

## Book Reviews

*Psychological Aspects of Women's Health Care: The Interface Between Psychiatry and Obstetrics and Gynecology.* Donna Stewart and Nada Stotland (Eds.). London, Washington: American Psychiatric Press, Inc., 1993. 570 pp. ISBN: 0-88048-421-7

Reviewed by Leslie Myers

It is a relatively new phenomenon for psychiatrists to write about women's health issues from perspectives that both medical and feminist health practitioners could find useful. *Psychological Aspects of Women's Health Care* is a compilation of such work. That this book is coauthored by psychiatrists, and includes work by obstetrician-gynecologists, is evidence of the great shifts that have occurred in the past three decades with regard to consciousness about women's health issues, shifts that have reached into the heart of medicine. Central to these changes has been the massive entry of women into medicine and it is no accident that the majority of contributors to this book are female physicians.

Almost every conceivable topic related to women's reproductive health is addressed. The first section covers normal and complicated pregnancies, fetal anomalies, psychiatric disorders and treatments during pregnancy, adolescent pregnancy, postpartum disorders and perinatal loss. The second section includes work on the menstrual cycle, infertility, induced abortion, menopause, AIDS, and on gynecologic pain, disease and oncology. The final section includes work on alcohol and substance abuse, eating disorders, sexual disorders, breast disease, violence, the experience of minority women, the male perspective and ethical issues.

The chapters are well-written and largely free from psychiatric terminology that would make comprehension difficult for a non-psychiatrist. Most of the authors provide a useful, up-to-date review of the research on their topic.

The book is strongest when the authors are addressing issues relating to disease, complication or psychiatric disorder. For example, Hillard writes with clarity and tangible compassion about the many wrenching issues that a woman with a pelvic cancer must face. Stewart and Robinson provide original insights into the impact of eating disorders on fertility, hyperemesis gravidarum, pregnancy outcomes and infant feeding. And Jensvold provides useful information on the interaction between medical and psychiatric disorders and

---

Leslie Myers, M. Sc(A), N., is Faculty Lecturer at the School of Nursing of McGill University, in Montreal.

premenstrual difficulties, as well as raising important political questions about the inclusion of Late Luteal Phase Dysphoric Disorder in the DSM-III-R.

The few weak areas of the book are those that deal with "normal" healthy aspects of menstruation, menopause, pregnancy and birth. This is perhaps not surprising, as medicine's mandate has traditionally been "to diagnose and treat disease". The critique that the "medicalization" of women's normal reproductive life events has been to the detriment of women's health has been made by many and the few problems in this book are largely related to this. For example, there is no reference to research on the effects of nutrition and exercise on women's difficulties with the menstrual cycle or with menopause. This research exists and many of the women who doctors will see are interested in what they can do to help themselves.

In the chapter on Normal and Complicated Pregnancies, the research cited on the effectiveness of prenatal preparation and on the high caesarean section rates in North America is dated, and the arguments, therefore, flawed. At several points, the author describes normal pregnancy in terms that have little to do with most women's experience of it (for example, as a time of "regression and passivity"). These problems are unfortunate given the good quality and usefulness of the author's work on complicated pregnancies, which again underlines where the strengths of the book lie.

The other most problematic section is in the chapter Sexual Assault, Domestic Violence and Incest. Again, most of this chapter is well-done and extremely important, particularly in describing the high incidence of violence and sexual abuse in the histories of many women with common psychiatric diagnoses. Very problematic, however, are two claims made by the author – that physical abuse by a spouse occurs equally to men and women, and that equal numbers of men and women kill their spouses. These claims are not supported by research (Saunders 1988). One gets the impression from this, and from a couple of the above-mentioned chapters, that some authors were asked to cover slightly broader territory than their specific area of expertise.

For Canadians, the book reads well (there are several Canadian authors, including one of the editors). There are only three areas that are specific to the American experience: the legal definition of rape/sexual assault, ethical issues around economic barriers to health care, and aspects of the experiences of minority women.

In summary, this book is intended as a dialogue among psychiatrists and obstetrician-gynecologists. Although many of the authors mention lay support groups and help from other health professionals as important, this is

not the focus. However, there is much important information in this book and it is encouraging to read of the number of psychiatrists actively involved in working on women's reproductive health issues from an informed and sympathetic point of view.

### References

- Saunders, Daniel G. (1988). Wife Abuse, Husband Abuse, or Mutual Combat?. In K. Yllo and M. Bograd (Eds.) *Feminist Perspectives on Wife Abuse*. Newbury Park: Sage Publications.



*Women's Health, Politics, and Power: Essays on Sex/Gender, Medicine and Public Health*. Elizabeth Fee and Nancy Krieger (Eds.). New York: Baywood Publishing Company Inc., 1994. 376 pp., index. ISBN 0-89503-120-5.

### Reviewed by Patricia Vertinsky

*Women's Health, Politics, and Power: Essays on Sex/Gender, Medicine and Public Health* consists of a collection of seventeen selected essays which were originally published in the *International Journal of Health Services* over the last decade and which combine well to illustrate the social production and construction of health and ill-health. "Together," suggest editors Elizabeth Fee and Nancy Krieger, "they present a framework for understanding the struggles over women's health that have occurred in this time period, and provide specific analyses of women's health in relation to race/ethnicity and class, the work of health care, the health of women workers, international reproductive health, sexuality, AIDS, and public health policy." (p. 3).

*Women's Health, Politics, and Power* is divided into seven sections ranging from topics on women and work, to studies of female sexuality and reproductive health and discussions of gender and social policy. Essays in the first section, "Women and Health: Frameworks" focus upon the social determinants of health and the need to address women's health in a more inclusive manner. Nancy Krieger and Elizabeth Fee argue that Western society has largely refused to deal with the ways in which sex/gender, race/ethnicity and class are inescapably intertwined with vast inequalities in health, continuing to assume that biology alone can provide answers to concerns about the complexities of women's health. Marsha Lillie-Blanton and others similarly condemn purely biological explanations for racial differences in women's

---

*Dr. Patricia Vertinsky is Professor in the School of Human Kinetics at the University of British Columbia*

health. They describe continuing disparities in the health of more than twenty-five million Latina and African-American women in the United States and show how a legacy of racial discrimination and segregation continues to bring diminished health and affect their quality of life. In particular they provide a framework for exploring the health consequences of being a primary caretaker in a frequently hostile social environment and challenge public health researchers and practitioners to deepen the level of understanding of the link between health and social conditions.

The important topic of the sickening effect (and often double exposure) of waged and domestic work upon women's health, underlined by Lesley Doyal in her brief history of the women's health movement in Britain, is carried into Sections 2 and 3, "Women and the Work of Health Care" and "The Health of Women Workers." Irene Butter et al., for example, document gender hierarchies in the health labour force to demonstrate how valued work functions, prestigious positions and scarce resources continue to be controlled largely by men. In "Sugar and Spice and Everything Nice: Health Effects of the Sexual Division of Labor among Train Cleaners" Karen Messing, Ghislaine Donoill-Shaw and Chantal Haentjens examine the familiar question of whether the sexual division of labour is based on biological differences between the two sexes, and show how the exclusion of women from many jobs because of their "natural" qualities (e.g. women do not like to do dirty jobs, they are unable to do heavy work or work involving complex technical skills etc.) is not necessarily borne out by events in the work place. In fact, far from respecting the different biologies of men and women the authors show that the sexual division of labour many times ignores differences. The physical load resulting from the fast workspeeds and intense time pressures characteristic of women's jobs in factories and offices, as well as the lack of recognition about the technical requirements of many women's jobs (which are often hidden from or ignored by supervisors) may have adverse effects on women's health. These adverse effects are documented in an interesting case study of train cleaners in France where researchers saw how the physical requirements of this apparently routine undemanding job generated a large number of health problems. Specifically the job of toilet cleaning was examined. This task is assigned invariably to women even though it has characteristics often thought to be associated with stereotypes of male jobs, i.e. it is physically demanding, requires technical knowledge and involves considerable exposure to dirt and filth. Yet, when the report documenting the need for less arduous conditions and better tools was submitted the specific recommendation that toilet cleaning tasks be rotated among men and women cleaners was strongly resisted by both sexes who, accustomed to sex-based task assignments, could not conceive of changing their view of the "appropriate" sexual division of labour even though it was clear that the work required skill, dexterity and physical endurance in a particularly dirty and unpleasant environment.



Women's reproductive health is next discussed in the context of developing countries. Ruth Dixon-Mueller shows how, unassisted by safe or affordable services, up to two hundred thousand women in developing countries continue to risk their lives from clandestine abortions in order to regulate their own fertility. In "The Untold Story," T.K. Sundari insists that high maternal mortality must be seen as "a reflection of the priorities set by an elitist system in which the poor and powerless do not count" (p. 187). Social and medical assumptions about women as sexual beings are further explored in Sections 5 and 6. Emily Martin's "Medical Metaphors of Women's Bodies", borrowed from her 1987 book *The Woman in the Body: A Cultural Analysis of Reproduction*, analyzes the medical profession's preoccupation with, and distortions of female sexuality, as does the work of Patricia Stevens and Joanne Hall on the medical construction of lesbianism. The latter show how moral condemnation of homosexuality has fed the medical construction of lesbianism as pathology which in turn has structured discriminatory and "exploitative" treatment by health care providers. In two separate studies of AIDS, women's lack of control over their bodies and their lives is shown to be particularly instrumental in placing them at increased risk for the disease and it is demonstrated how narrow constructions of women's roles have affected the design and delivery of AIDS prevention services around the world.

The essays in the final section explore gender and social policy in relation to health, focusing upon the "feminization" of poverty, family violence and the problems of older women. In looking at the aging population of women, Terry Arendell and Carol Estes show how "the policies of the 1980's shifted resources from women to men and from minorities to whites, leaving women to undertake an even larger burden of unpaid service and caring work" (p. 7).

This book is the second volume of essays selected from the *International Journal of Health Services*. Added to Elizabeth Fee's *Women and Health: The Politics of Sex in Medicine* (Amityville, N.Y.: Baywood, 1983), it provides an excellent resource for researchers and teachers by contributing to the fast-growing, interdisciplinary literature on women, gender and health and underscoring the need to address long-standing gender inequalities through broader and more cogent analyses of health issues, policies and services.