

## **Epilogue: Women in the Medical Profession. No Choice or Choiceosie?**

**Carmen Birkle**

When Elizabeth Blackwell (1821-1910) became the first American woman to receive her medical degree from Geneva Medical College in 1849, she was convinced that a “hundred years hence women will not be what they are now” (201). In contrast to many of her female predecessors, Blackwell wanted to become an officially licensed American doctor with a degree instead of being labeled a healer who, in the early decades of the nineteenth century, was gradually replaced by male doctors with or without a license. In many ways, Elizabeth Blackwell was right. Today, female doctors are by no means a rare species. However, as in the nineteenth century, women are still struggling with the incompatibility of family and career, with gradually changing gender expectations, and with their own internalization of these expectations. Negotiating professional ambitions and gender expectations is often accompanied by feelings of guilt either about not doing justice to family and career, or about giving up one at the expense of the other. Although women are no longer confined to the private sphere that was allocated to them in the past, and although women have demanded access and changed the face of the public sphere, it remains more difficult for women to fully and freely participate in the professional world. Turning the freedom from political and legal restrictions into a freedom to work in any profession, and creating equal opportunities for climbing the social ladder, remain challenges for women even in the twenty-first century. As soon as biology, social norms and values, and competition come into play, women still have to frequently face discrimination, stereotypes, and disbelief in their talents. While some scholars celebrate the twenty-first century as the age of the postfeminist “choiceosie” (Genz 103), in which women can freely choose their professional careers, others see the twenty-first century as an age with “no choice” (Probyn 154), in which women are subjected to specific roles and confronted with new expectations through, for instance, the media. It is many of these issues that the articles in the special issue of *COPAS* on “Women and Medicine in American Literature and Culture” have undertaken to discuss.

Ingrid Gessner, the editor of this special issue, herself an expert on the interfaces of literature, culture, and medicine in the nineteenth-century United States, has done a remarkable job in bringing together four young scholars from the University of Regensburg and from Otto-Friedrich-University Bamberg, who deal in their contributions with various manifestations and forms of representations of women in the medical profession. The articles range from the late eighteenth century to the twenty-first century, from life writing in the form of diaries via novels to film and TV series, from female healers and nurses to doctors and surgery specialists. The essays challenge gender hierarchies, gender constructions, and gender stereotypes by joining theoretical deliberations with close analysis of the chosen examples.

While the focus in three out of four contributions is put on twentieth- and twenty-first-century representations, the special issue, nevertheless, starts out with the remarkable choice of the late eighteenth- and early nineteenth-century U.S.-American female healer Martha Ballard, a midwife, who kept a diary throughout many years of her professional life. Bettina Huber convincingly intertwines ideas of female independence, social childbirth, and life writing to show that woman healers had ample opportunity to leave the private sphere, to work with great responsibility, and to be economically rather independent from their husbands since they were paid – even if in different ways and to different extents – by their clients. In contrast to what Sidonie Smith describes as “the logic of ‘sessility’” (x), Martha Ballard’s life narrative reveals how she and her fellow midwives appropriate “the masculine logic of mobility” (x) for their own profession and freely travel day or night, by buggy, horse, or on foot to help deliver babies, give comfort to women in childbed, and, sometimes, take a doctor’s position if none is available or if he is simply unable to help. Ballard does not, as the logic of “sessility” prescribes, stay “permanently planted, tenaciously fixed, utterly immobile” (x). She leaves her home whenever she is needed and travels on roads that often posed major obstacles, in particular if the future mother lived in the woods or hardly populated areas. In contrast to male doctors, who intruded into midwifery in the early nineteenth century, often only justifying their work by being “barber-surgeons” (Ehrenreich and English 58), midwives practiced, as Bettina Huber points out, “social childbirth,” then turning childbirth into a social if not community event, in which several women participated and supported the new mother in caring for her baby but also for herself and the household. This community aspect that also meant empowerment for all women involved got lost when

formally trained men took over, and, in particular in the late half of the nineteenth century, turned it into a merely biological and medical event in which personal assistance and social interaction were no longer considered relevant. Men's concern about professionalism, in view of the many unlicensed male practitioners, was nothing but a veil to hide their own need and desire for profit and, then, to easily get rid of serious competition. If anything, women were allowed to be nurses, assisting their male counterparts.

Nursing is the focus of the second contribution by Susanne Büechl on the movie *Pearl Harbor* (2001). Although we jump from the early nineteenth century to World War II and the mid-twentieth century as the time frame and setting, in many respects it becomes obvious that the situation for women in the medical profession has not only changed for the better. To the contrary, Martha Ballard's economic, social, and professional independence has to be juxtaposed to the female nurses' twentieth-century confinement to rural areas or at least very restricted mobility. The nurse Evelyn Johnson together with a number of other female nurses is on her way to Pearl Harbor in order to work in a military hospital. The Hollywood production emphasizes right from the start that this trip via New York City to the Hawaiian island of O'ahu is a unique opportunity for these women to enjoy mobility and independence for the first time in their lives. "Seeing the world," as Büechl points out, is something they are not familiar with. For many American women, World War II for the first time offers the possibility to leave the private sphere, to join the workforce, and to contribute to the nation's wellbeing by taking the position that their husbands, fathers, sons, and brothers had vacated in order to go to war. Although nursing, according to the nineteenth-century British nurse Florence Nightingale (1820-1910), had always been a woman's task as she believed that "every woman is a nurse" (3), the famous "Lady with the Lamp" had not considered every woman a professional nurse. In the movie, the women prove that they are able to successfully do their jobs, sometimes more efficiently than the male doctors. After the war, women in the United States returned to the private sphere of their homes and families. Men, who had served, desired to find bliss and relief in the same type of family life they had led before, and they expected their women to embody the nineteenth-century values of "True Womanhood," that is, domesticity, purity, piety, and submissiveness (cf. Welter). Similarly, in *Pearl Harbor*, the nurses, in spite of being active participants in the war, were put into a place stereotypically considered feminine, since they are portrayed as not being patriotic but simply interested in relationships with men. Like in

earlier wars, soldiers as patients highly cherished the care these women could give. One might add that the pride in their masculinity and self-respect could only be maintained if they turned the nurses into mother figures—as the label “Mother” Seacole proves that was given to the nineteenth-century Jamaican British nurse Mary Seacole (1805-81) (cf. Seacole) during the Crimean War (1854-56)—or sexual and/or marriage partners, which constitutes a relationship in which they, again, have authority (cf. Elizabeth Stuart Phelps’s *Doctor Zay* [1882]). In contrast to Seacole, who traveled from Jamaica to the Crimea and then back to England, the nurses in *Pearl Harbor* cross the American continent all the way to the Pacific Ocean about 100 years after Seacole. And yet, they are by far not as mobile, independent, and self-reliant as Seacole was.

The third contribution by Ramona Schmidt moves into the 1950s and 1960s and, thus, focuses on the aftermath of the destructive war and people’s longing for some sense of normalcy. In the United States, the emblem of this normalcy are the suburbs, which gain in population and attractiveness but also in homogeneity as “ticky-tacky little boxes,” as Malvina Reynolds’s 1962 song “Little Boxes” vividly illustrates. With Sylvia Plath’s *The Bell Jar* (1963) and Susanna Kaysen’s *Girl, Interrupted* (1993), Ramona Schmidt selects two autobiographical narratives that focus on the psychological breakdown and, at least temporary, recovery of the two protagonists in the late 1950s and late 1960s/early 1970s respectively. Both illustrate the climate of the celebration of women’s roles as mothers, wives, and housewives, raising the kids, running the household, and caring for the well-being of their working husbands, returning from a workday in the city, not understanding why their young wives are equally tired, and far from appreciating the seeming bliss their husbands feel to have showered on them. Betty Friedan’s seminal study *The Feminine Mystique* (1963) and her famous notion of “the problem that has no name” perfectly illustrate the unease and dissatisfaction with which young and often intelligent women (most of them with a college degree) look at their lives. This is the situation in which Plath’s and Kaysen’s protagonists fall into depression with a sense of having to choose between either family or career in Plath’s *alter ego* Esther Greenwood’s case or of a world falling apart in the 1960s in Kaysen’s case. As Ramona Schmidt expertly shows, both turn to psychological treatments instead of resisting the confining social structures, mirroring their authors’ experiences in 1953 and 1967 respectively. Being subjected, as female patients, to the medical gaze in the same private McLean Hospital in Belmont, Massachusetts, fourteen

years apart, is an irony that Ramona Schmidt emphasizes. In spite of the different timeframes, the two women become objects of the medical gaze that, however, is only partially male. Women doctors' and nurses' collaboration in the maltreatment of the female patients, as Schmidt points out, finds entrance into an easy-to-handle biomedical treatment with electroshocks and Thorazine that causes more physical and mental damage but keeps the patients quiet. With very few exceptions, the patients become prisoners and the doctors and nurses guards. It is only Dr. Nolan in *The Bell Jar* who embodies a mother figure, treats Esther like a human being with intelligence, and is interested in improving her health rather than just keeping her quiet. Similarly, the nurse Valerie in *Girl, Interrupted* occasionally shows empathy. Nevertheless, what this article makes very clear is the prominence of a medical gaze that objectifies and dehumanizes young women who are in dire need of being taken seriously. One might add that with the increase of biomedicine and biotechnology in the following decades, experimentation in the name of medical progress prominently enters the medical field and is strongly criticized in feminist dystopias such as Marge Piercy's *Woman on the Edge of Time* (1976) and Margaret Atwood's *Handmaid's Tale* (1985) and *Oryx and Crake* (2003).

With the last contribution we move into the twenty-first century and to the genre of the TV series that has received increasing attention with the rise of the Quality TV debate ever since the mid-1990s. In this context, the medical series in its manifold manifestations has taken a prominent position. *House, M.D.*, *Bones*, *Crossing Jordan* as well as those that focus on psychological questions, such as *The Mentalist* and *Criminal Minds*, have shaped the function of medicine, pathology, forensic anthropology as well as psychology through their contribution to law enforcement and the solution of criminal cases. Moreover, in this context, hospital series, as in *House, M.D.*, *Scrubs*, and *Grey's Anatomy*, with the latter as the focus in the contribution at hand, have emerged as spaces where medical questions, problems of ethics, and gender relations and gender roles are negotiated. While in contemporary Western culture a post-feminist agenda proclaims that the goals of feminism such as equal rights for all human beings independent of sex, sexual orientation, and gender, have been achieved, the young women in the medical profession are constantly confronted with gender-related dilemmas, obstacles, and resistance, often humorously presented and, thus, easily overlooked.

Barbara Biederer focuses on the representation of female surgeons in the United States. Her contribution looks critically at the ABC drama series *Grey's Anatomy* and its depiction of the female heart surgeon Cristina Yang who faces the necessity to choose between family and career. As Biederer has researched, in 2009 in the United States only 3% of all thoracic cardiac surgeons and only 27% of all surgeons are women. The series chooses an interesting approach toward this conflict. In one particular episode (season 10, episode 17) the Asian American Cristina Yang imagines two futures for herself. The first one presents her reunion with her ex-husband. They move in together, and he persuades her to adopt a dog, which, however, is only the first step in a return to traditional family life because Cristina becomes pregnant in order to satisfy her partner's wishes. As an overprotective mother, she hands over her research to a colleague who subsequently excels with the results. Although she keeps her job, she realizes during her second pregnancy that she is unable to become the brilliant surgeon she has dreamed of and to satisfactorily fulfill her family's needs at the same time. When her colleague wins the award she has so much desired, she breaks down, awakening to the fact that she has made too many compromises. The second vision shows the opposite. She still moves in with her ex-husband, but this time she sets up the rules and follows the path toward becoming an extraordinary heart surgeon. Although she loses Owen on the way, she is happy with her choice and finally wins the award. The message this vision sends out, as Biederer explains, is to stay true to oneself and follow one's own dreams. However, this message does not distract from the fact that women still bear the brunt of family life; they still have to decide between either/or positions or accept compromises at the expense of professional success and personal happiness. The ideal that society would need to strive for is what Biederer, based on critical work, calls "reconstructive feminism" that would allow for the destruction of a work/family hierarchy in which men usually lead.

Historically and theoretically informed, the contributions to this special issue on women in the medical profession cover an impressive variety of issues with which women are still confronted today. In spite of significant progress toward the equality of human beings with regard to the male-female dichotomy, when it comes to family, the social discourse still naturalizes and, thus, essentializes women and men and attaches socially constructed roles and tasks to the biological body as naturally derived from it. In spite of post-feminism's claim that women can do whatever they desire just like men, in a professional context, when it comes to family life with children, progress is hardly visible. Although today, in the Western

World, no woman is legally denied an education and all professions are theoretically open to her, a secret—and sometimes not so secret—discourse still relegates her, at least for some time, to the private sphere so that the proverbial glass-ceiling remains distant, unreachable, and certainly unbreakable. As the examples of the TV series show, women have frequently also internalized this discourse of hierarchy and patriarchy and feel torn between what they want to do and what is expected of them. So how free are women really if what they want to do and feel a desire for is actually not their own free choice but suggested to them by a very complex and intricate social and (sometimes) economic discourse? If women give up their career for family life, is it because they want it or because a biologist discourse suggests it to them? If they decide for a career, the same questions can be asked, only this time it might be the feminist discourse that tells them to. As Nancy Hirschmann suggests, we “must acknowledge the interaction of ‘inner’ and ‘outer’ [barriers] and see them as interdependent in meaning and practice, in order to interrogate the social construction of the choosing subject, the subject of liberty” (14). To understand this interaction might help us to understand “not only the ways in which power relations are structured but why it is so difficult to see those relations and that structure” (14). For Hirschmann, the idea of having a choice does not, as is frequently suggested in post-feminism, equal freedom. Rather, she argues “that patriarchy and male domination have been instrumental in the social construction of women’s choices” (200). Friedan’s problem that has no name might have a number of names today but it is still a problem that needs to be discussed, dealt with, and solved so that women’s opportunities can actually be different from those in the nineteenth century and Blackwell would be proven right, namely that women’s situation is different from that of her time. And it is this endeavor that this special issue of *COPAS* is dedicated to.

## Works Cited

- Birkle, Carmen. “Healing the Nation? Women Doctors in 19th-Century U.S. America.” *The Health of the Nation*. Ed. Meldan Tanrisal and Tanfer Emin Tunc. Heidelberg: Winter, 2014. 79-90. Print.
- Ehrenreich, Barbara, and Deirdre English. *Witches, Midwives, and Nurses: A History of Women’s Healers*. 1973. New York: Feminist Press, 2010. Print.
- Genz, Stéphanie. “Singled Out: Postfeminism’s ‘New Woman’ and the Dilemma of Having It All.” *The Journal of Popular Culture* 43.1 (2010): 97-119. Print.

- Hirschmann, Nancy J. *The Subject of Liberty: Toward a Feminist Theory of Freedom*. Princeton: Princeton UP, 2003. Print.
- Nightingale, Florence. *Notes on Nursing: What It Is and What It Is Not*. 1859. New York: Dover, 1969. Print.
- Probyn, Elspeth. "New Traditionalism and Post-Feminism: TV Does the Home." *Screen* 31.2 (1990): 147-59. Print.
- Reynolds, Malvina. "Little Boxes." 1962. [https://www.youtube.com/watch?v=2\\_2lGkEU4Xs](https://www.youtube.com/watch?v=2_2lGkEU4Xs). 12 July 2016.
- Seacole, Mary. *Wonderful Adventures of Mrs. Mary Seacole in Many Lands*. 1857. Ed. Sara Salih. New York: Penguin, 2005. Print.
- Smith, Sidonie. *Moving Lives: 20th-Century Women's Travel Writing*. Minneapolis: U of Minnesota P, 2001. Print.
- Welter, Barbara. "The Cult of True Womanhood, 1820-1860." *American Quarterly* 18 (1966): 151-74. Print.