

Response to “Rhetorical Pasts, Rhetorical Futures: Reflecting on the Legacy of *Our Bodies, Ourselves* and the Future of Feminist Health Literacy”Susan Wells

The essays in this special issue of *Peitho* were prompted by a range of impulses: to recognize the Boston Women’s Health Book Collective as they ended the project of revising *Our Bodies, Ourselves* in favor of a broader project of health advocacy; to investigate the contributions of that book and describe their limits; to draw connections between the work of the collective and current projects in women’s health. All these essays take into account the dramatic changes in health care from 1970 to 2019: the displacement of the family doctor as primary health care provider; the growth of big pharma and big data; the development of evidence-based medicine, managed care, and a host of other changes in both medical treatment and the conditions of its administration. It is not easy to capture the rhetorical salience of these developments; all the essays in this issue help us to see them with more historical depth and contribute to our understanding of the work of the collective and its influence on medical practice and medical writing. In my response, I will discuss each group of essays, ending with suggestions for further research.

The first group of texts, in which I include Lynn Bloom’s moving essay “Hard Labor,” deals with the legacy of *Our Bodies, Ourselves* and the future of its innovations. Bloom’s memoir concurs with the BWHBC’s own account of their accomplishments. In 2002, the *Our Bodies, Ourselves* website listed changes in “the public discourse on women’s health” that they had sponsored, especially the claim that “normal life events,” such as birthing, should not be pathologized. Early editions of *Our Bodies, Ourselves* offered not only a vigorous critique of physician-centered birth protocols, but a range of alternatives, many of which were adopted by the women’s health movement and entered mainstream medicine. Bloom’s essay makes clear how deeply these changes have benefitted birthing women. Similar shifts in women’s self-understanding are taken up in Heather Adams’ discussion of shame, a subtle and engaging analysis of how shame works, how it feels, and how it can be transformed or realigned. Adams traces discussions of shame in *Our Bodies, Ourselves*; she shows how the text adroitly acknowledges the power of shame while offering the reader a solvent for its “stickiness.” (The spectacular cover image Meredith Spence drew for this issue offers us a visual solvent.) And Clancy Ratliff’s essay explores the collective’s practices of collaboration, focusing on the movement from a model of individual authorship to alternative means of acknowledging multiple contributors and of negotiating the relationship between the collective and publishers. She relates these practices to current discussions of student writing and collaboration. Two details bear out the salience of Ratliff’s essay: whenever possible the BWHC paid those who contributed to the book, insisting that feminist

research was labor that deserved compensation. And the collective insisted on retaining the copyright to *Our Bodies, Ourselves*, a provision that held through the final 2011 edition. (When I was working on permissions for my book, *Our Bodies, Ourselves and the Work of Writing*, I forgot that Simon and Schuster did not hold copyright, and requested from them the right to reprint images from the book. They were quite willing to charge for reprinting material in a book they did not own!)

Adams' essay explicitly engages with one of the central issues in feminist scholarship on *Our Bodies, Ourselves*—the question of universality. This issue is also raised by Lillian Campbell and by Maria Novotny and Les Hutchinson. The BWHBC did not explicitly advocate a feminist universalism, but it was important to them that, as a member of the collective put it, “Women’s bodies don’t look the same, but they all work the same.” This served as a vernacular feminist universalism that was, for the BWHBC, the material basis for feminist solidarity, supporting their many international collaborations. (They also collaborated with the Combahee Women’s Collective, who originated the term *identity politics*.) And a recognition of universal female biology did not blind the writers to the limits of their experiences: “Nor could I, as one person, even think of all the information and feelings that would be relevant [to childbirth]” (*Women and Their Bodies*, 1970, 154). The BWHBC might not have recognized that the “relevant feelings” would include those of trans women (they barely had begun to recognize the specificity of lesbian experience). Contemporary feminists are unlikely to take up the universalism of *Our Bodies, Ourselves*, since recognition of the intersectionality of oppression is now our central issue. But universalism in various guises has been an important resource for insurgent rhetorics since abolitionism. Study of the BWHBC’s practice could bring us to a more nuanced evaluation of the potentialities of this resource, while acknowledging the collective’s difficulty in sustaining collaborations beyond their intensely literate, white, and initially heterosexual circles.

The second section of this special issue takes up the issue of the relationship of *Our Bodies, Ourselves* to clinical practices. Barry DeCoster and Wendy Parker discuss how the rhetoric of *Our Bodies, Ourselves* modelled a collaborative relationship between contemporary patients and caregivers. The writers offer a lively account of a passage in the BWHBC minutes that recorded a discussion of their future directions. They compare this with accounts of collaborative health care collected in their own interviews with caregivers and birthing mothers. Lillian Campbell’s discussion of the presentation of medical women in *Our Bodies, Ourselves* takes a distinct approach, arguing that the collective “demonized” female care providers from the beginning, and that this mistrust of women physicians, present in all eleven editions of the book, blocks meaningful collaboration between women and their caregivers. Although I admire the care of Campbell’s analysis, I cannot agree with her evaluation of the collective’s attitude toward women health care providers. As DeCoster and Parker remind us, the collective considers that their project began when they gave over an attempt to develop a list of “good doctors”; since every doctor praised by one respondent to their survey was damned by another, the nascent collective saw that problems in women’s medical care were systemic rather than personal failures, and decided to focus on how medical information was constructed and distributed. Indeed, it is difficult to see how collaborative relationships between women’s health advocates and female physicians could have been developed at mid-century, given the radical power imbalances of the doctor-patient relationship. Physicians in Boston could withhold birth control pills from unmarried

women; questions were discouraged; and consent was often notional. Nor was the collective's distrust extended to health care providers in general; they focused on personal physicians. Other women health care providers were trusted, even celebrated; members of the collective were active in public health circles, and midwives were the heroines of childbirth chapters in early editions of *Our Bodies, Ourselves*. Finally, the collective's treatment of health care providers needs to be put in the context of the collective's overall political outlook. They criticized a childbirth education program for not offering a critique of the nuclear family; they wanted to educate their readers to be "properly critical of hospital procedures and the medical profession" (BWHBC, *Women and Their Bodies*, 127-30).

Ironically, both Campbell and DeCoster and Parker could be correct: *Our Bodies, Ourselves* did present a negative picture of physicians, especially in its earlier editions, and warned that including more women in the profession would not bring about the fundamental changes they sought. It is also possible that this adversarial stance laid the basis for a more collaborative future relationship. By urging women to go to medical appointments "together in small groups to doctors to support each other," to learn about their own anatomy, and most of all to ask questions persistently, the BWHBC seeded a culture of medical dialogue with the potential to evolve into the teamwork that DeCoster and Parker describe.

The final section of this special issue traces the lineage of *Our Bodies, Ourselves* in contemporary rhetorical innovations, from applications that gather medical data to "period proof panties." The range and inventiveness of the essays in this section bear out the special issue editors' identification of *Our Bodies, Ourselves* as the link between feminist rhetorical theory and the rhetorics of health and medicine. Two of these essays, those by Novotny and Hutchinson and by Sarah Singer, rely on first-person experiences, violating a central taboo of traditional academic writing in medicine, but drawing on the BWHBC's custom of using their experience as a basis for research. The final essay by Stone is a deft examination of the rhetorical work done by an object—in this case, panties designed to absorb menstrual flow.

The Boston Women's Health Book Collective called their history "a good story," and for many of the writers in this special issue, and surely in my response, the story of their continuing influence is also good: patients and doctors establish cooperative relationships, women are empowered to question institutions and to claim their authority. Other writers evaluate the collective's legacy differently. For Novotny and Hutchinson, *OBOS'* style has been co-opted in the service of corporate medicine; for Campbell, the collective's trust in their own experience has empowered anti-vaccination rhetoric. Such a range of opinion is to be expected: in their 50 years of work, the collective made their share of mistakes, and their innovations have not always been put to good use.

Future researchers may want to explore some of the questions raised by the essays in this special issue. For me, the most important of these is the question of influence, and particularly its implication for ethics: how do we think about the effects of a rhetor's performance on future discourses? What responsibility does the rhetor have for those effects?

The writers in this collection present a rich variety in their discussions of the influence of *Our Bodies, Ourselves* on health discourses. Here are the passages where they make claims of influence:

- *OBOS* created a critical space for both questioning normative affects and bringing this questioning to bear on wider conversations and efforts of personal discovery (Adams).
- We can clearly see [*OBOS*'] important place in the story of feminism and authorship, not only as a complex and enduring model of collaboration, but also as a model for feminist authorial agency (Ratliff).
- In a similar way, second-wave feminist critiques of medical institutions have provided a rhetorical foundation for radical anti-science movements such as the anti-vaxers (Campbell).
- Lastly reflecting on the work of the BWHBC and the founders of *OBOS*, we see lasting consequences today in the clinical relationship and how patients and providers engage and forge a relationship, in particular when they negotiate trust or when they determine it cannot work (DeCoster and Parker).
- We find that without the publishing of *Our Bodies, Ourselves (OBOS)*, the FemTech industry would not be the dominant industry it is becoming today. *OBOS* laid the foundation for valuing new methods that enhanced women's health literacies by fusing both embodied and medical expertise into one text with the goal to increase female agency and sense of empowerment in making health decisions (Novotny and Hutchinson).
- These apps, websites, and health data sharing platforms deploy a rhetoric of user-centeredness that is eerily similar to that of *Women and Their Bodies*, emphasizing qualities such as power, simplicity, and individuality, but they have a different goal: to earn money (Singer).
- This article explores Thinx underwear as a feminist embodied rhetorical object that indirectly inherits the spirit of *Our Bodies, Ourselves (OBOS)* (Stone).

Whatever their views on the BWHBC's influence, writers in this issue use a range of terms to describe *how* that influence was exercised. The terministic screen of inheritance ("legacy," "heirs") emerges in more than one essay, suggesting an orderly succession of feminist rhetors, transmitting a stable body of rhetorical resources. A looser relationship is suggested in the image of a model, a pattern that can be taken up or modified. Other writers use spatial images: the collective created a foundation or a platform or an opening. The discourse field is imagined as a space—a building site, or perhaps a battlefield—where objects can be sited or expeditions launched. Or, writers simply assert that *Our Bodies, Ourselves* changed discourse: the terms of health care collaborations, the development of digital data collection apps. Perhaps the most accurate of these terministic frames is Singer's assertion that the influence of *Our Bodies, Ourselves* is "eerie": we do not yet have very good ways of describing how persuasive discourse, broadly understood, is mysteriously dispersed, distributed, and sustained.

Theories of literary and scientific influence are helpful, but not well-adapted to the exigencies of rhetorical analysis. Literary influence is traditionally traced through verbal and generic references, yielding statements like "In the seventeenth century, women poets transformed the tropes of *Paradise Lost*." But rhetorical influence is far more widely distributed, far less dependent on textual

transmission. Scientific influence is traditionally traced through shifting paradigms, ensembles of concepts, methods and problems that are productive of new research; rhetorical influence is far less propositional, and the norms of evidence are far more flexible. To construct a theory of rhetorical influence we need, not Harold Bloom and T.S. Kuhn, but Jacqueline Rose and Lorraine Daston or Karen Barad.

The theory we need is being constructed in contemporary rhetoric, drawing on such sources as Heidegger's lectures on Aristotle's *Rhetoric*, Bruno Latour's actor-network theory, and Nancy Struever's rigorous readings of early modern knowledge practices. The themes of such rhetorics include circulation, memory, and embodiment. Often, these themes are deployed in painstaking work with deep, complex archives, as in Dave Tell's account of memorials of the Emmett Till murder, or Christa Olson's analysis of exchange and circulation in representations of the indigeneity in Ecuador. Or they may emerge in sustained rhetorical reflection, such as Thomas Rickert's appreciation of the complexities of attending to the material in *Ambient Rhetoric: the Attunements of Rhetorical Being*. In all of these accounts, the issue of influence is implicit; all of them discuss how rhetorical resources emerge, circulate, and become consequential. And in all of these accounts, especially Tell's, the issue of rhetorical ethics is salient.

Given that genres, tropes, forms of argument and narrative, and affective resources circulate with and without the individual agency of rhetors, how can we understand issues of rhetorical responsibility? The Boston Women's Health Book Collective certainly advocated trust in one's own experience, but they did not invent this idea, nor were they alone in circulating it. A quick browse in back issues of *High Times*, or any of the hundreds of local underground papers, or a playlist of popular music from the 60s, would generate many assertions of the need to trust oneself rather than established authorities. The BWHBC's contribution was to apply this maxim to medical issues, particularly as they affected women.

In this context, the question to ask is not "Was the BWHBC responsible for the good things that happened to medical care for women after 1970?" or "Was the BWHBC responsible for the bad things that happened to medical care for women after 1970?" This binary, taken generally, is meaningless; focused on particular rhetorical interventions, it flattens the texture of multiple rhetorical transmissions and intersections. Instead, we might ask what connections the collective forged, what movements of language they sponsored, and what rhetorical resources they put in circulation, making them available to new speakers and writers. Here, the record is clearer: the BWHBC taught endless classes and workshops on women's health; for years, they sent out regular packets of materials relevant to women's health to women's clinics and self-help groups; they made their book available to women who otherwise would not have had access to it. The collective also established a protocol for responsibly and respectfully aligning individual experiences and scientific knowledge, a vocabulary for expressing women's agency in ensuring their own health, and a set of tropes for understanding the shortcomings of US institutions of healthcare as systemic failures, rather than individual lapses. There were, of course, connections that the collective might have made, or made earlier: most especially,

they were unable to establish a sustained, inclusive, intersectional practice. The Boston Women's Health Book Collective, therefore, offers us a way to think about the ethics of public discourse as a situated practice, operating on many levels (in their case, from the small consciousness-raising group to the Senate hearing room), and subject to larger economic and political changes. The years ahead are likely to require us to become skilled in such practices; the essays in this special issue will help us to think about how to negotiate them ethically and effectively.

Works Cited

- Boston Women's Health Book Collective. *Our Bodies, Ourselves*. ourbodiesourselves.org/bwhbc.htm. Website. Accessed 1 June 2002.
- . *Women and Their Bodies*. Boston: New England Free Press, 1970.
- Heidegger, Martin. *Basic Concepts of Aristotelean Philosophy*, translated by Robert D. Metcalf and Mark B. Tanzer. Bloomington: Indiana University Press, 2002.
- Latour, Bruno. *Reassembling the Social: An Introduction to Actor-Network Theory*. Oxford: Oxford University Press, 2005.
- Olson, Christa. *Constitutive Visions: Indigeneity and Commonplaces of National Identity in Republican Ecuador*. State College: Penn State University Press, 2014.
- Rickert, Thomas. *Ambient Rhetoric: The Attunements of Rhetorical Being*. Pittsburgh: University of Pittsburgh Press, 2013.
- Struever, Nancy S. *Theory as Practice: Ethical Inquiry in the Renaissance*. Chicago: University of Chicago Press, 1992.
- Tell, Dave. *Remembering Emmet Till*. Chicago: University of Chicago Press, 2019.
- Wells, Susan. *Out of the Dead House: Nineteenth Century Women Physicians and the Writing of Medicine*. Wisconsin: University of Wisconsin Press, 2001.