in women's health care services, including services for victims of rape. Historically, the NCJW had a longstanding interest in the medicine and health for the Jewish and non-Jewish communities their local chapters served. In 1975, the NCJW Charleston supported the People Against Rape crisis center and called for interested NCJW members to fill support roles at the center as counselors, office workers, and assisting in public relations and public education efforts about rape. The following year, the board of the NCJW Charleston recommended the purchase of a projector and educational film that could teach women about breast self-examinations as they utilized the services of the "Papmobile," a "gynecologist's office on wheels" created and ran by the American Cancer Society and the Medical University of South Carolina.⁶⁷⁴ The NCJW Charleston newsletter contained updates about the Papmobile and calls for volunteers to help the service, which provided free pap smears as well as breast and pelvic examinations carried out by specially trained nurses. The Papmobile visited textile mills, colleges, and sites

⁶⁷⁴ *The Councillor* Newsletter, February–March 1976, National Council of Jewish Women Charleston Section records, box 4, folder 8, College of Charleston Libraries, Charleston, SC; *The Councillor* newsletter, July–August 1975, National Council of Jewish Women Charleston Section records, box 4, folder 8. See also "Papmobile Offers Free Examinations," *The Times and Democrat* (Orangeburg, SC), October 31, 1975.

across the state. Newspaper articles heralding the arrival of the Papmobile stressed that no appointments were necessary and all women could utilize its services.⁶⁷⁵

While the NCJW Charleston does not appear in histories of the women's health movement, I believe that its support of local women's health initiatives connected its members to broad networks of activists who called for feminist revisions to women's health care. Future research on the regional and local manifestations of the women's health movement will help decenter organizations with national reach or reputation such as the Boston Women's Health Book Collective and the National Women's Health Network. While these well-known organizations were essential in supporting women's health literacy, reforms in women's health policy, and raising awareness of feminist revisions to medicine nationwide, health care and interactions with medicine are often highly personal and local-level stories. There is a great deal of women's health history to be discovered in the records of local and regional women's organizations and even specifically among Jewish organizations including the NCJW or progressive congregations.⁶⁷⁶ Examples of feminist health activism in local NCJW chapters show how Jewish women advanced the aims of the women's health movement in and outside

⁶⁷⁵ Bonnie Pleasants Dumas, M. Clinton Miller III, Paul Underwood, Jr., et al., "The South Carolina Papmobile Program: A SAS Application," *SAS Conference Proceedings: SAS Users Group International '79* (SUGI 1979), January 29–31, 1979; "Papmobile to Visit Area," *Florence Morning News* (Florence, SC), November 25, 1975; "Papmobile Offers Free Examinations," *The Times and Democrat*.

⁶⁷⁶ For example, in the late 1980s and early 1990s, a number of Jewish organizations in the Atlanta area were supporters of Georgians for Choice, a pro-choice coalition. Jewish organizational members included the Southeastern Region Hadassah, The Temple (an Atlanta Reform congregation), and the Temple Sisterhood. See Membership form to Georgians for Choice completed by Southeastern Region Hadassah, March 26, 1990, box 41, folder 3, Georgians for Choice Records, Special Collections, Georgia State University, Atlanta, GA; Membership form to Georgians for Choice completed by the Temple (Atlanta), box 41, folder 4, April 4, 1990, Georgians for Choice Records.

of secular feminist organizations and did so as Jewish women linked to a long tradition of philanthropy and service. Though Jewish women often served Jews and non-Jews alike through their activism, it is important to understand how Jewish women embraced health reform through both secular and Jewish community channels in the 1970s and 1980s.⁶⁷⁷ Complicating this history is the fact that not all Jewish women who supported women's health services would identify with the feminist rhetoric of the women's health movement.⁶⁷⁸ Exploring these tensions at the community level would help show how health feminists and Jewish women who did not self-identify as feminists were both concerned with women's health issues, but did not endorse the same brand of patient politics.

Although historians have stressed how "patient-consumer empowerment" could only go so far in addressing the deep dysfunctions of the American health care system, the 1970s and early 1980s were years wherein the American patient was reimagined and reinvigorated. Through the work of patient rights' activists, health feminists, and consumer activists, concepts like the Patients' Bill of Rights, patient informational leaflets on prescription drug side effects, informed consent, and the right to accessible health information gained significant ground and support from the American public and

⁶⁷⁷ By the early 2000s, organizations like Sharsheret developed to specifically support Jewish women and families facing breast and ovarian cancers. See Rose Kushner chapter for more discussion her universalist model of breast cancer activism. Sharsheret, which describes itself as the "Jewish breast and ovarian cancer community," could be considered an example of a particularist approach to health activism. See also Sharsheret, "Mission Statement," accessed March 4, 2021, www.sharsheret.org.

⁶⁷⁸ For more on Jewish women's involvement in organizing family planning services that was not clearly a linked to feminist women's rights rationale but rather population control rhetoric and curbing societal ills like "illegitimacy," see Ellen G. Rafshoon, "Esther Kahn Taylor: Hadassah Lady Turned Birth Control Advocate," *Southern Jewish History* 19 (2016): 125-154.

health policymakers. “Politicians who could agree on little else endorsed the philosophy of giving patient-consumers more information and choice so they could help push medicine toward greater efficiency, higher quality, and lower prices,” argued historian Nancy Tomes.⁶⁷⁹ While patient activism could not cure all of medicine’s ills in these decades, it nonetheless helped patients embrace their voice and power within the patient-practitioner relationship.

Many Americans were drawn to alternative values and worked to create a sense of community outside of established institutions during the 1970s and this included creating new conceptualizations of health care. With its alternative, self-help branch as well as its reform-minded branch, the women’s health movement offered women a flexible interpretation of how to “seize” medical knowledge and take their bodies back. Jewish women not only helped found the women’s health movement, they pioneered strategies which would be used by future generations of health activists seeking to influence medical research and national health policy. Feminist health activists demonstrated at the Food and Drug Administration, became experts in medical literature, lobbied on behalf of increased research funding for issues like breast cancer, and built alternative feminist clinics to provide a new woman-centered model of care. HIV/AIDS activists drew from the example of health feminism, as did other single-issue and disease specific groups. The legacy of the women’s health movement stretches well beyond women’s health issues and concerns; the movement inspired patients to be political, not passive, and to create the health care resources they wished to have for themselves. Feminist health

⁶⁷⁹ Nancy Tomes, *Remaking the American Patient: How Madison Avenue and Modern Medicine Turned Patients into Consumers* (Chapel Hill: University of North Carolina Press, 2016), 269, 288.

manuals, clinics, and self-help groups placed the power of medical knowledge into the hands of patients. Although the women's health organizations of the 1990s became increasingly professionalized and did not take the same skeptical view of medical authority, these groups were the next chapter of the "women's health megamovement."⁶⁸⁰

In history and in the present day, identity is unwieldy and changeable. The case studies featured in these four chapters only partially capture the lived experience and perspectives of Jewish women in the women's health movement during the late twentieth century. Studying Jewish identity can be particularly complex, as many American Jews in these years did not identify as religious and yet still had a profound sense of their own Jewishness and its meaning. The activist life histories of Seaman, Kushner, Bart, and Chesler suggest that the women's health movement can be interpreted as a Jewish story, or at the very least, understood as a story which was shaped by Jewish women and Jewish political and social justice traditions. Discovering the Jewish history of the women's health movement pushes us to ask new questions about Jewish women's health politics and feminisms. Together, these case studies also show how health activists and evolving understandings of patienthood belong within the history of medicine alongside health professionals and advances in medical research.

In the early twenty-first century, Barbara Seaman is remembered as the mother and "first prophet of the women's health movement." I argue Rose Kushner, Pauline Bart, and Phyllis Chesler are also mothers of the movement in their own right, as they too nurtured the women's health movement as it grew and faced new challenges in the 1970s

⁶⁸⁰ For on the idea of the "women's health megamovement" see Carol S. Weisman, *Women's Health Care: Activist Traditions and Institutional Change* (Baltimore: Johns Hopkins University Press, 1998).

and 1980s.⁶⁸¹ Each of these women were prophets of health feminism and of a new kind of patient politics rooted in the right to informed consent and the right to respectful care. They argued that partnership, not paternalism, should define the patient-practitioner relationship. Undoubtedly, Jewish women and Jewish identity, in all its diversity and interpretations, mattered deeply to the development of the women's health movement and the history of women's health care in the United States.

⁶⁸¹ Barbara Seaman, *The Doctors' Case Against the Pill*, 25th anniversary edition (Alameda, CA: Hunter House, 1995), cover; Seaman Additional Papers, Cynthia Pearson, "In Memoriam: Barbara Seaman, 1935-2008," *Journal of Women's Health* 17, no 6 (2008): 921, box 1, folder 7, Schlesinger Library, Radcliffe Institute, Harvard University, Cambridge, Mass.

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