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Feminism Psychology 2003; 13; 11
DOI: 10.1177/0959353503013001002

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FEATURED REPRINT

A Funny Thing Happened on the Way to the Orifice: Women in Gynecology Textbooks¹

Diana SCULLY and Pauline BART

The rationale which has guided the specialty of gynecology and remained almost unchanged to the present day [is that] Man belongs to himself alone, but Woman belongs to Mankind. The vagina is merely a receptacle for the male seed. The coupling, one hopes, will result in impregnation, thus allowing the woman to fulfill her *raison d'être* – to nurture and maintain, to please and to serve her men and mankind.

When we examined gynecology books over time, ranging from the pre-Kinsey era through the allegedly revolutionary post-Masters-and-Johnson decade, one factor remained constant: anatomy is destiny. Woman is put on this earth to be fruitful and multiply. Her maternal instinct defines her being, unless of course she is 'immature' or 'neurotic'. She is considered a cranky child with a uterus. Gynecology is a specialty practiced (some say perpetuated) on women by men and for men.

THEORY: HYPOTHESES

The data that we will present can be most fruitfully interpreted when set in the framework of the sociology of knowledge, the analytic tool available for demonstrating the relationship between substructure and superstructure, between interest and ideology, between existential (environmental) factors and the production and interpretation of ideas – whether they be constitutions, theologies, reconstructed histories, or social and behavioral sciences. Since sexism – the taking for

Feminism & Psychology © 2003 SAGE (London, Thousand Oaks and New Delhi),
Vol. 13(1): 11–16.
[0959-3535(200302)13:1;11–16;030148]

granted of society organized in the interest of males and viewed from a male perspective – is ideology, we use the sociology of knowledge for this work.

The basic question to be asked when confronted with a theory is: 'Whose interest is this theory in?' The perspective of the sociology of knowledge reveals that gynecology is just another of the forces committed to the maintenance of traditional sex-role stereotypes, in the interest of men and from a male perspective. Thus Taylor notes that there has been since the earliest written record a tendency for men to explain emotional and hysterical behavior in women as related to the female reproductive tract.²

Gynecology and obstetrics are overwhelmingly a male specialty (6.8 percent female practitioners). The male gynecologist is socialized first as a male and second as a doctor, the latter by the most powerful and elite profession, medicine. As a gynecologist, he is the official and legitimate specialist on women – their personality adjustment, their needs and values, as well as the illnesses associated with the reproductive tract.³ He wields great power vis-à-vis women seeking to understand their bodies and themselves, particularly their sexuality. As the official expert on women, the gynecologist is in a privileged position to define what is 'normal femininity' and 'normal sexuality'. In this, gynecology textbooks are the official rule books, and we have learned that they perpetuate sexism.⁴

It is our thesis that (1) although some of the Victorian sexual prohibitions and stereotypes have been removed from the rules, new, more sophisticated, and equally repressive ones have taken their place; and (2) the underlying imagery of woman's purpose and place has changed little in 125 years. Women are still depicted as primarily put on earth for reproduction and homemaking. These texts continually define female sexuality as inferior to male sexuality, insist that 'aggressive' behavior in women is abnormal, and maintain that it is inherent in the female essence to submit to the male. At worst they are hostile and at best paternalistic. One need read only a few of these texts to observe that the authors are primarily concerned with their patients' husbands rather than with their patients. They consider the sick female, the female who neither enjoys coitus nor 'innocently simulates' such enjoyment,⁵ the female who cannot or will not have children, as a burden and a bother to her man. Moreover, according to a 1968 text:

If like all human beings, he [the gynecologist] is made in the image of the Almighty, and if he is kind, then his kindness and concern for this patient may provide her with a glimpse of God's image.⁶

METHOD

The data presented in this paper are the result of content analyses that we completed on 28 gynecology textbooks. In most cases, the texts used were restricted to major volumes published in the United States. Those included in the study represent approximately 80 percent of the authors active in the field of textbook writing since 1943. Part of our interest centered on ascertaining the extent to

which the findings of Kinsey and Masters and Johnson, experts on human sexuality, were reflected in gynecology texts. Therefore the research was constructed according to three historical periods: pre-Kinsey, 1943–1952, four texts read; post-Kinsey but pre-Masters-and-Johnson, 1953–1962, nine texts read; and post-Masters-and-Johnson, 1963–1972, 15 texts read. The earlier periods represent proportionately fewer volumes because major writers periodically update their work, in which case the most recent edition was used.

THE PERIOD, 1943–1952

In this period, female sexuality is almost a complete mystery. However, gynecologists were convinced on several points: (1) the sexual experience of the female was less important, less intense, and less pleasurable than that of the male; (2) the majority of females never experienced orgasm due to their own fundamental inability to do so; and (3) the 'true' expression of femininity and sexuality was through reproduction and motherhood. Thus Cooke stated in 1943:

The fundamental biologic factor in women is the reproductive urge of motherhood balanced by the fact that sexual pleasure is entirely secondary or even absent. . . . One of the commonest problems presented for solution by the gynecologist is the vast and fundamental difference between the sexes in regard to sexual appetite.⁷

Male sexuality, of course, is more important and of a much higher nature. Thus Cooke continues, 'Biologically for the preservation of the race, the male is created to fertilize as many females as possible and hence is given an infinite appetite and capacity for intercourse'.⁸ Hence the basic chasm between the sexes.

By the late forties, the stereotyped frigid female was an established fact among gynecologists. Treatment, instead of being directed toward the female, was designed to make intercourse more satisfying for the male and to remove any guilt or doubt that he may have had about his own competence and virility. From a 1952 text we learn:

Unfortunate marital situations frequently arise because of the husband's resentment at the wife's sexual unresponsiveness. . . . It is good advice to recommend to the woman the advantage of *innocent simulation* of sex responsiveness, and as a matter of fact many women in their desire to please their husbands learned the advantage of such innocent deception [emphasis added].⁹

Novak's advice does not seem 'innocent'. It is another example of a way of keeping women down for men's benefit.

THE KINSEY ERA, 1953–1962

In 1953, Kinsey and Associates published *Sexual Behavior in the Human Female*. For the first time, the medical field had an authoritative and definitive (albeit

based on a nonrandom sample) source of information on the female. For the most part, these texts used Kinsey's report selectively: findings which reinforced old stereotypes were repeated, while the revolutionary findings significant for women were ignored: nowhere is it mentioned that women are multiorgasmic – a Kinsey finding which raises questions concerning the stronger male sex drive (and stronger usually implies superior).

Though Kinsey is not usually credited with the discovery, he debunked the myth of the vaginal orgasm. Kinsey stated that there are no nerve endings in the interior walls of the vagina; they are concentrated in the clitoris so that all sensations of orgasm must emanate from the clitoral region. Gynecologists, however, tenaciously cling to the idea of the vaginal orgasm as the appropriate response. Since a great many women could not experience it, gynecologists continued to label their patients as sexually immature and therefore inferior to males sexually. As late as 1965 gynecology texts were reporting the vagina as the main erogenous zone.¹⁰ In 1962:

The transference of sensations from the clitoris to the vagina is completed only in part and frequently not at all. . . . If there has been much manual stimulation of the clitoris *it* may be reluctant to abandon control, or the vagina may be unwilling to accept the combined role of arbiter of sensation and vehicle for reproduction [emphasis added].¹¹

The doctor seems to be involved in a form of projection in which the power struggle that he imagines between clitoris and the vagina actually represents a parallel struggle between the sexes.

Another significant Kinsey finding had to do with the speed of sexual response in the female when manipulating the clitoris. The average was a few seconds under four minutes, with 45 percent of the sample achieving orgasm in under three minutes. Thus he concluded:

There is widespread opinion that the female is slower than the male in her sexual responses, but the masturbatory data do not support that opinion. It is true that the average female responds more slowly than the average male in coitus but this seems to be due to the ineffectiveness of usual coital techniques.¹²

This might have suggested, especially to the medical scientist, that women should not be labeled frigid – a psychologically destructive word implying coldness and rigidity – but that the problem might lie in coital technique. However, the texts continued instead to make statements such as:

Some women are truly frigid . . . psychic factors operate at the level of the cerebral cortex to inhibit the translation of sexual stimuli into a pleasurable response. Unless there is a true aversion to sex, the marital relations may proceed without *disturbing* either partner [emphasis added].¹³

Gynecology begins to look like medicine practiced on women for the benefit of men.

1963–1972

In the early 1960s reports began to flow from the laboratories of Dr. William Masters and Ms. Virginia Johnson. Their findings had more impact on the medical field than did Kinsey's, probably because their methods utilized scientific observation under controlled laboratory conditions. Masters and Johnson reinforced Kinsey's findings by adding a physiological analysis of sexual response, for example in the detailed description of the four phases of the response cycle. While their findings are not generally directly quoted in gynecology texts, they have had an indirect influence, and by 1967 most texts dropped the vaginal orgasm myth and began suggesting manipulation of the clitoris as part of foreplay.

With the favorite gynecologic misconceptions of vaginal orgasm and frigidity fairly well settled, textbook authors had to change their content somewhat. While the female orgasm can no longer be called inferior, or the lack of orgasm in intercourse be blamed on the female, she is still pictured as not as sexually potent as the male. In 1967 we read:

In the woman sexual feelings are dormant as compared with those in the man and only develop gradually with experience. Extra-genital erotic sensations come easily but the desire for coitus and pleasure from it are acquired later.¹⁴

Explanations concerning the nature of the female core are also found frequently. Thus in 1967 we learn: 'An important feature of sex desire in the man is the urge to dominate the woman and subjugate her to his will;¹⁵ in the woman acquiescence to the masterful takes a high place.'¹⁶ Again, the female is defined as a nonaggressive, submissive, inferior being whose desire it is to be possessed by the powerful male.

The deleterious effects of such attitudes on the female patient can hardly be estimated. Certainly many women are aware of their powerless position in society and their expected passive, submissive behavior in the presence of a male.¹⁷ But somehow you expect your doctor to be on your side or at least to try to see things from your perspective.

Thus we return to our original premise, that the basic underlying imagery of women has changed little in the past 125 years. The following quote is taken from a recent gynecology textbook published in the United States. It contains the most current, yet the most ancient, male definition of female sexuality:

The frequency of intercourse depends entirely upon 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. If she finds after several months or years that this is not possible, she is advised to consult her Physician as soon as she realizes there is a real problem. In assuming this role of 'follow the leader,' however, she is cautioned not to make her sexual relations completely passive. Certain overt advances are attractive and provocative and active participation in the sex act is necessary for full fruition. She may be reminded that it is unsatisfactory to take a tone-deaf individual to a concert.¹⁸

NOTES

1. For a detailed discussion of medical training in obstetrics and gynecology, see Diana Scully, 'Obstetrics and Gynecology: Social Processes in Skill Acquisition and Implications for Patient Care' (Ph.D. diss., University of Illinois at Chicago Circle, 1977).
2. E. Stewart Taylor, *Essentials of Gynecology* (Philadelphia: Lea Febiger, 1962).
3. Two surveys made during the 1960s by the American College of Obstetrics and Gynecology report that '93% of general practitioners, internists, obstetricians, and gynecologists are treating marital and sexual problems of patients. Only 15% felt that either medical school or residency had adequately prepared them to do this. 90% to 95% felt that more training was needed to prepare today's physician to cope with those marital problems which contribute to the current social dilemma and result in psychosomatic and organic disease.' See Ethel M. Nash, 'Divorce: Marriage Counseling,' in *The Social Responsibility of Obstetrics and Gynecology*, ed. Allen C. Barnes (Baltimore: The Johns Hopkins Press, 1965), pp. 117–18. See also Edmund R. Novak, Georgeanna Seegar Jones and Howard W. Jones, *Novak's Textbook of Gynecology* (Baltimore: The Williams and Wilkins Co., 1970), and Thomas H. Green, *Gynecology: Essentials of Clinical Practice* (Boston: Little Brown, 1971).
4. We do not mean to deny the importance of meaningful scientific advances within the field of gynecology and obstetrics. The maternal death rate *has* declined sharply. Yet the obstetricians did not heed Semmelweiss's advice to wash their hands to prevent puerperal fever, and in the 1940s and 1950s the number of unnecessary hysterectomies was a scandal. One physician (not a gynecologist) said to Bart, 'All women over 45 should have hysterectomies prophylactically' (presumably to prevent cancer). Would he have suggested that males over 50 have their prostates removed prophylactically?
5. Emil Novak and Edmund R. Novak, *Textbook of Gynecology* (Baltimore: The Williams and Wilkins Co., 1952), p. 572.
6. C. Russell Scott, *The World of a Gynecologist* (London: Oliver and Boyd, 1968), p. 25.
7. Willard R. Cooke, *Essentials of Gynecology* (Philadelphia: J.B. Lippincott Co., 1943), pp. 59–60.
8. *Ibid.*, p. 60.
9. Novak and Novak, *Textbook of Gynecology*, p. 572.
10. J.P. Greenhill, *Office Gynecology* (Chicago: Yearbook Medical Publishers, Inc. 1965), p. 496.
11. Langdon Parsons and Sheldon C. Sommers, *Gynecology* (Philadelphia: W.B. Saunders Co., 1962), pp. 501–2.
12. Alfred C. Kinsey et al., *Sexual Behavior in the Human Female* (New York: Simon & Schuster, 1953), p. 164.
13. Parsons and Sommers, *Gynecology*, p. 494.
14. Thomas Jeffcoate, *Principles of Gynecology* (London: Butterworth, 1967), p. 726.
15. It is interesting to note that radical feminists take a similar position: sex is a male power trip. See Susan Griffin, 'Rape: The All American Crime', *Ramparts Magazine* (September 1971).
16. Jeffcoate, *Principles of Gynecology*, p. 726.
17. S.L. Bem and D.J. Bem, 'Case Study of a Nonconscious Ideology: Training the Woman to Know Her Place', in D.J. Bem, *Belief, Attitudes and Human Affairs* (Belmont, California: Brooks/Cole, 1970).
18. Novak, Jones, and Jones, *Novak's Textbook of Gynecology*, pp. 662–3.