

Summaries

Nadja Bennewitz, *Colonized Women – Women's Bodies in the Theological and Medical Discourse of the Medieval Ages*

The author begins by stating that history cannot be viewed simply as continuing progression and must be seen as a course of breaks, retrogressions, difficult developments, and occasional sudden progress. In this vein, she warns from viewing the Middle Ages as a horrible period for women, arguing that like the women of this century, the women then had carved out a niche for themselves and coped with situations that we look askance at today. She then continues her discussion on how men viewed women's bodies through three main points: the sexual act and the moment of conception, menstruation, pregnancy, and childbirth. Women were viewed as created to be man's helper and thus as his helper for child-bearing, implying that men alone were active in conception. The sexual act was thus allowed only within the context of conceiving children. Menstruation was viewed as the direct result of Eve's original sin and the pain of childbirth as women's just punishment. Menstrual blood was an object of examination and believed to indicate the level of the four body fluids that were associated with disease. Pregnancy was recognized as soon as the woman herself felt the first stirrings, i.e. in the fourth month. The fetus was believed to grow in the seven-chambered uterus, whereby boys received optimal care in the chambers of the right uterus, and the girls less optimally in the left. The author concludes that medical opinion was strongly determined by theological teachings and that what should not have been, being forbidden, was just not seen by doctors.

Lydia Hahn, *Gazing Back at Women's Bodies*

In her work as a physical therapist at the Women's Health Center in Nuremberg, Hahn is often confronted with the attitudes of women towards their bodies and their female functions. She notes that it is often not easy for women to develop a positive picture of their own bodies. In her article, she describes the historical backdrop of how these were viewed in the past and why women lost the right to self-determination. She poses the question as to why, despite the wealth of experience available to women in the past, e.g. as midwives or herbal-medicine experts like Hildegard von Bingen, they remained unknown and under-represented in academic circles. She relates part of the history of women's bodies to the framework in which it took place in the European culture. Her review begins with the Middle Ages where the female constitution in its natural state was viewed as sick, and continues into the 20th century when new forms of health education in the work of E. Bess Mensedieck and Elsa Gindler begin to emerge. She ends with noting that in the new field of gender studies,

the very existence of the female and the male is being challenged, with certain behavior being socially determined and this being translated into corresponding body language.

Elisabeth Benzing, *Fit for Fun in the Freewheeling Being of the Universe – Promises of Cures, Exclusion and Accusations of Guilt on the Alternative Health Market*

The author analyses the whole spectrum of flyers that are sent to the Women's Health Center in Nuremberg with regards to their promises of cures, the compulsion to be healthy, exclusion, and accusations of guilt. She starts with defining the terms health and alternative health market as they have been used over time. Originally, the word health meant the absence of disease and only lately has this definition been widened to include social circumstance, cultural patterns and societal views. Within the alternative health market she criticizes the monocausal thinking that results in promises of simplistic cures: when A, then B, commenting that there are myriad ways of revealing causes and perhaps just as many solutions. We are admonished to have healthy nutrition, sufficient exercise, little stress, and in general to know what does us good. In the end, we behave the way the labor market and the health insurance system wants us to in order to enhance productivity and cut costs. If we don't, then we have failed. Following this logic, sick people are failures that deserve their exclusion from society in general. In her concluding remarks, the author suggests that these views lead to a loss of societal solidarity. She suggests the following views: (1) sickness is an integral part of life and cannot be avoided; (2) the most important requirement is the creation of optimal care for sick people; (3) the process of change and curing is a personal one that is very closely coupled with societal processes; (4) the process of change is complex and requires much time, as such much of it lays beyond our hands, too many factors influencing the process; (5) the path to change/cure may go forward or backward, it is a labyrinthine way in which the goal remains unseen; and (6) curing is a long path since old patterns change very slowly.

Regina Stolzenberg, *The Hormonization of Menopause*

The author begins by stating that menopause should be taken out of the area of responsibility of medicine, in which it has been defined as being purely hormonal in nature. She follows this with a discussion of how it is viewed in other cultures, e.g. in Japan where no word for menopausal heat-waves exists because it is so unknown. She argues that the experience of menopause is something that is defined and constructed by society. She discusses the reasons why women take hormones: out of cosmetic and external grounds in order to keep looking young and to maintain productive levels at work; to prevent Osteoporosis and heart attacks, which means that women take strong

medicines in order to prevent diseases they may never have gotten; to enjoy life without any limits or changes, hormones as lifestyle drugs. Stolzenberg criticizes the tendency to forget how it is to cope with discomfort or even just to tolerate it, quoting an Arabian woman who wrote over the whole debate on menopause, "It comes and goes". She further argues for an optimal and complete counseling in order to help women decide on hormonal intake. Finally, she postulates the question on how new roles for women, in which aging can be dealt with differently, can be created.

Inge Albrecht, Gender Differences in Psychotherapy

The author postulates that gender differences in psychotherapy are analyzed from either an andocentric world view or from a viewpoint of gender polarity. In humanistic therapy, the former view dominates, in which the individual is simply thought of as neuter or as masculine. In other schools of thought, e.g. psychoanalytical theory, the feminine and the masculine are thought of as given norms and as contrasting phenomena that are always assumed but never defined nor discussed. This leads the author to a discussion of gender myths, in which the feminine and the masculine are found to be a complementary, contrasting pair. This polarity is present in theories that endeavor to keep men masculine and women feminine, as well as in theories that claim that every person has masculine as well as feminine attributes. Albrecht protests that these mythical attributes tend to simplify complex contexts and narrow possibilities that would otherwise be open to men and women. In the androcentric world view, there is equality without difference, and in theories ascribing to a polarized world view, difference without equality. The author states that men and women should perceive and be encouraged to seek their own spectrum of expression within their varying life situations.

Ute Sonntag, Women's Health Research – Developmental Guidelines and Perspectives

Sonntag begins her article with an overview of the beginnings of the women's health movement in Germany, focusing as it did on the issue of abortion and violence against women. Self-help groups and the shared self-experience that took place in them were the instruments of cognition that laid the basis for a feminist societal analysis. The starting point for the movement was the colonization of women's bodies, thus paving the way for a gender-sensitive postulation of research topics. The author reviews the milestones of this development in more recent years. She summarizes recent findings: women get sick differently from men, wherein health-harming behavior may be interpreted as a coping response. As such, the subjective viewpoint has been successfully introduced into health research, where the researched upon are freed from their status as objects and where the

view from above is replaced with the view from below. She follows with a discussion of three theses: (1) that women's health research is still essentially the study of disease; (2) that women's health research lacks appropriate instruments; and (3) that the findings of women's health research are not given enough attention in the fields of education and professional practice. She criticizes the lack of research on women's strengths and resources, e.g. why do women live longer? She points out that social science instruments such as questionnaires are often gender-biased, as in the coupling of a woman's social status to that of her husband's or the determination of household income levels by summing up the incomes of all family members regardless of large individual differentials. She ends with the recognition of the need for networking among women's health centers and for cooperation with community- and city-based institutions.

Heidmarie Kremer, Women Speak on AIDS

Kremer writes on the differences between men and women with regards to the course and therapy of HIV-infections. She bases her discussion on the chromosomal differences between the sexes, goes on to question why research into diseases focuses on social causes and not on gender-specific ones, criticizing the androgynous bias in medical research. This reality is best evidenced by the example of AIDS, which originally was labeled as a gay disease. However, women belong to the fastest-growing, though the least researched upon, group of HIV-infected (20%) in Germany. World-wide, some 50% of HIV-infected are women. Citing a longitudinal study conducted in the U.S. with over 2,600 women, the author discusses several findings that have surfaced showing the varying nature of the course of the disease as it affects women in comparison to men. She goes on to describe the difficulties associated with the strategy of the best protection being prevention and what this entails of women in varying situations. She ends with a discussion on the latest form of therapy and its side effects on women. In her closing statements, she encourages those working in other women's projects to make AIDS one of their issues and to sensitize and educate themselves on the theme.

Hannelore Voss, Women and Depression, What Makes Us Sick – Moving from Victim to Self-Determination

The author begins by analyzing the causes of depression in women and traces the root factor to daily stress. The very same sensibilities that enabled women to empathize with others so well also constitute the greatest risk factors that lead them to lose touch with their own feelings and needs, thus resulting in the loss of a sense of self and, ultimately, of self-determination. In curing depression, Voss argues for a diagnosis that is appropriate for women, tailored to the context of their life-processes and gender roles. She stresses the importance

of women's friendships and peer groups and calls for allowing imagination into the healing process.

Patricia Krappmann/Marissa Pablo, *Does Being Foreign Make Us Sick? – Developing Strategies for the Migration Process*

The article reports on a workshop centering on the theme of sickness and the migration process that took place during the Women's Health Month in 1999 in Nuremberg. The authors begin with a description of the life situations of migrant women, constrained as they are by the boundaries set by the laws for foreigners in the country. They describe the group work the counseling center KOFIZA (Contact and Women's Information Center for Africans, Asians and Latin-Americans) has been undertaking the last ten years and the ideas that led to the theme. The workshop concept and methodology are then discussed at length. A story told by one of the participants is recounted and interpreted in context of the workshop concept, i.e. developing strategies to cope with everyday situations involving discrimination. In this case, the migrant woman was told she must have an abortion, a second opinion that she sought by herself gave her the contrary diagnosis. Trusting her own feelings and knowing her needs led her to summon up enough self-confidence to seek the second opinion despite her non-supportive husband. The article ends with a summation of the experiences the authors had conducting the workshop and the open questions that remain as to the manner in which further group work should be conceived and carried out.

Waltraud Stölben/Hilaria Supa, *Healers, Herbal Tinctures and Self-help Organizations – Experience with Traditional Medicine in Peru*

The article describes the situation in three neighboring communities in the District of Huarcocondo, where traditional healers have been replaced by state-run clinics using European methods that have not proven to be a viable alternative to the traditional medical system. These clinics are too far away from most communities; costs are a huge burden to families; many of the clinic personnel only speak Spanish, whereas the patients speak mostly Quechua; the campesinos are treated discriminatorily; varying world views of the Andean population vis-à-vis European medicine; health personnel often prescribe strong medicines that cannot be properly taken by the patients, some of whom are illiterate; traditional healers not only cared for the health of the people but also looked after the environment. The author argues for more medical education programs for the indigenous women and help for self-help through the strengthening of their position in their families, since they are traditionally responsible for family health. The article ends with a description of an ongoing program that trains women in the province of Anta.

Marissa Pablo