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# REPRESENTING HYSTERECTOMY AND ITS CONSEQUENCES 1940's - 1990's

By

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ABSTRACT

REPRESENTING HYSTERECTOMY AND ITS CONSEQUENCES
1940's - 1990's

By

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This thesis analyzes the evolution of representations of hysterectomy's potential consequences in the medical, feminist, and popular press from the 1940's to the 1990's. The thesis explains how factors such as age and pregnancy, which were used to determine eligibility for hysterectomy, have become secondary to considerations of possible depression and sexual dysfunction, which were previously dismissed as psychosomatic. Due to the feminist health movement's struggle to gain recognition for sexual and emotional complications that can result from uterine removal, many popular and some medical publications revised their hysterectomy articles to include the possibility of such consequences. This thesis contributes fresh insights into such phenomena as the popular dissemination of feminist ideas, the women's health and self-help movements in general and the strategies used by the medical profession to deflect and dismiss challenges to its authority.

For my mother— for all she is and all she knows I can be.

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# INTRODUCTION

For the past twenty-five years, medical scholars, sociologists, and in particular, feminists have noted an alarming increase in the frequency of hysterectomy, as well as the increasing discourse on negative consequences resulting from the procedure. Although many women suffer from the consequences of hysterectomy, it should be noted that many others benefit. The purpose of this work is to examine social historical representations of hysterectomy and its consequences from a variety of viewpoints, showing that there are many legitimate consequences which are experienced.

Hysterectomy, the surgical removal of a woman's uterus, and oophorectomy, the surgical removal of a woman's ovaries, are often performed together. The stratospheric rate at which hysterectomies are being performed has caused great controversy within and outside of the medical profession. Currently approximately 650,000 hysterectomies are performed annually.[1] This number reached an all time high of 725,000 in 1975, and Pokras and Hufnagel estimate that number will reach 854,000 by the year 2005, partially due to the aging of the baby boom generation.[2]

Not only is there concern about the *number* of hysterectomies performed each

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[1]Boston Women's Health Book Collective, *The New Our Bodies, Ourselves* (New York: Simon and Schuster, 1992): 598.

[2]Robert Pokras and Vicki Hufnagel, "Hysterectomy in the United States: 1965-84," *Am J Public Health* 78 (July 1988): 852-853.

year, many women have come forward to detail the horrible *consequences* which resulted from their hysterectomies, often which were not discussed with the women prior to surgery. Even today, health care professionals and feminists vigorously debate what symptoms constitute an appropriate indication for hysterectomy.[3] When I began this research, I was concerned by the limited, and conflicting, information given to women prior to surgery. I also wanted to address the enormously wide range of consequences reported by women after hysterectomy, particularly because most women are not aware of the range of potential aftereffects, both positive and negative. I decided to focus my attention on the type of information that is available regarding the consequences of hysterectomy, specifically focusing on the representation of hysterectomy in a variety of media. I will examine the dissemination of information regarding hysterectomy over the past fifty years and track the changes in information regarding the consequences of the procedure.

Hysterectomy is a major operation, and it is not surprising that there is a long list of potential complications. The procedure has evolved through a multitude of technological advances such as the laparoscope (a device used to see inside the body without making a large incision). The advances, however, cannot erase all risks involved with the surgery. Postoperative and long-term complications of both hysterectomy and oophorectomy can include a variety of infections, hemorrhage, hematoma (a large bruise), thromboembolism (a blood clot in the leg which can eventually settle in the lungs or other

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[3]A recent article which discusses the most common indications is Veronica Ravnikar and Evelyn Chen, "Hysterectomies: where are the indications?" *Obstet Gynecol Clin North Am* 21 (June 1994): 405-411.

vital organs), ureteral fistula (an opening in the ureter which causes urine leakage into the vagina), bowel obstruction, nerve injury, urinary incontinence, osteoporosis, arthritis, cardiovascular disease, insomnia, hot flashes, chronic migraines, fatigue, depression, and diminished sexual functioning.[4]

Many of the negative consequences of hysterectomy and oophorectomy are caused by the resulting reduction or cessation of hormone production. These physiological changes have long been ignored and/or downplayed in both the medical and popular literature. Feminists have always emphasized the impact of hysterectomy on hormone balance, and have provided near constant opposition to the mainstream presentation of hysterectomy. More recently, medical and popular authors have responded to the feminist outcry, acknowledging the role that hormones may play a role in some women's hysterectomy experiences.

Skeptics argue that there is often no medical necessity for many hysterectomies;

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[4]The uterus, cervix and ovaries may play an important role in women's experiences of sexual pleasure. The ovaries are responsible for producing estrogen and testosterone, an androgen. Estrogen assists in vaginal lubrication, a first sign of arousal. Androgens are responsible for libido, or sex drive. The cervix produces mucous which also lubricates the vagina in preparation for intercourse. In 1966, Masters and Johnson identified four stages of sexual arousal. The uterus has a function in each stage. In the excitement phase blood flow increases (vasocongestion) in the pelvic region, including uterine tissue. The uterus also elevates thereby causing the vagina to balloon open. Hysterectomy can also cause scar tissue which impairs vaginal ballooning. During the plateau phase the uterus engorges further, sometimes doubling its size. In the third stage, orgasm, the uterus contracts rhythmically. For some women, these contractions are the major source of pleasure. In the final stage, resolution, some women may experience multiple orgasms due to continued vasocongestion of the uterine tissue. Ironically, in 19th century America, ovariectomies (oophorectomies) were frequently performed to cure nymphomania, whereas now women are told that such an operation will not affect their sexuality.

some accuse many surgeons of performing this operation to pad their pocketbooks. This accusation is better understood when one considers the financial implications of such a procedure. Bluntly, hysterectomy is a simple and lucrative operation. It is easy to convince women of its necessity, simple to perform, and nets between $4,700 and $7,000 per operation.[5] Further, most insurance policies cover it. Some scholars theorize that, for obstetricians and gynecologists, hysterectomy is an easy way to "make up" for lost obstetrical fees resulting from the declining birth rate post-baby boom.[6] Doctors also have an incentive to encourage hysterectomy because they earn higher fees at a hospital and for doing surgery than they earn during office visits.

I tried to examine every possible source of information that women might turn to during their own investigations. One source is women's magazines: these include traditional homemaker publications such as *Redbook* and *McCall's*, glamour magazines like *Mademoiselle,* and wellness magazines such as *American Health.* I also consulted journals, magazines, books, and two associations that provide hysterectomy information. Some of the sources have a decidedly feminist perspective, and it is within these sources that one finds major evidence of concern surrounding hysterectomy. Examples of these sources are *Our Bodies, Ourselves*, Hysterectomy Educational Resources and Services (HERS), and the quasi-feminist Sans Uteri, an Internet digest.

In addition to popular magazines and feminist sources, there is a large body of literature written specifically for the laywoman who is trying to learn more about

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[5]Vicki Hufnagel, *No More Hysterectomies* (New York: :NAL Books, 1988): 66.

[6]*NOBOS*, ibid., 599.

hysterectomy and health in general. Medical professionals and hysterectomized women have written many books discussing medical aspects and personal experiences of hysterectomy. Many women's health books contain chapters dedicated entirely or in part to the topic of hysterectomy. The information in these books significantly influences the public's prevailing belief concerning the consequences of hysterectomy. It is also important to examine the sources and dissemination of information about hysterectomy within the medical community. Therefore, I reviewed articles written for the professional medical community and published in physicians' journals such as *Journal of the American Medical Association*, *Obstetrics and Gynecology*, and the *American Journal of Public Health*.[7]

Most articles on hysterectomy mention its consequences. Some of the books devote an entire chapter to listing possible complications. Although there is a wealth of information available concerning hysterectomy and its resulting controversies, no one has tracked the history of how information regarding the procedure's consequences has changed over time. Every woman has her own story, and regardless of whether any particular consequence of hysterectomy is myth or fact, it is interesting to see how the consequences of hysterectomy have been written and rewritten in response to previous publications and changing ideals.

To complete my analysis, I have collected numerous articles, books, and digests from various sources which met the criteria stated in Appendix I— Methodology.

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[7]The methodology I used in selecting all of the magazines, journals, and books used in this research may be found in Appendix I.

Seeking to assemble the most comprehensive and diverse source base, I turned to Medline and Sociofile indexing databases, the *Reader's Guide to Periodical Literature*, Internet searches, and bibliographic references. I have carefully evaluated these sources according to their relevance to this discussion, and cataloged their various presentations of consequences of hysterectomy.

This thesis consists of three chapters. In the first chapter, I present an overview and discussion of the representation of hysterectomy and its consequences in both popular and professional journals from the 1940's to the 1960's. During the 1970's, the controversies surrounding hysterectomy became more visible and debates became more vocal in public, medical, and academic circles. This marks the beginning of the feminist critique of hysterectomy. In chapter two, I track the evolution of this critique into the 1990's. This chapter will also include a discussion of a somewhat small but extremely vocal group of women who make up what I call the aggrieved consumer group. These women detail many ways in which their lives were ruined by hysterectomy. In the third chapter, I will extend the focus of chapter one by examining how representations of the consequences of hysterectomy have changed in the popular and professional press from the 1970's. The third chapter tracks the ways that popular magazines first neutralized, absorbed, and then disseminated feminist claims. I analyze the deflecting strategies used by medical journals to protect themselves against the controversies. The medical profession felt under siege by the feminist and popular press because medical language was being appropriated and used by non-physicians.

My conclusion is that there are many valid representations of hysterectomy's

consequences. Women can experience an enormous variety of consequences, positive and negative. It is important to acknowledge that a woman does not have to endure a horrifying hysterectomy experience to have her story labeled feminist. Women can and do have fabulous post-hysterectomy lives and these positive affirmations are just as important to educating women about hysterectomy.

## CHAPTER ONE:
## HYSTERECTOMY BEFORE THE GREAT DEBATE
## 1940's-1960's

"In order to understand where you're going, it is necessary to know where you've been." Such is the aim for this chapter. In order to understand the current debate surrounding hysterectomy, I had to study the history of representations of hysterectomy since the middle of the twentieth century, examining articles from the 1940's to the 1960's. Although the most explosive controversies about hysterectomy did not arise until the seventies, many of the same issues that feminists would later raise were already being addressed in prior decades. What is most striking here is that the kinds of claims feminists would make in the 1970's were already alluded to in the popular and professional press decades earlier, but they appear in the guise of "old wives tales," or as popularly held fears that the popular and professional press need to dismiss.

### EARLY POPULAR REPRESENTATIONS

Hysterectomy was not a popular subject for women's magazines until the seventies. However I was able to find seven articles in four magazines, *Ladies' Home Journal*, *Reader's Digest*, *Today's Health* and *Good Housekeeping*, which dealt with the procedure. Only three of the articles discussed in detail the reasons for the operation, the removal of the uterus, and the post-surgical effects the procedure may have on a woman's

life. Two of these articles appeared in *Today's Health* and the third was printed in *Good Housekeeping*. The information found in three *Ladies' Home Journal*s was written in a recurring column called "Tell Me Doctor," where a single medical question was posed to a physician and he responded to it in a fictional, story-like, dialogued format.

The *Ladies' Home Journal* articles [8] did not focus on the actual physiology of hysterectomy. Hysterectomy was mentioned in passing; it was not the topic of the articles. In the article from 1953, the author dealt with the topic of fibroids.[9] The presence of fibroids in or on the uterus is the most common reason doctors recommend hysterectomy. The author also discusses myomectomy, an operation in which fibroids are excised and the wounds in the uterine wall are sewn shut. This procedure is sometimes suggested as an alternative to hysterectomy because the uterus remains intact. In this article, the procedure is mentioned, though not by name, when the woman asks if the fibroids she has should be the only things removed. The answer was no— the physician explained that because there were multiple tumors, in addition to the fact that she was in her forties and had completed her family, her entire uterus should be removed. This viewpoint is indicative of the beliefs about myomectomy versus hysterectomy in this period and, to some extent, today. Age and parity (whether or not a woman has given

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[8]See Henry Safford, "Tell me doctor," *Ladies' Home Journal*, July 1953: 23, Henry Safford, "Tell me doctor," *Ladies' Home Journal*, November 1955: 59, and Goodrich Schauffler, "Tell me doctor," *Ladies' Home Journal*, February 1961: 17-19.

[9]Fibroids are tumors, usually benign, consisting of abnormal muscle tissue which grows in the uterus. They can range in size from a pea to a basketball and can occur in various tissue layers. Fibroids respond to estrogen levels and usually shrink or disappear at menopause. Most fibroids do not cause problems however some will cause uncontrollable heavy bleeding and abdominal pain which some women find unbearable.

birth) are the two most common indicators for or against myomectomy.[10] At this time doctors preferred to reserve myomectomy for women who were young (under 35), had not had children, or had yet to complete their families. The article closes with the woman leaving the consultation without questioning her doctor's opinion and totally accepting the idea of hysterectomy.

Unlike the column format found in the *Ladies' Home Journal*, the two articles on hysterectomy in *Today's Health* are feature pieces. Interestingly, both articles claim that hysterectomies can save women's lives; the first article even includes this statement as a subtitle. Obviously, cancer and other emergency situations may require the removal of the uterus, and under those circumstances, hysterectomy can be life-saving. However, hysterectomies are sometimes performed on otherwise healthy, or otherwise treatable women, in which case surgery is not necessary. It may improve quality of life but is not precisely life-saving.

The first article was written in 1954 by a male physician and is rather straightforward and dry in tone. The author describes the placement and function of the uterus, and states that "with menopause the ovaries decline and finally cease to function and the organs of reproduction, having rendered their term of service, will now undergo a slow process of atrophy."[11] His statements reflect the accepted medical belief of the time.

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[10]Another reason myomectomy is often advised against is that it is a much more difficult operation which requires even more precise skills than hysterectomy. There is usually a great deal of blood loss during this procedure which necessitates transfusion. Postoperative complications such as sepsis and infection are more common as well.

[11]George Halperin, "Removal of the uterus," *Today's Health*, September 1954: 20.

The author discusses common reasons for hysterectomy, such as prolapse, retroversion, endometrial infection, endometriosis, fibroids, and cancer,[12] at no point mentioning alternative treatments to hysterectomy. This is the first article that mentions (albeit inaccurately) the consequences of hysterectomy. The physician-author states:

> [the patient] should be told that aside from the loss of reproductive function and of menstruation she need expect no physical or psychical changes. Removal of the uterus will not interfere with sexual relations. The fear that she may get fat is unfounded. Removal of the uterus, with or without the ovaries, has no effect on body metabolism. The operation does not induce menopause unless the ovaries for some reason must also be removed.[13]

The article ends with the author repeating his claim that hysterectomy can restore health or save life.

Thirteen years later, in 1967, another article dealing with hysterectomy was published in *Today's Health*. The author, Grace Naismith, does not claim to have any specific medical training, but she has experienced a hysterectomy. This article contrasts with the previous one in tone and content. The reader gets first-hand knowledge of the procedure from a woman who has experienced it, as opposed to a physician who has performed it. Also, this article clearly targets a specific audience— working women. The author discusses her "Happy Hysterectomy Girls" club at work and assures readers

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[12]Uterine prolapse occurs when the suspending ligaments become weak and cannot keep the uterus in place. This is often a result of multiple pregnancies. Retroversion, which is no longer an indication for hysterectomy, occurs when the alignment of the uterus is not centered. The endometrium is the lining of the uterus. This can become infected or, as in endometriosis, pieces of it can adhere to non-uterine surfaces within the pelvic cavity. Endometriosis can cause severe pain and bleeding. Little is known about endometriosis and how to treat it.

[13]Halperin, ibid., 61.

that mentioning the need for a hysterectomy at work will not "raise a boss' eyebrow."

The author aims to dispel a number of popular myths surrounding hysterectomy, especially those concerning sexuality:

> The most common fallacy is that one's sex life ends with the removal of the uterus. This is cruel and grossly untrue. Physical response to sexual intercourse is centered in the clitoris and vagina. The uterus (and cervix) almost never has any connection with sexual satisfaction. The male partner will be as adequately stimulated as he ever was. Both man and wife will share orgasm as they have before. I cannot emphasize this too strongly, for many marriages have been wrecked by such misinformation. I repeat: The wife who has a hysterectomy will not lose her interest in sex nor her responsiveness to her husband. And his participation in coitus will be as satisfactory as it ever was. Many couples have found increased pleasure in their sexual relations once the possible worry about pregnancy is eliminated with the uterus.[14]

This article is also the first instance I've found which alludes to clitoral sexual enjoyment, a response, perhaps, to the beginnings of the sexual revolution. Naismith also claims that other fears, such as depression, the development of facial hair, and the loss of one's "youthful figure," are equally unfounded.

At the end of the sixties, as discourse on women's health and sexuality grew steadily, issues of hysterectomy were clearly commonly discussed among women. The fears which the author addresses were commonly accepted by most women during this time. I pose these questions: if, supposedly, there were no negative consequences of hysterectomy, where did all these tales come from? Why would women fear life after hysterectomy unless other women had experienced negative results? And why was it so important to deny those women their voice? Physicians generally believed that such

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[14]Grace Naismith, "The operation every woman should understand," *Today's Health*, April 1967: 50.

negative consequences were psychosomatically grounded and therefore not worthy of overt concern. These inferred questions are never addressed. The only explanations ever offered are psychological in nature. If women experience these negative consequences then there is some logical reason why which has nothing to do with removal of the uterus.

The article provides subtle clues regarding trends of the time in attitudes toward hysterectomy. The Happy Hysterectomy Girls was not a social club; it was formed to "send flowers when another joined the throng," indicating that the number of women having hysterectomies was visibly increasing. The author does not support any claim of negative physical or psychological side effects after hysterectomy, except for non-mothers. According to Naismith, the only legitimate reason for emotional disturbance after hysterectomy results from a woman's loss of childbearing capabilities. Again, myomectomy is advised only if a woman is young and still wants children. The author is a product of her era and, as such, paints a very rosy and uncomplicated picture of hysterectomy. It could be argued that her rosy view— however biased and partial— is in its own way protofeminist, for the belief that one *can* survive a hysterectomy physically and emotionally is an important message as well. The problem is the dismissal of women's fears and the denigration of some, even many, women's experiences.

Two years earlier, in 1965, *Good Housekeeping* published a small article on hysterectomy that also tried to calm the fears associated with hysterectomy. The author begins by acknowledging that hysterectomy is often a dreaded operation, and, like Naismith, claims that this dread is due to misconceptions. The author reassures women that "after healing, [hysterectomy does not] interfere with marital relations or eliminate

feminizing sex hormones."[15] The article lists common reasons for hysterectomy and briefly explains the two different methods of hysterectomy, vaginal and abdominal. Interestingly, this is the only article during this time that mentions a professional medical concern over the high frequency of hysterectomy. Ironically, the concern expressed by this unknown author is for a rate of hysterectomy far less than that to come in the seventies.

## EARLY PROFESSIONAL REPRESENTATIONS

In 1946 Norman F. Miller published an article in the *American Journal of Obstetrics and Gynecology* entitled "Therapeutic necessity or surgical racket?" This article was a precursor to the rush of commentary over the possible overuse of hysterectomy to correct women's gynecological complaints. Along with his admittedly unorthodox study of 246 hysterectomies in 1945 from which he concludes 18.6% of the pelvic organs removed showed no pathology (and thereby no indication for extirpation), the author discusses various sequelae which are associated with the procedure. Miller goes on to write, "the facts that 17.4 per cent presented no symptoms, and 18.6 per cent had no palpable pelvic disease, do not of themselves permit the assumption that approximately one-fifth of the patients in this series had acute *remunerative* or *hip-pocket* hysterectomies."[16]

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[15]"Hysterectomy: when it's needed, what it does," *Good Housekeeping*, January 1965: 139.

[16]Norman F. Miller, "Hysterectomy: therapeutic necessity or surgical racket?" *Am J Obstet Gynecol* 51 (1946): 808.

In 1956 Waverly Payne, president of the South Atlantic Association of Obstetrics and Gynecologists, addressed his colleagues on the problem of hysterectomy and public relations. His address was then published in the *American Journal of Obstetrics and Gynecology*. Payne presents his concern over what the public is learning from articles like Norman Miller's which are referenced in lay magazines like *Reader's Digest*, where an article which cites Norman Miller was published.[17] He worries that the public (which Payne refers to using a masculine pronoun) will be miseducated about hysterectomy and contribute to the host of stories surrounding the procedure:

> To him, this [lay] article says: Hysterectomies are unnecessary. It's a racket. ... This foolish misconception is then added to others with which the gynecologist has long been familiar: hysterectomies cause obesity, excessive growth of hair, and mental breakdowns. They make sexual intercourse impossible and thus lead to divorce. These results have always been proved by the experiences of Elmer's Aunt Sadie or Mrs. Higgenbothom's next-door neighbor's sister from Minneapolis and others. Added to these there has always been that mysterious "They say." Now we hear, "I read a story in a magazine."[18]

Payne describes how fears about hysterectomy correlate with age. Younger women, he says, have a good reason for fearing hysterectomy, especially if they have not yet had children. Middle aged women apparently are most concerned over the possibility of becoming "insane" after hysterectomy. Women over 50 years fear cancer. Payne does note, though, that all three groups are also worried over the effect of hysterectomy on

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[17]See Lois Mattox Miller, "Hysterectomy: medical necessity or surgical racket?" *Reader's Digest*, August 1953: 82-84. The prevailing message of this article is one of outrage that women's childbearing functions were being hastily and unjustifiably ceased.

[18]Waverly Payne, "Hysterectomy— a problem in public relations," *Am J Obstet Gynecol* 72 (Dec. 1956): 1167.

their sexuality. The author concludes that while the articles in lay magazines present documented information, they do so in a distorted fashion which may complicate the physician's job. These types of articles can affect women's understanding of hysterectomy and its consequences, making them fearful of the operation. Thus, it is up to physicians to acknowledge this factor when they discuss hysterectomy with patients, and to care for both women's emotional and physical conditions.

During the early 1950's, studies were conducted specifically regarding the sexual aftereffects of hysterectomy. John Huffman published his findings in the *American Journal of Obstetrics and Gynecology*. He reported that, without much pause for concern, a physician could tell his patient that she would not experience sexual difficulty after hysterectomy, with or without bilateral salpingo-oophorectomy (surgical removal of the Fallopian tubes and both ovaries, sometimes called a BSO). He came to this conclusion after questioning three groups of women at least one year after their hysterectomies. The three groups included women who had hysterectomy alone (86 women), those who had a BSO (68 women), and three women from whom the clitoris was also excised.

In drawing his conclusions, Huffman refers to one study on the phenomena of sexual drive by Helene Deutsch which states that women's sexual urges are unlike the male's in that they are not manifested because of physical needs to empty distended genitalia but rather are instead "erotic yearnings, a narcissistic need to be loved and a

masochistic striving to give."[19] Furthermore, according to this school of thinking, sexual excitation is vaginal, rather than clitoral, for women who have had direct sexual intercourse. Huffman uses Deutsch's data to "bear out the assumption that the vagina becomes the center of normal sexual activity in the mature female. Removal of the entire uterus, removal of all the ovarian tissue, and, in one instance, removal of the clitoris did not change the sexual reaction in women who had experienced coitus prior to operation."[20]

In 1953, Ralph Patterson and James Craig wrote an article reporting the results from their study of 100 women in which they tried to address a variety of post-hysterectomy psychological sequelae. They looked for evidence of reduction in erotic drive, sterility as a source of discontent,[21] and the self perception of being a mutilated, non-feminine person. Their study suggested that these commonly held beliefs were unfounded. Like Huffman's study, the majority of women interviewed here reported either no significant change or an increase in their erotic drive. With regard to the 18 women who did report reduced sexual urges, the authors found that women who "had

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[19]John Huffman, "The effect of gynecologic surgery on sexual reactions," *Am J Obstet Gynecol* 59 (Apr. 1950): 916.

[20]Huffman, ibid., 917.

[21]In a 1965 study by Barglow et al. hysterectomy is compared to tubal ligation as a method of sterility. It was found that hysterectomy caused higher preoperative anxiety and had poorer long term psychiatric outcomes. What is most disturbing about this study, however, is the 22 women on which it was conducted. The majority of participants were "southern-born, economically deprived Negro women whose education ranged from third grade through junior college." (p. 521) The method of sterilization used was assigned randomly. See Peter Barglow, et al., "Hysterectomy and tubal ligation: a psychiatric comparison." *Obstet Gynecol* 25 (Apr. 1965): 520-527.

been adverse to sex relations prior to the operation relied upon the hysterectomy as an excuse for keeping their husbands at a distance. In no instance were we able to demonstrate that the hysterectomy had any causal relationship to a decrease of erotic drive."[22]

A 1962 article by Melody foreshadows future articles of the seventies concerning post-hysterectomy depressive reactions. In this particular work, 267 women were followed to evaluate their recovery from hysterectomy. Depression occurred in 11 (4%) of these women. The author found that the source of the depression, which he did not find unique due to hysterectomy as opposed to any other postoperative depression, stemmed from changes in the women's social milieux. One woman was discharged from work due to alcohol-related problems and the other ten women who suffered from depression had difficult familial situations. Some husbands feared contracting cancer. Other men were afraid of impotence because their wives were "just a shell of a woman," "desexed," or "neuter[ed]." Some men accused their wives of adultery and infidelity, which they assumed caused the conditions that resulted in hysterectomy. One woman's family claimed her hysterectomy was due to and punishment for her promiscuity and venereal disease.[23]

The last article of this period is very interesting. In 1969, Ralph C. Wright wrote an editorial published in *Obstetrics and Gynecology* on the past, present, and future of

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[22]Ralph Patterson and James Craig, "Misconceptions concerning the psychological effects of hysterectomy," *Am J Obstet Gynecol* 85 (Jan. 1953): 109.

[23]George Melody, "Depressive reactions following hysterectomy," *Am J Obstet Gynecol* 83 (Feb. 1962): 411.

hysterectomy. Wright is one of the strongest advocates of prophylactic hysterectomy. Although his article does not discuss the consequences of hysterectomy, it is nevertheless an important article because it contributes to the general ideology of gynecology as the field goes into the seventies.

Wright briefly addresses the variety of reasons for which hysterectomy is indicated, including sterilization, pelvic relaxation (prolapse), pelvic pathology (fibroids), symptomatic relief (uncontrollable bleeding), and his major pitch, prophylaxis. No fewer than five times in the space of three pages does he adamantly write, "*the uterus has but one function: reproduction. After the last planned pregnancy, the uterus becomes a useless, bleeding, symptom-producing, potentially cancer-bearing organ and therefore should be removed.*"[24] (emphasis in original) Wright notes that not all women will be eligible for hysterectomy as an elective surgery. Women who fear surgery, who believe that menstruation maintains youthfulness, who believe misconceptions about the aftereffects of hysterectomy, and who have religious beliefs forbidding the procedure will not be able to benefit from hysterectomy, and that would be unfortunate. For according to him, the benefits include cessation of troublesome periods and their attendant pains, no need for contraception, and no chance of gynecologic cancer. Furthermore, Wright notes that "the decision to perform a hysterectomy must finally rest with the patient's gynecologist, for the ultimate reliance is on his judgment and integrity." He repeats this sentiment later in the editorial, declaring the final decision must rest with the

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[24]Ralph Wright, "Hysterectomy: past, present, and future," *Obstet Gynecol* 33 (Apr. 1969): 562.

gynecologist.[25]

Wright calls for gynecologists "with vision and courage" to advocate for elective hysterectomy, and he wonders whether a Margaret Sanger-like crusader will arise to convince the women of this modern era to "awaken to the fact that the monthly 'curse' is no longer a necessary part of life."[26] Although it is doubtful Wright intended his editorial to serve this purpose, it became one of the most frequently quoted sources about hysterectomy, most often used by feminist authors to demonstrate the typical appreciation gynecologists have for uteri. This, however, will be discussed in the next chapter.

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[25]Wright, ibid., 562. For a feminist perspective on autonomy see Ellen Bernal, "Hysterectomy and autonomy," *Theor Med* 9 (Feb 1988): 73-88.

[26]Wright, ibid., 563.

## CHAPTER TWO: FEMINIST REPRESENTATIONS AND THE SEEDS OF THE GREAT DEBATE 1970's-1990's

As the 1970's approached, and as evidenced in the 1967 *Today's Health* article, attitudes about women's health issues, such as hysterectomy and sexuality, were evolving as the range of discourse was increasing. It was in the seventies, 1975 to be exact, that the hysterectomy rate reached its highest annual rate, with patients totaling over 725,000.[27] It was also in the seventies that women began to take a more active role in their health care decisions; they educated themselves, shared their experiences, and gave advice.

This increase in activity probably encouraged, and was encouraged by, the growing amount of popular and professional literature dealing with women's health issues, particularly hysterectomy. Books were now being written for readers with no specific medical training. These books took two forms, general women's health and hysterectomy-specific. Within this second category, there is a smaller sub-genre which I call the "aggrieved consumer" books. These books are authored by women who have had very negative hysterectomy experiences and hope that sharing those experiences will prevent hysterectomy from destroying other women's lives. Publication of sources written by and for laywomen, as well as professional and feminist journals and books,

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[27]Pokras and Hufnagel, ibid., 852.

was steadily increasing. Several books and articles on women's health issues targeted academics and health professionals. Finally, in response to the increased demand for information on hysterectomy's potential consequences, two forums for information exchange were founded: Hysterectomy Educational Resource Services (HERS, 1984) and the Sans Uteri Internet digest (1996).

## THE MOTHER OF WOMEN'S HEALTH BOOKS . . .

If asked to choose a good resource for women's health issues, many women would probably suggest *Our Bodies, Ourselves.* It is interesting to see the changes in the philosophy of the Boston Women's Health Book Collective from its first major publication in 1979 to the second, revised edition in 1992. It is fair to say that this book is the mother of all women's health books. It was one of the first books of its kind to cover such a wide range of women's health issues, including puberty, menstruation, masturbation, pregnancy, childbirth, and aging in a respectful and straightforward fashion. It is an excellent source which exemplifies the feminist discussions surrounding hysterectomies in the late seventies, just after the peak number of operations. Analyzing the 1992 edition is a great way to examine how feminist attitudes have changed in the intervening thirteen years.

These women have their thumbs on the collective pulse of women's health, as evidenced by the changes that occur between the first and second editions of *Our Bodies, Ourselves.* The pages dedicated to the subject of hysterectomy increased by three, even more so when one remembers that the section in 1979 also covered dilation and curettage.

The increase is partly due to the expansion and clarification of the Collective's list of justifiable reasons for hysterectomy. In 1979 a short, six point list of appropriate indications for hysterectomy included local malignancies of the cervix or endometrium, symptomatic non-malignancies such as large fibroids, excessive bleeding which fails to respond to pharmaceutical therapy, diseases of the tubes or ovaries, cancer, and catastrophic childbirth.[28] As an example of prevailing opinion during this time, the Collective encouraged myomectomies for women with fibroids who still wanted to have or continue having children. Hysterectomies were acceptable, however, if the patient had no further desire to bear children.[29] In 1992, the indications list expanded into a separate, offset box which takes up half a page. Acceptable indications included life-threatening conditions, such as cancer, and conditions for which hysterectomy may increase quality of life, such as hyperplasia,[30] large fibroids, extensive endometriosis,[31] severe uncontrollable bleeding, uterine prolapse or infections, such as pelvic inflammatory disease. The

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[28]Boston Women's Health Book Collective, *Our Bodies, Ourselves* (New York: Simon and Schuster, 1979): 148.

[29]*OBOS*, ibid., 142. This quotation appears in a small section dedicated to fibroids, polyps, and ovarian cysts rather than hysterectomy.

[30]Hyperplasia is a condition where the number of cells at a certain site increase abnormally. This condition can lead to cancer and is sometimes used as a warning sign that a woman may be cancer prone but this is not necessarily the case. Hyperplasia occurs most frequently in women who are approaching menopause and can produce symptoms such as heavy or irregular bleeding.

[31]Endometriosis is a potentially debilitating disease of unknown cause wherein pieces of endometrial tissue attaches to organs and structures outside of the uterus. These pieces respond to the cyclic hormone changes and bleed. The blood has no point of exit and thus causes severe pain and often infertility.

Collective also lists common reasons why hysterectomies are often unnecessarily performed, including small fibroids, abortion, sterilization, and menstrual irregularities.[32] The presence of fibroids as an indication for hysterectomy is now modified according to the size of the fibroid. Further, instead of using childbearing capabilities as the standard for prescribing myomectomy, the Collective suggests that "most surgeons do not make frequent enough use of such techniques [alternatives to hysterectomy], believing that there is no advantage to saving a uterus, especially if a woman is past her childbearing years."[33] The evolution of the Collective's philosophy follows popular trends in women's health that developed in the years since the first edition, such as using childbearing status and age to determine myomectomy eligibility. These beliefs are then disseminated into lay magazines and become issues for discussion by women contemplating hysterectomy.

The most striking difference between the two editions, however, concerns the issue of sexuality after hysterectomy. This correlates to the emergence of the issue in popular magazine articles, which will be discussed in the next chapter. In 1979, there were two sentences dedicated to post-hysterectomy sexuality. The tangential issue of the removal of a woman's ovaries was not addressed. It is stated that for women whose uteri play roles in their sexual fulfillment, hysterectomy may adversely affect their sex lives, but there is no further discussion about sex hormones, lubrication, or libido.

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[32]Boston Women's Health Book Collective, *New Our Bodies, Ourselves* (New York: Simon and Schuster, 1992): 599.

[33]*NOBOS*, ibid., 599.

In 1992, however, an entire subtopical heading is dedicated to sexuality after hysterectomy. The authors begin with the standard doctor's claim that their patients' sexual difficulties are entirely "in your head." Then, they show why this statement is ludicrous, explaining that the absence of the cervix and uterus removes these sources of sensation from women who previously enjoyed uterine orgasms and cervical stimulation. They also discuss the negative impact that castration has on women's sex lives (they state between 33 and 46% of women will suffer negative consequences[34]). Ovaries are the source of androgen, a hormone which regulates female sex drive. Androgen cannot be replaced by estrogen replacement therapy (a choice which the Collective strongly cautions women to investigate for themselves), though testosterone (an androgen) pellets are sometimes available. The Collective mentions difficulties women experience with vaginal lubrication (due to menopause) and vaginal shortening (due to the poor creation of a vaginal cuff after removal of the cervix), but they also state that some women find their sex lives remain the same or improve:

> I had terrible cramps all my life and genuine feelings of utter depression during my periods. My ovaries were not removed and my libido was not affected. My sexual response, if anything, improved. I also had for the first time no fear of unwanted pregnancy and more general good health.[35]

The Collective included a list of seven techniques which one self-help group developed to help women regain their sexuality after hysterectomy: these include 1) stronger attempts at foreplay and arousal by both the woman and her partner; 2) deeper

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[34]*NOBOS*, ibid., 600.

[35]*NOBOS*, ibid., 601.

penetration by the penis during intercourse to try and stimulate the peritoneum; 3) use of lubricating jelly or oil to ease penetration; 4) experimentation with oral sex and gentle clitoral manipulation; 5) using manual penetration before penile to stimulate lubrication; 6) relearning a new sexual pace and getting accustomed to a longer arousal time; 7) experimenting with testosterone pellets.[36] Given the Collective's general support of lesbians, it was surprising to find this segment of the population conspicuously absent from the hysterectomy chapter, especially because lesbians are neglected in mainstream literature.[37] Perhaps there were no lesbians in the group studied, because the list is introduced as a method to "increase [a woman's] desire and ability to orgasm during intercourse with a male partner."[38] Some of the suggested techniques, though, could also be used by lesbians who enjoy oral sex or penetration with dildos.

The final two elements that *OBOS* discusses in both the 1979 and 1992 editions are the 'other' aftereffects of hysterectomy. The 1992 edition expands on the variety of surgical complications which may occur from hysterectomy. But the real difference is the

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[36]*NOBOS*, ibid., 601.

[37]I found one article which focused on lesbians but it was in *Girlfriends*, a magazine targeted towards a lesbian audience. In it, the author notes that, "what these feminist health pioneers failed to acknowledge was that some lesbian hysterectomy candidates may be just fine about losing their reproductive organs. In as much as dykes live their lives outside of the dominant female experiences of marriage and childbirth, they have little use for the volumes of hysterectomy literature that counsels patients on post-hysterectomy sex with their husbands and 'loss of feminine identity.'" On the other hand, she continues on to say that depressing side effects might very well occur and quotes one physician saying a complete hysterectomy and BSO will "absolutely" impair sex drive. See H. F., "Is a dyke's uterus a 'rather useless organ?'" *Girlfriends*, March/April 1997: 18.

[38]*NOBOS*, ibid., 601.

inclusion in 1992 of how many women become more at risk for heart disease due to the removal of their uteri. Interestingly, neither edition mentions osteoporosis as a consequence of hysterectomy, even though by 1992 this is a well known potential aftereffect often documented in magazine articles. Both editions also discuss post-hysterectomy depression. They stress the emotion and sorrow that accompanies the loss of any body part, but in particular one which is uniquely feminine. In 1979, the Collective noted that women involved in a "variety of roles in life seem to be less devastated than women whose sole role has been wife and mother."[39] Interestingly, this statement was removed from the 1992 text— it is difficult to tell whether this omission is due to a newfound sensitivity toward women who prefer to be homemakers, or whether there is simply no longer any need for *OBOS* to use every possible opportunity to encourage female economic independence.

It is also interesting to examine the older women's version of *OBOS*, titled *Ourselves, Growing Older*, published by the Boston Women's Health Book Collective in 1987. *OGO* dedicates an entire chapter to discussing hysterectomy and oophorectomy. Somewhat surprisingly, the chapter does not focus on older women, but rather assumes that women who might be consulting *OGO* would also be interested in hysterectomy. This isn't too surprising given that most women who are told they need a hysterectomy are approaching menopause and are considered 'older.'

What the chapter contains, however, is not drastically different from the information in *OBOS*. The authors begin with the affirmation that reproductive organs

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[39]*OBOS*, ibid., 149.

have multiple functions, not just those of producing children. They claim that there are too many hysterectomies, but also note that in some cases the procedures (including oophorectomy) can be lifesaving. They include three reasons why hysterectomy is so widespread: "1) physicians believe that hysterectomies are good for women who are having problems and are past childbearing age (even women gynecologists may urge hysterectomy too casually); 2) women are uninformed about less drastic alternatives to hysterectomy; and 3) the permanent adverse effects of a hysterectomy have not been well publicized."[40] The authors also include one positive hysterectomy story to counterbalance their emphasis on the negative aftereffects of hysterectomy, such as the loss of uterine contractions which previously contributed to sexual fulfillment.[41]

## . . . AND HER DAUGHTERS

*Our Bodies, Ourselves* seemed to spawn an entire genre of health books, targeted at women who wanted to actively participate in their health care decisions and wanted to be as informed as possible. I surveyed six of these books, all published between 1979 and 1985.[42] Not too surprisingly, they all had very similar presentations of hysterectomy,

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[40]Dorothy Krasnoff Reider, "Hysterectomy and oophorectomy," in *Ourselves, Growing Older*, eds. Paula Brown Doress and Diana Laskin Siegal. (New York: Simon and Schuster, 1987): 296.

[41]*OGO*, ibid., 299.

[42]Another book which does not quite fit this category but nevertheless has women's general health information in it is *Women and Doctors: A Physician's Explosive Account of Women's Medical Treatment— and Mistreatment— in America Today and What You Can Do About It* by John Smith (New York: Atlantic Monthly Press, 1992). It contains 30 smallish chapters which cover various women's health problems, "medical

its indications, and consequences.

All except one talked about myomectomy as an alternative to hysterectomy and all also discussed sexuality. When myomectomy is mentioned there is usually a clause soon following which stated that myomectomy is generally for women who want to become pregnant. Only one, a chapter written by Susanne Morgan (whose work is discussed later in this chapter) in *Women's Health Care: A Guide to Alternatives* does not list this caveat.[43] But a different book, *Listen to Your Body* by Niels Lauersen, repeatedly suggests myomectomy as an alternative several times. While he, too, states that hysterectomy would be appropriate for women whose childbearing is over or women over 40, he does so only once, and only after he has stressed myomectomy as the best choice for fibroids.[44]

The treatment post-hysterectomy sexuality receives is more troublesome. One book states that for "the great majority of women hysterectomy, with or without removal of the ovaries, has not been associated with loss of sexual desire, responsiveness, or satisfaction." The authors do not seem to remember writing in an earlier chapter on sexuality about the role the uterus plays in the sexual response cycle as it becomes tense and which therefore may be missed when gone. They do say that more research on the

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conspiracies" against women, and several chapters which deal both directly and indirectly with hysterectomy.

[43]Susanne Morgan, "Hysterectomy: current treatment," in *Women's Health Care: A Guide to Alternatives*, ed. Kay Weiss. (Reston: Reston Publishing Company, 1984): 102-111.

[44]Niels Lauersen, *Listen to Your Body* (New York: Simon & Schuster, 1982): 385-388.

subject needs to be done but their overall message is one which implies sex is unaffected.[45] The other five books[46] do mention the possibility of decreased sexual enjoyment after hysterectomy. Lauersen also points out the role the cervix may play for some women's sexual stimulation.

Two books, Penny Wise Budoff's *No More Menstrual Cramps and Other Good News* (1980; Budoff also authored a *Ladies' Home Journal* article in 1983 I will discuss in the next chapter) and Lynda Madaras' and Jane Patterson's *Womancare: A Gynecological Guide to Your Body* (1981) also emphasized the ease of which hysterectomy may be 'sold' to women as the cure/solution to their reproductive ailments. According to these authors, the fear of cancer is the major selling point. To this Budoff adds the joy of no more birth control and cessation of bothersome menstrual cramps as strong selling points. Budoff gives a rather clever rebuttal to this and notes that no male physician she knows recommends preventative prostatectomies (removal of the prostate gland) even though prostate cancer causes virtually the same number of deaths as does uterine cancer.[47]

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[45]Bruce Shephard and Carroll Shephard, *The Complete Guide to Women's Health* (New York: Plume, 1985): 149, 248.

[46]An addition to Madaras and Patterson, Lauersen, Budoff, Morgan, and the Shephards is F.H. Stewart's *My Body, My Health* (New York: John Wiley & Sons, 1979): 422-426, 459-471, 525-536.

[47]Penny Wise Budoff, *No More Menstrual Cramps and Other Good News* (New York: G. P. Putnam's Sons, 1980): 179-182.

## BOOKS ON HYSTERECTOMY

It seems every publishing house has a book written specifically on the topic of hysterectomy. These books are most frequently written by physicians but sometimes also have co-authors who are more experienced at writing books for laypeople. There are many out there and generally all cover the same topics: what a hysterectomy is, why one may be indicated, the complications one may suffer, and possible alternatives. The detail with which these topics are covered is what makes the books different from one another. It is possible to say that most of these books take a conservative approach to recommending hysterectomy, encouraging women to seek second opinions and consider various alternatives. There are no subtle suggestions that the only thing a uterus is good for is babymaking, however they also do not shout a call for women to keep their uteri at all expenses.

As noted, the detail in which the consequences of hysterectomy are covered varies, but the overall same message is apparent. Some are also more feminist in their tone than others or have moments of feminist tones. For instance, Dee Dee Jameson and Roberta Schwalb include in their 1978 book a discussion on the double standard which exists between boys and girls, sex and virginity. They go on to say that this influences women's appreciation of their uteri. Later on though, they back down and state, "there is no relationship between enjoyment of sexual intercourse and the presence of reproductive organs. Sexual desire and desirability do not disappear."[48]

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[48]Dee Dee Jameson and Roberta Schwalb, *Every Woman's Guide to Hysterectomy* (Englewood Cliffs: Prentice-Hall, 1978): 118-119.

In the eighties the uterus is emphasized as a valuable organ whose purpose is not only gestational but whose absence may also be conspicuously felt. The uterus secretes prostaglandin, a powerful anti-clotting substance which may contribute to women's lesser chance of heart attack. Its structural location affects urinary and bowel function and its removal can cause surrounding organs, such as the intestines, to prolapse or fall. Most noticeably, its function in sexual pleasure became much more of an integral part of the sexuality discussion included in these books. Rather than reinforcing the seventies' idea of the uterus as not participating in orgasm, as Masters and Johnson said, the books in the eighties begin to support those women whose uteri do play a role in their experiences of sexual pleasure and orgasm. Lynn Payer,[49] in her 1987 book *How to Avoid a Hysterectomy*, refers to the current belief about clitoral orgasm:

> While for many women the primary sexual response seems to be centered in the clitoris, other women report other types of sensations that may be dependent on the presence of the uterus. During sex, the uterus increases in size, moves around, and gyrates on its axis. During orgasm, it contracts at exactly the same intervals as a man's penis does during his orgasm, making uterine contraction the closest equivalent to male orgasm.[50]

This theme is repeated through the hysterectomy books. In Winnifred Cutler's *Hysterectomy: Before and After* (1988), one of the hysterectomy books specifically recommended by the Boston Women's Health Book Collective, this sentiment is also

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[49]Lynn Payer also authored three articles for popular magazines in which she repeats her message. See "How to avoid a hysterectomy," *McCall's*, February 1988: 95-99, "Hysterectomy," *Vogue*, June 1990: 152-156, and "The operation every woman should question," *McCall's*, June 1995: 54-56.

[50]Lynn Payer, *How to Avoid a Hysterectomy* (New York: Pantheon, 1987): 25-38. For another, even more in depth, discussion on sexuality after hysterectomy see Susanne Morgan's *Coping with a Hysterectomy* (New York: Signet, 1985).

stated:

> Through studies of a variety of mammals, we know that the body of the uterus is involved in sexual response, particularly the orgasm. The large uterine muscle is smooth [and] contracts at significant times in the reproductive life of a woman, under the control of both hormones and nerves. ...For many women, the uterus contracts at orgasm. This contraction is often perceived as intensely pleasurable and forms a significant part of their orgasmic response.[51]

The nineties has also seen publication of hysterectomy books, indicating that this surgery is still present in the minds of women. Sexuality is still given attention, but to a much lesser degree than in the eighties.[52] Only one book, Stanley West's *The Hysterectomy Hoax* (1994), presents post-hysterectomy sexuality in a overtly negative manner. Given the brief description of Masters' and Johnson's findings about the role of the uterus in sexual functioning which West outlines, he states, "There is no doubt that the sexual changes women report after hysterectomy are real, not imagined. Without a uterus, there can be no orgasm." As for the women who do reportedly experience orgasm

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[51]Winnifred B. Cutler, *Hysterectomy: Before and After* (New York: Harper & Row, 1988): 30-36. Cutler's book is an excellent and very thorough presentation of hysterectomy and its options, as well as an education on how the female body works and the variety of functions the uterus and ovaries influence. Another book which parallels Cutler's in thoroughness is Vicki Hufnagel's *No More Hysterectomies* (New York: NAL Boos, 1988). While a bit less neutral in tone, Hufnagel nevertheless covers all the topics from indications to alternatives, most noticeably her own Female Reconstructive Surgery, which she claims can be used to successfully treat most of the indications for hysterectomy. Interestingly, Hufnagel's book is very widely recommended in England and stories of British women who fly to America to meet with her are relatively common.

[52]Perhaps it is merely coincidence, but it is thought provoking that the books published in the nineties are primarily written by men and contain less discussion of sexuality.

after hysterectomy, West's suggests a theory akin to the phantom limb syndrome.[53] Other books give a more middle ground presentation of sex after hysterectomy. Instead of crying that all women have great sex or all women have no sex after hysterectomy they acknowledge the uterus' possible role in sexual pleasure but also note that this is not the case for all women.[54]

## THE AGGRIEVED CONSUMER

Within the realm of writing dedicated to hysterectomy is the book written by the aggrieved consumer. There are two books which fit this description: Naomi Miller Stokes's *The Castrated Woman* (1986) and Sandra Simkin's *The Case Against Hysterectomy* (1996).[55] Simkin's book is actually a British publication but nevertheless worthy of analysis given its extraordinarily negative view of hysterectomy. Both authors wrote their books after having suffered the multitude of negative aftereffects which may occur post-hysterectomy. It is apparent that these two women believe it is their duty to inform and warn other women contemplating hysterectomy against the operation.

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[53]Stanley West, *The Hysterectomy Hoax* (New York: Doubleday, 1994): 47-51. *The Hysterectomy Hoax* is co-authored by Paula Dranov, who has written articles for popular magazines about hysterectomy. See "An unkind cut," *American Health*, September 1990: 36-41, "Change of life," *New York*, 19 October 1987: 70-76, and "When the diagnosis is fibroids," *American Health*, September 1993: 68-70.

[54]See Ivan Strausz, *You Don't Need a Hysterectomy* (New York: Addison-Wesley, 1993): 58-60, and Herbert Goldfarb, *The No-Hysterectomy Option* (New York: John Wiley & Sons, 1997): 39-51.

[55]For an article which would fit into this category see Nora Coffey, "The hysterectomy epidemic," *Woman of Power*, Fall 1990, 58-60.

Simkin's book in particular has a very angry tone throughout whereas Stokes', written partially in the first person, partially as a report on interviews she conducted, is less so.

Simkin does not totally dump on hysterectomy, although she comes close. At the very beginning of the book she includes a small section where she lists the reasons, cancer and prolapse, to have a hysterectomy. The section is not terribly supportive of hysterectomy nor does it give any indication that there can be positive hysterectomy experiences.

Simkin's book is hostile to hysterectomy, but it cannot be said to be feminist. Simkin is particularly focused on age. At the beginning of the book she maintains that for some women hysterectomy results in the "loss of sex and fertility, youth and beauty" which causes incredible grief.[56] For Simkin, the emphasis on age is an attempt to preserve youth, not to point out that hysterectomies are being performed on young women. She paints a very ugly picture of aging and believes that menstruation

> is a monthly reminder of a woman's sexuality, femininity, youth and her ability to procreate, which she does not want to lose. This is central to a woman's psyche and dominates her physical, emotional and psychological functioning.[57]

Further, it is Simkin's belief that gynecologists do not truly understand the consequences of hysterectomy. She believes this is because of a sexual prejudice against women and the clinical trials which are conducted which do not allow subjective opinion and are

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[56]Sandra Simkin, *The Case Against Hysterectomy* (London: Pandora, 1996): 23. Simkin does not go into any detail anywhere about why she had her hysterectomy. She very briefly mentions she was in her early fifties at the time of the operation.

[57]Simkin, ibid., 25.

limited in perspective.[58]

Stokes' main focus is on the negative effects hysterectomy has on sexuality. She does admit, on page three, that some women do not experience these problems and for them, sex is better after hysterectomy. This is the only time such experiences are mentioned however. Throughout the rest of the book are quotations taken from the 500 women Stokes interviewed (in stunning contrast to the findings of most medical professionals, 477 had less interest in sex after hysterectomy) in an attempt to better understand what had happened to her.[59]

The book begins with the story of Stokes' own hysterectomy and how it consequently ruined her and her husband's sex life and nearly caused their divorce. From here she goes on in each of ten small chapters to discuss why hysterectomies are performed (almost always unnecessarily), what castration means for women, the benefits of menstruation ("It is a lodestar in her life, providing a sense of psychic direction, of monthly renewal, giving her personal nomenclature"[60]), and how to avoid one. In each chapter she relates its focus to sexual functioning. As the glowy comment about menstruation suggests, Stokes' relationship to most feminist discourse is ambivalent. Stokes' tone, however, is not nearly as angry as Simkin's. Her purpose was to inform women about how hysterectomy affects one's sex life in addition to providing

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[58]Simkin, ibid., 24.

[59]Naomi Miller Stokes, *The Castrated Woman* (New York: Franklin Watts, 1986): 3-5.

[60]Stokes, ibid., 96.

information about alternatives, indications, and medical opinions. The next group of writers does the same sort of thing, only with a scholastic audience in mind.

## FEMINIST SCHOLARS TACKLE HYSTERECTOMY

In addition to the host of women's general health and hysterectomy books, there are several scholarly works intended for either academic or professional audiences. They appear in a variety of sources, from anthologies to articles appearing in professional women's health and other feminist journals. Not surprisingly, sexuality is a major theme throughout feminist literature. Feminist authors also focus on women's self concepts, their relations with their partners, and socioeconomic factors which affect the hysterectomy rate.

In the process of exploring the theme of sexuality, feminists almost always discuss the experience of sexual pleasure. While the topic is always mentioned, two authors, Susanne Morgan (1978)[61] and Dorin Schumacher (1990), have chosen to devote articles to it. The fact that these articles deal with the same topic and are written over a decade apart indicates that the issue of sexual pleasure after hysterectomy continues to be a concern. Morgan and Schumacher maintain that women's sexual lives are always impacted by hysterectomy due to the role the uterus plays in sexual response.[62]

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[61]Susanne Morgan, "Sexuality after hysterectomy and castration," *Women Health* 3 (1978): 5-10. See also Edith Bjornson, "Sex after hysterectomy-oophorectomy: an old wives' tale revisited," *National Women's Health Network News*, March/April, 1984: 5, 15.

[62]See also Linda Bernhard, "Consequences of hysterectomy in the lives of women," *Health Care Women Int* 13 (1992): 281-291 and Zelda Abramson, "Don't ask

Morgan lays out an extensive and logical argument explaining why women experience sexual changes when their uterus, cervix and/or ovaries are removed. She gives a physiological description, referring to research by Masters and Johnson, of how the vagina, uterus, and surrounding tissues react to sexual arousal. Morgan does admit, however, that for women whose preoperative conditions prevented any measure of pleasurable sex, a hysterectomy can improve their experiences because it simply makes sex possible again.

She also addresses the needs of a population of women that were previously neglected in most popular and professional hysterectomy research and literature: lesbians. Morgan notes that the studies on sexuality after hysterectomy limit themselves to heterosexual intercourse and often exclude unmarried participants. The studies often do not include queries about masturbation, intensity and frequency of orgasm, and frequency or characteristics of sex drive, all of which apply to homosexual, as well as heterosexual women's, sexual experiences. She believes that this may be a reason why so many of these studies show that there is improvement or no change in women's sex lives after

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your gynecologist if you need a hysterectomy," *Healthsharing*, June 1990: 12-17. In Bernhard's study she found that women had both positive and negative sexual outcomes and that these outcomes varied depending on how long ago the hysterectomy was performed. Within 3 months, women were generally pleased with their sexual experiences however by 2 years experiences were less positive. This sentiment has been discussed in the Sans Uteri Internet digests as well. Another article which focuses in part on sexuality is Jane Drummond and Peggy-Anne Field, "Emotional and sexual sequelae following hysterectomy," *Health Care Women Int* 5 (1984): 261-271. Here, though, readers and specifically, nurses, are told "if we do not adequately inform women about the facts surrounding the possibility of orgasm post-hysterectomy, there is a danger they will turn to the discouraging information that predominates in some feminist literature. On the other hand, the knowledge that orgasm is possible is not enough to allay fears."

hysterectomy.

Morgan also points out that the two of the most often relied upon treatments to assist women in post-hysterectomy sex, estrogen replacement and lubricating jelly, are also problematic. Estrogen replacement is fraught with its own health risks (although this is now somewhat less of an issue) and lubricating jelly can be misused.

> For problems of lubrication, for example, lubricating jelly is suggested, but often not with full understanding that lubrication is more than wetness but also the first indication of arousal. Lubricating jelly certainly should help to make penetration less painful if the woman is not aroused, but is that the situation writers should encourage?[63]

Finally, Morgan states that physicians and others who fail to acknowledge women's sexual complaints as real physiologic events are, in essence, blaming the women themselves and telling them the problems are all "in their heads."

Schumacher focuses on how older women cope with sexuality after hysterectomy. She discusses our society's emphasis on youthful attractiveness and the importance of sex in interpersonal relationships of all kinds. She claims that society's denial of female sexual aging is a reason why hysterectomy has been allowed to continue and clearly shows how sociopolitical factors can subtly decrease a woman's sense of identity or worth. When society fails to acknowledge the various difficulties that a woman may experience after hysterectomy, Shumacher writes, "she questions the reality of her own experience of her body."[64]

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[63]Morgan, "Sexuality after hysterectomy and castration," 8.

[64]Dorin Schumacher, "Hidden death: the sexual effects of hysterectomy," *J Women Aging* 2 (1990): 54.

A 1985 article by Anne Kasper also presents hysterectomy as a social problem. Instead of investigating the high rates of hysterectomy, she focuses on the antecedents which have supported its climb. She gives a thorough and convincing argument, showing how, historically, gynecologists are trained to be aggressive with surgical intervention rather than adopting a "wait and watch" approach.

Gynecologists often assume the role as many women's primary care physicians, even though they do not have the training for such a role because women's health extends far beyond reproductive organs. Kasper also discusses the financial incentive gynecologists have for maintaining a high cost for hysterectomy. Non-surgical treatments may require multiple office visits, which insurance may or may not cover. Operative treatments, such as hysterectomy, require hospital admissions, which, in addition to the cost of the procedure, provide a healthy source of income.

Furthermore, whether they realize it or not, physicians often present the 'option' of hysterectomy in a manipulative way which eventually convinces a woman the operation is necessary. Many women do not have the resources or information when entering a doctor's office to be prepared to face a cultural authority figure and question his intentions and/or advice. As Kasper points out in her conclusion, "the issue of control is a central one— regaining knowledge of health and illness so that autonomy, self-care, and the ability to choose professional help when appropriate, allows the individual a measure of control over health and well-being."[65]

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[65]Anne S. Kasper, "Hysterectomy as social process," *Women Health* 10 (Spring 1985): 109-127.

Feminist literature frequently discusses race and socioeconomic factors as reasons for high hysterectomy rates. All sources approach the topic differently, however, they all point out that minority women, especially black women, are hysterectomized more often than whites. The difference is great enough that hysterectomies at one point became known as 'Mississippi appendectomies,' alluding to the black women of the south[66] who would "go into the hospital to have a baby and come out minus your uterus."[67] Cheryl Travis notes the same phenomenon in 1988. She reports that ethnic and minority women "are typically seen has having lower contraceptive motivation and less stable or predictable sexual partnerships. The women themselves may be judged to be highly active sexually with poor ability to delay gratification of impulses."[68]

## FORUMS FOR INFORMATION EXCHANGE

Women can educate themselves about health care choices in many ways.

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[66]Many studies have shown that geography plays a role in the chance of having a hysterectomy. Women in the south face a much higher possibility of being told they need their uterus removed. Women in the northwest have the lowest possibility. See Richard Dicker, et al., "Hysterectomy among women of reproductive age," *JAMA* 248 (July 1982): 323-327 and Charles Easterday, et al., "Hysterectomy in the United States," *Obstet Gynecol* 62 (August 1983): 203-212.

[67]Deborah Larned, "The epidemic in unnecessary hysterectomy," in *Seizing Our Bodies*, ed. Claudia Dreifus (New York: Vintage, 1978): 202. See also Sue Fisher, *In the Patient's Best Interest* (New Brunswick: Rutgers, 1986): 29-58. Early in her research Fisher reviewed numerous patient files and discovered a disturbing trend: "Older women who had had their families, poor women, minority women, women who were on welfare, women who had had multiple abortions and women who had had several children without being married seemed more likely to have hysterectomies recommended."

[68]Cheryl Brown Travis, *Women and Health Psychology* (Hillsdale: Lawrence Erlbaum Associates, 1988): 193-194.

Regarding hysterectomy, however, choices are not always available or easily accessible. Besides the previously mentioned articles and books, women can access information regarding hysterectomy from two remarkable sources. One, the Hysterectomy Educational Resources and Services, or HERS, is often listed as a resource in more recently published articles and books, and the other, Sans Uteri Digest, is an internet mailing list on which women post their hysterectomy questions, experiences, advice, and support. Most women stumble upon Sans Uteri while searching the net for hysterectomy information.

HERS was founded in March of 1982 by Nora Coffey. After her own personal and traumatic experience with hysterectomy, she decided to form an organization which could help women take steps which would assist them in making the best health care choices possible. She believes that if she had been better informed about the procedure and its aftereffects, she would not have gone through with it. HERS is not a support group. It is not a collective of women who trade stories and advice. It is a resource which women can contact for a wealth of information. HERS does many things: explain the various procedures of hysterectomy, discuss alternatives to hysterectomy and their possible aftereffects, refer women to physicians across the country who are experienced in various types of surgery or treatment (both invasive, pharmaceutical, and sometimes herbal), provide counseling to women considering hysterectomy or dealing with its aftereffects, and provide copies of articles and books for women who wish to learn more. HERS also sponsors conferences about hysterectomy which bring surgeons and various hysterectomy activists to the Philadelphia area for a weekend of educational sessions.

I spoke with Nora Coffey to ask her more about how HERS evolved into such a well-known and well-respected resource. After her own hysterectomy, and after experiencing first hand the variety of aftereffects which the doctors told her either did not exist or she was the only one who ever had them, Coffey decided to do some investigating of her own. She spent two years reading up on hysterectomy in medical libraries and quickly discovered that what she was experiencing was documented in the medical literature and that what she was saying was indeed credible. She became very well educated on the topic of hysterectomy and began confronting doctors, only to find that her defensive methods quickly became offensive, and that the doctors could very rarely provide her with justifications for their common statements regarding hysterectomy (it won't affect your sex life, sex will be better, you won't notice any changes when your uterus is gone, all I'm taking is the baby carriage, your uterus doesn't have any other functions).

After founding HERS, Coffey says that the initial response from gynecologists was an enormous lashing out of anger. But she also had an overwhelming response from hysterectomized women who had never heard someone publicly validate the variety of ills they, too, were suffering. They cried out because they were no longer alone. This is impressive given that Coffey received this response from a one-line advertisement placed in the classifieds section of *Ms.* magazine. She sent a 43-page questionnaire to the 600+ women who replied to her ad. Four hundred and twenty five women filled out and returned the questionnaire, most of whom also added lengthy comments. It is this reply that convinced her of the need for HERS.

Coffey says that the overall attitude of physicians has not changed with respect to hysterectomy. The current trend of seeking alternatives to hysterectomy, she believes, is just as damaging to women as hysterectomies. She claims that these alternatives are often held up as the next great alternative to hysterectomy, in the name of preserving a woman's uterus, when in actuality they are very rarely effective and often disappear from the medical front not too long after their heyday (e.g., myolysis, myomectomy, endometrial ablation[69]). Coffey is also adamant that anything done to a woman's uterus and/or ovaries will permanently and negatively change her forever. She does not seem to believe that women can have positive hysterectomy experiences. When I asked her about the new 'coming out' articles (an example is given further on) about women with positive experiences she said that most women will, in essence, put on a happy face to soothe their families, most often their daughters, but in reality they are covering up the variety of less-than-pleasant aftereffects they feel, maintaining the status quo. This is evidenced in an article written by HERS counselor and board member, Genevieve Carminati, who had a hysterectomy in her mid twenties. Carminati's older sister called one day to report that she had been advised to get a hysterectomy for a tumor on her cervix. The sister told Carminati that she wanted a baby and thus was going to hold on her to her uterus. For some reason she doesn't understand, Carminati encouraged her sister to go through with

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[69]Developed in 1981, endometrial ablation is a procedure whereby a laser is used to burn away the endometrial tissue. It leaves the womb and ovaries intact but renders the tissue useless for pregnancy. Myolysis is another alternative during which the tissue which connects the fibroid to the uterus is cauterized. This cuts off the fibroid's blood supply thereby causing the fibroid to shrink. This procedure too carries risk of resulting in infertility.

the hysterectomy. In telling the story Carminati writes

> Yes, once I thought about it, I was sure that I wanted her to have her uterus removed. But why should I want that for someone I loved so strongly? It wasn't as if I didn't know what it would mean for her; I had only to look at what a horror it had been, and was, for me. Did I want her to have to endure what I was experiencing since having my sex organs excised: the fatigue, the insomnia, the panic attacks and anxiety, the pain, the loss of sexual feeling, and on and on? Would I wish that for my sister? Right then I realized, yes, I would.[70]

An example of a 'coming out' story which contradicts Coffey's beliefs is by Elayne Clift, who wrote in 1994 for the feminist journal *On the Issues* a first person account entitled "My Uterus, Myself: The Good News About Hysterectomy." Clift presents her own medical history of fibroids and her eventual decision to have a hysterectomy. She was not easily convinced, having read and been aware of all the literature telling women not to lose their uteri.

> Each woman is different, and some of these therapies are necessary— even lifesaving– for some women, some of the time. This fact often seems ignored in the heat of feminist arguments. The anti-hysterectomy literature can be one-side, polemical and frightening to women who might need the operation.[71]

Clift fully acknowledges that some women's experiences may be less than pleasant, but she does not know of any who have suffered. She warns that hysterectomies still are being performed needlessly, but that the feminist battle cry against hysterectomy and its resultant horrors is not always the case.

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[70]Genevieve Carminati, "Woman to woman: what women don't— and do— tell each other about hysterectomy," in *Misdiagnosis: Woman as Disease*, ed. Karen M. Hicks. (Allentown: People's Medical Society, 1994): 162.

[71]Elayne Clift, "My uterus, myself: the good news about hysterectomy," *On the Issues*, Spring 1994: 32.

While HERS is an invaluable resource, it has a largely one-sided perspective. A more balanced source, also useful for getting in touch with women who have had hysterectomies around the world, is the Sans Uteri digest. Comparatively, Sans Uteri is very young. It was founded by Beth Tiner, who at the age of 25 had a hysterectomy due to severe endometriosis. The first digest was sent out in October of 1996. But since then it has grown to over 500 members. Tiner did not want to duplicate what HERS had already done so well, and instead, focused on creating a forum for women and their partners (emphasis on partner, there is no assumption here of heterosexuality) to discuss hysterectomy, its aftereffects, and ways to cope with them.

She wanted to encourage women to educate themselves, which she believes involves speaking with many other women who have had similar experiences. (Interestingly, this is a direct refutation of the earliest articles which shunned 'old wives' tales' and hearsay as poor sources of information about hysterectomy, and reinforced the 'doctor knows best' viewpoint.) Tiner would like to establish face-to-face support groups across the country and publish a newsletter for women who do not have internet access. In her own words, "We plan to publicize Sans Uteri so well that no woman will have to go into the hospital or recover at home without the support of a woman who understands what hysterectomy is like."[72]

Sans Uteri is part of a web page dedicated to hysterectomy experiences, one of the few such pages which pop up when an Internet search is performed for 'hysterectomy' (there are others, but these are much harder to find). The primary function of the website

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[72]Tiner, Beth. "Sans Uteri's Birth." Personal email (20 February 1998).

is to invite women to join the mailing list, which is sent out nightly to members' e-mail addresses. The list consists of postings from women who are seeking information about hysterectomy, oophorectomy, hormone replacement therapy, sexuality, fibroids, endometriosis, and other related topics, and women who have had experiences with all these things and more. It is a very friendly environment, where everyone is encouraged to tell her story, positive or negative. Partners are also encouraged to post messages about their experiences. The digests are encouraging, saddening, hopeful, maddening, and supportive.

An advantage to reading the daily digests is the ability to see what real women are discussing and concerned about regarding their bodies, particularly the prospects of hysterectomy and its consequences. Some women joined the website when they first were told they needed a hysterectomy. They began by asking and receiving answers to their questions, and have remained active members of the list as both supporters of other members and as storytellers of their own ongoing post-hysterectomy experiences. For the women who are considering hysterectomy, there are a plethora of both positive and negative personal stories freely posted by members:

> I feel so sorry for those of you who have had a bad time but I want people to know it can be a positive experience especially if you are in pain now. I feel great... no more periods, no more birth control. I don't have a terribly bloated stomach anymore, I am no longer anaemic, I don't have to keep going to the loo.[73]
>
> I am VERY pleased with the results. I have minimal hot flashes. Besides suffering from a constant migraine, that is all I have to complain about! I

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[73]Elaine Knight. "Partial hysterectomy." Sans-Uteri@findings.net (23 March 1998).

> would like to also state that I suffered greatly with all the treatments given to me for endo. I know there is some controversy surrounding this kind of treatment, but I am completely satisfied. I even had my first sex dream the other night![74]

> Once I had the hysterectomy, I figured that would be the end of it and I'd go on my merry way. Wrong! By October I was abjectly depressed, had no interest in sex, and began losing my hair. It wasn't until I experienced my first hot flash that I figured out what was going on. My ovaries are still in place, so I never expected menopause. I went back to the doctor in October demanding to know what was going on.[75]

Reading stories like these may help convince pre-hysterectomy women that an enormous variety of outcomes may be experienced once a uterus is removed. Sometimes a hysterectomy results in depression, reduced sexual pleasure, and other problems. But this is not always the case. It is this message that, regardless of their personal experiences, most of the Sans Uteri members will reaffirm repeatedly in many of their messages. "It's important to realize that while many of us have had some similar problems, we are individuals, and what is true for one woman is not necessarily true for another."[76]

There are numerous threads to the ongoing conversations and consistent contributors are readily identified. By far, the most common discussion revolves around hormone replacement therapy and the difficult time most of these women have had finding the best therapy for themselves. Hormone replacement therapy is not as easy as

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[74]Vickie Cole. "9 days post op." Sans-Uteri@2cowherd.net (29 January 1998).

[75]Beth Brown. "Greetings from a newbie." Sans-Uteri@findings.net (14 April 1998).

[76]Amy Stone. "Teri's words of wisdom." Sans-Uteri@2cowherd.net (12 March 1998).

articles often make it out to be. Contributors to the digest frequently post reviews of their treatments including dosages and brand names, giving the other readers a brief history of their personal struggles to find the right combinations. Participants often ask questions, such as where to find various treatments, both herbal and pharmaceutical. Names and numbers of doctors, pharmacies, and mail order companies are often posted, along with a review of the poster's experience with them.

As with the sources referred to earlier, a frequently discussed topic is sexual experience after hysterectomy. Both positive and negative stories abound throughout the digest regarding sexuality. Contributors relate their experiences as well as provide suggestions:

> My orgasms are completely different and I am still really grieving over the loss! My orgasms, once wonderful, exhilarating, multiple, with lovely long-lasting 'after shocks' are now, Ho Hum one little climax, then nothing. The uterine contractions, I strongly believe, were a major part of my orgasmic enjoyment. Now they are gone forever. It's a really major thing, for me.[77]

> However, since my hysterectomy my libido has gone completely south and no more orgasms! I, too, am grieving the loss of my once incredible sex life (so is hubby, who feels guilty that I no longer 'get' anything out of it anymore). It really helps to see other women are out there who are in the same boat as me. For the longest time I was told by the medicos it was 'all in my head' in spite of my insistence that I felt a big difference in actual sensation. Why is it when the medical establishment doesn't want to deal with it or have any answers for you they insist it must be a mental defect on your part?[78]

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[77]Penny Ames. "Re: Diane's post about sex post-hyst." Sans-Uteri@findings.net (30 March 98).

[78]Megan Wadsworth. "Beverly's post about post-hyst sex." Sans-Uteri@findings.net (31 March 98).

The next quotation is a response to a previous post. This particular woman not only has great post-hysterectomy sexual experiences, but also provides commentary on the controversy about whether or not to leave the cervix in place, because it may provide sexual pleasure for some women when pressure is applied. It also seems that hysterectomy was the catalyst which led this woman to discover her G spot, a delight which she more than happily discusses on the digest:

> NO, I do not have my cervix....the cervix has nothing to do with the G spot.....it is on the front wall...think of it as if you where trying to touch your belly button from the inside...but of course not that high up...like I said before...find your pubic bone and it is right up from that....like I said before when you find it...you know!!!! I know what you mean...I think, about the uterine contractions before a Hysterectomy.....But I'm telling you the orgasms that I'm having with this G Spot are something so much more AWESOME!!! My vagina still contracts with each orgasm strong contractions have felt it with my own fingers and my boyfriend has said I've almost broke his fingers my orgasm was squeezing his fingers so hard....I am living proof that there is GREAT SEX after a Hysterectomy![79]

These two resources, along with the various books written by professionals, journalists, and from personal accounts, are the important pillars for women's self-education regarding the medical conditions from which they suffer and the variety of treatments that are available. Instead of being relatively uninformed and unprepared for possible consequences, and instead of letting doctors make their decisions for them, women are taking their health care decisions into their own hands.

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[79]Tracy Morton. "Jeannie-G spot question." Sans-Uteri@2cowherd.net (3 February 98).

## CHAPTER THREE: PROFESSIONAL AND POPULAR PRESS RESPONSE 1970's - 1990's

Hysterectomy is the gold mine of gynecology. Gynecologic surgeons have a definite financial incentive to treat various gynecological complaints with hysterectomy. This urge to remove the uterus might be better understood when one considers the financial implications of such a procedure. Hysterectomy is a lucrative operation, earning physicians between $4,700 and $7,000 per operation. It is relatively easy, simple to sell, and is covered by most indemnity insurance policies.[80] Furthermore, some say that hysterectomy is an easy way to "make up" for lost obstetrical fees from the declining birth rate post-baby boom.

Unlike the lone 1976 article in *Ladies' Home Journal* which suggests a financial incentive for performing hysterectomy, there are many more articles in the 1990's which address this issue. Dr. Kramer, a physician interviewed for the 1976 article, was "convinced that physicians recommend surgery too quickly, partly because of the relative safety of surgical procedures today and because 'they have to make a living.'"[81] Doctors

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[80]This may be changing. In the 90's with the discussions about managed care and the exponentially high costs of health care plus the increased belief that hysterectomies are not as necessary as once believed many insurance companies are calling hysterectomy elective or at least requiring a second opinion be obtained before agreeing to cover the operation.

[81]Marcia Cohen, "Needless hysterectomies," *Ladies' Home Journal*, March 1976: 90.

also get higher fees at a hospital and for doing surgery than they do for office visits. Hence, physicians have a vested interest in keeping hysterectomies easily available to women. Professional medical literature supports this theory. While acknowledging the high hysterectomy rate of the seventies, authors continue to advocate for hysterectomy without seriously addressing its consequences. This is most likely a conscious attempt to maintain physician authority over medical issues, an authority which has been threatened by the self-help movement encouraging women to educate themselves about their medical conditions. Popular magazines, however, have slowly yet consistently, changed their presentation of hysterectomy, responding to feminist discourse. Instead of steadfastly assuring women their lives will be better after hysterectomy, they begin to educate women about the pros and cons of the operation without being too alarmist (although there are exceptions).

## GOING WITH (OR WITHOUT) THE FLOW— POPULAR ADJUSTMENTS

As evidenced by the change in the 1967 *Today's Health* by Grace Naismith, the composition and tone of hysterectomy articles altered in the seventies, eighties and nineties. Rather than simply presenting relatively dull information about what fibroids are and why a hysterectomy is a good way to deal with them, these articles began to feature real women's experiences of hysterectomy alongside medical information. Thus, the reader is entertained and educated simultaneously. Women were much more interested in actively participating in their health care decisions and learning about their bodies and this change is reflected in the tone of the popular articles. I found five

pervasive themes which thread their way through the articles in various ways: age, pregnancy/childbearing, hysterectomy as a prophylactic procedure, sexuality and other aftereffects. Interestingly, and with few exceptions, the articles became longer, more in depth, and better featured elements as time progressed.

## AGE AND PREGNANCY

Reading the articles chronologically two themes become very apparent very quickly in the early seventies— those of age and the importance of pregnancy and childbearing in a woman's life as determinants for or against hysterectomy. These themes are carried over from the articles of the 40's and 50's. It is made very clear in the articles written from 1970 to 1980 that the only women who should be at all concerned about having a hysterectomy are those who have not started or completed their families. As one article in *Good Housekeeping* states, "if a woman is physiologically young, has a strong desire for a child, and her doctor agrees, she *should be allowed* to retain her capacity to bear children" (emphasis added).[82] If older women are mentioned it is only to say that uterus-saving alternatives to hysterectomy, like myomectomy, are not appropriate. One author writes in *McCall's* in 1980: "The alternatives are often more complicated than hysterectomy, so they make no sense for a woman who has had all her children. But they make complete sense for a younger woman who wants to retain her

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[82]"Myomectomy and hysterectomy: when and why each is necessary," *Good Housekeeping*, April 1970: 187. See also William Nolen, "The operation you may not need," *McCall's*, July 1972: 28-30.

fertility."[83] The number of hysterectomies skyrocketed in the mid to late seventies—older women were being convinced that their uteri were not useful any longer. Their fertile years over, they might as well get rid of the thing. As Dr. Thomas McElin wrote, twice, in his 1971 *Redbook* article, "The uterus has only two functions— it is a baby carriage and it bleeds."[84] The focus on younger uteri being the only valuable ones faded in the eighties.

The theme of pregnancy mirrors the age issue in this time period. As late as September, 1980, a *McCall's* article[85] strongly reinforced the idea that the possibility of pregnancy was the most important factor to consider when making a hysterectomy decision. Many of these articles focused their attention on hysterectomy and existing alternatives for women who wanted to get pregnant. The alternative of myomectomy is presented as viable only for those who wish to have (more) children. Also in the sphere of pregnancy is the use of hysterectomy as a method of sterilization. While not a major issue discussed too often, it is raised occasionally and the authors do not seem be against the notion.

## PROPHYLACTIC RECOMMENDATIONS

Hysterectomy is sometimes also recommended prophylactically to women. That is, hysterectomy can be used as a preventive measure against the possibility of disease as

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[83]Caroline Rob, "Avoiding hysterectomy," *McCall's,* September 1980: 40-41.

[84]Thomas McElin, "Hysterectomy," *Redbook,* May 1971: 48-50.

[85]Rob, ibid. 40-41.

supported by the oft-quoted Connecticut gynecologist, Ralph C. Wright, whose article I discussed in chapter one. Physicians have used the fear of cancer to sell women on hysterectomy. An author in a 1976 *Vogue* article wrote that if women over the age of 35 had hysterectomies they would live longer because they would avoid uterine cancer, and save money on pap smears, contraceptives, and menstrual products. Furthermore, "a certain number of mentally retarded babies— those associated with older mothers— would not be born."[86]

By the mid-eighties, authors began to speak out against the prophylactic use of hysterectomy to prevent cancer. In August of 1983, *Ladies' Home Journal* featured an excerpt from a book by physician Penny Wise Budoff. While the title, "Hysterectomy: What Every Woman Must Know" seems to suggest an article which outlines why hysterectomies are performed, their aftereffects, and the procedure, instead Budoff concerns herself primarily with explaining when hysterectomy should and should not be used to treat precancerous conditions. She details the different kinds of hyperplasia often used as reasons given to women for hysterectomy, as well as the alternatives she finds acceptable. Only in the most severe of cases, atypical adenomatous hyperplasia,[87] does she say hysterectomy might be indicated. She also believes that even in cases of

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[86]Melva Weber, "Hysterectomy: yes and no," *Vogue*, October 1976: 200.

[87]There are three types of hyperplasia, cystic, adenomatous, and atypical adenomatous. This third type is the most severe form of hyperplasia and may lead to cancer in 10-12% of the time if untreated, according to Dr. Stanley West, author of *The Hysterectomy Hoax* (New York: Doubleday, 1994). He discusses hyperplasia along with other precancerous conditions which may warrant hysterectomy on pages 144-156.

endometrial cancer, only a few circumstances would warrant hysterectomy.[88]

## SEXUALITY AND OTHER CONSEQUENCES

With regard to the aftereffects to hysterectomy the articles can be categorized three ways: those that deny negative consequences, those that describe negative consequences, and those that fail to address the topic at all. It is not surprising to find that the two groups which actually discuss aftereffects, positively or negatively, are separated by a decade. The articles which claim that women will suffer no ill consequences after the removal of their womb were primarily written in the seventies.[89] Those articles which said the opposite, that there are definitely dangerous aftereffects were published in the eighties and nineties.[90] There are a handful of articles, though, which span all three decades in which aftereffects are not discussed at all.

One 1976 *Today's Health* article is particularly verbose in its insistence that nothing bad happens after hysterectomy. Dr. Bernadine Paulshock writes to debunk the myths which surround hysterectomy. She begins with encouraging women not to listen to one another.

Mention the word hysterectomy around a group of women and the stories

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[88]Penny Wise Budoff, "Hysterectomy: what every woman must know," *Ladies' Home Journal*, August 1983: 66-70.

[89]See Arthur Frank and Stuart Frank, "The Drs. Frank talk about hysterectomies," *Mademoiselle*, April 1978: 94.

[90]See Michael Newton, "Hysterectomy: the 'second opinion' operation," *Family Health*, September 1980: 51-54, and M. L. S., "What every woman should know about hysterectomy," *Good Housekeeping*, May 1981: 261.

> fly. Some are bizarre, some simply inaccurate. So, do not listen to your bridge club or your bowling league. The woman you speak with may have had a change in her sex life after hysterectomy; what she may be telling you is that consciously or unconsciously she wanted it that way. ... And as for the woman who cried for months after and the one who threatened suicide— depression after hysterectomy is not likely to occur unless a woman is already depressed. This type of woman may view hysterectomy as a milestone of decay, a confirmation of her physical, emotional, and sexual obsolescence— and her mental attitude may become more severe after surgery.[91]

She supports prophylactic hysterectomy in those women who are through childbearing and whose uteri may be prolapsing. She believes that there are many reasons a woman does not need her uterus (i.e., she no longer wants children) and therefore women should trump the possibility of benign (fibroids) or malignant tumors (cancer). Paulshock concludes her article with the quotation that follows, from Novak's textbook of gynecology:

> [After hysterectomy a woman] will not of course become pregnant again. ... Nor will she have further menstruation. ... Aside from these two sequelae, no drastic results are found following the removal of the uterus. ... Indeed, it should not be construed as callous if many gynecologists feel that, in the woman who has completed her family, the uterus is rather a worthless organ. Since some 12,000 women die annually of uterine cancer, it seems absurd to be overly conservative after procreative desires are achieved.[92]

Paulshock wholeheartedly agrees with this statement, although she does call it "harsh and ill-phrased."

One article was particularly disturbing. It was a first person account written for

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[91]Bernadine Paulshock, "What every woman should know about hysterectomy," *Today's Health*, February 1976: 23.

[92]Edmund Novak in Paulshock, ibid., 26. It is also important to note that Novak's textbook is widely used to educate physicians and thus these attitudes were disseminated.

*Ladies' Home Journal* in 1989 by Ria Gagnon, who had a hysterectomy at age 23. Unbeknownst to her, she suffered from what some call post-hysterectomy syndrome, a term coined in 1973 by D. H. Richards, whose articles will be discussed later in this chapter. Due to Gagnon's severely imbalanced hormonal levels she experienced extreme fatigue, depression, migraines, and aches. While trying to find the cause of her condition she visited a psychiatrist who convinced her that her symptoms were the result of her continued longing for children (she had already had two) and that without her uterus she felt less of a woman.[93] She unquestioningly accepted the doctor's explanation, tried to commit suicide, and was hospitalized in a psychiatric institution. This is an alarming story and, fortunately, not typical. Nonetheless, it can still cause fear in women who are considering hysterectomy. Unfortunately, every day women are given the same prognosis — that the variety of symptoms they feel are not possible, or are psychosomatic.

Post-hysterectomy syndrome is just the beginning of the variety of aftereffects a woman may experience. In addition to the surgical risks any pelvic operation poses (infection, death due to anesthesia, damage to bowel or ureter) there is also the real threat of heart disease and osteoporosis. Not until 1993, and then again in 1997, did an article mention prostacyclin, a potent blood clot inhibitor that is secreted by the uterus which is partially responsible for reducing women's chances of heart attack.[94] Hormone replacement therapy is often heralded as the cure to these problems, but there are inherent risks in it, such as increased chance of breast cancer, which must be considered.

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[93]Ria Gagnon, "Doctor, please help me!" *Ladies' Home Journal*, April 1989: 28.

[94]Bob Arnot, "Hysterectomy," *Good Housekeeping*, January 1993: 60.

References to sexual consequences can also be divided by time frame. In the seventies, articles claim that hysterectomy has no adverse effects on one's libido. The article I was most surprised by, though, was the 1976 contribution by William Masters and Virginia Johnson, the well known sex researchers. I expected their article to be understanding of women's changes in sexuality after hysterectomy. After all, who would know better of the physical aspects of women's sexual pleasure? Instead, they jumped on the 70's bandwagon, telling women that their fears of losing sexual responsiveness were based on "damaging misconceptions," "folklore," and negative hearsay.[95] They state, "there are only two immediate practical changes in the life of a woman who has had her uterus removed: she no longer menstruates and she no longer can become pregnant."[96] Masters and Johnson even share the belief that if a woman does experience a negative consequence, such as lack of vaginal lubrication, it is "far and away the best bet that the symptom will turn out to be psychosomatic."[97] While Masters and Johnson had a huge impact on the justification of clitoral orgasm, in this article they do not seem to acknowledge uterine orgasm. This is ironic since Masters and Johnson were the first to declare the uterus' role in orgasm.

Starting in the early eighties, however, discourse on sexuality after hysterectomy expands, with a definite focus on the fact that some women do have diminished libidos

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[95]William Masters and Virginia Johnson, "What young women should know about hysterectomy," *Redbook*, January 1976: 48.

[96]Masters and Johnson, ibid., 48.

[97]Masters and Johnson, ibid., 51.

and other sexually related problems.[98] Women no longer believe that the presence of ovaries are the only factor in determining sexual experience; the uterus plays a role as well. Therefore, even if a woman keeps her ovaries (although even when she does they often prematurely fail due to decreased blood supply) the fact that her uterus is gone creates problems. Finally, some articles during this time make no mention of post-hysterectomy sexuality whatsoever. It is not clear why the authors chose to eliminate this aspect of hysterectomy from their discussion. On the whole, popular articles seem to provide a more comprehensive discussion about hysterectomy than professional ones.

## STUCK IN THE MUD— PROFESSIONAL INDECISION

Interest in hysterectomy and its consequences increases in professional medical journals from the seventies onward. Studies are conducted and articles written in response to the confusing and varied representations of the previous three decades. The topics studied expand to include the role of 'old wives' tales,' the importance of partner support, and socioeconomic variables. Most articles continue to mention, if briefly, the ongoing debate over unnecessary hysterectomy, unjustifiable indications, and the legitimacy of resulting sequelae. The two most commonly discussed sequelae are depression and sexuality.

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[98]See Patricia Conrad, "What you'd like to know from your gynecologist but are too embarrassed to ask," *Good Housekeeping*, May 1988: 136, and Susan Gjenvick, "Your health: is hysterectomy necessary?" *Modern Maturity*, February/March 1989: 18.

## DEPRESSION

Depression is one of the most commonly discussed aftereffects in the professional press. Depression makes its first major appearance in D.H. Richards' two oft cited articles, "Depression After Hysterectomy" (1973) and "A Post-Hysterectomy Syndrome" (1974).[99] In his 1974 article Richards concludes that hysterectomy patients are 70% more apt to suffer from depression within three years post surgery than those patients undergoing other operations (such as cholecystectomy[100] and appendicectomy, among others in his control group). In addition to depression, the 56 patients Richards studied also frequently suffered from urinary symptoms, hot flushes, headaches, insomnia, dizziness, and extreme fatigue. Richards attributes the confusion women and physicians feel with these symptoms to the fact that no single biological system is concerned.

Richards suggests that this indicates an endocrine (hormone) imbalance caused by the removal of the uterus.[101] He lists the risk factors for depression after hysterectomy as 1) age— younger women become depressed more frequently, 2) occurrence of pre-operative depression, and 3) absence of uterine pathology. He also reports that his study found "no consistent effect on libido."[102] He comes to this conclusion because his sample of 56 women was evenly split between having reduced and improved sex lives. He

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[99]D. H. Richards, "Depression after hysterectomy," *Lancet* 2 (August 1973): 430-433, and "A post-hysterectomy syndrome," *Lancet* 2 (October 1974): 983-985.

[100]Removal of the gall bladder.

[101]Richards, "A post-hysterectomy syndrome," 985.

[102]Richards, "A post-hysterectomy syndrome," 985.

provides no other commentary with the exception of reporting the women who experienced an improved sex life credited relief from worry about conception. The responses of the women whose sex lives were less satisfactory varied from fewer incidents of climax to a total loss of sexual desire.[103]

Other researchers have come to conclusions contrary to Richard's findings. In 1977, Stewart Meikle et al. studied 55 women and found no evidence to suggest that hysterectomy produced adverse psychological reactions.[104] More than a decade later, in 1989, Margaret Ryan et al. conducted a prospective study of 60 women in order to evaluate psychological adjustment to hysterectomy.[105] They found no evidence to suggest that hysterectomy leads to depression. They did find, though, that women with a preoperative history of psychiatric treatment were more likely to develop psychologic sequelae. However, contrary to Richards, the presence or absence of uterine pathology did not predict a poorer outcome.[106]

In 1974 Janet Polivy reviewed articles which discussed psychological reactions to hysterectomy, including depression, reduced libido, and changes in sense of femininity,

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[103]Richards, "A post-hysterectomy syndrome," 984.

[104]Stewart Meikle, Harry Brody, and Fred Pysh, "An investigation into the psychological effects of hysterectomy," *J Nerv Ment Dis* 164 (January 1977): 36-41. This article also contradicts the 1965 Barglow et al. article which stated that tubal ligation was more traumatic than hysterectomy when used for sterilization.

[105]Margaret Ryan, Lorraine Dennerstein, and Roger Pepperell, "Psychological aspects of hysterectomy: a prospective study," *Br J Psych* 154 (1989): 516-522.

[106]Ryan, et al., ibid., 522.

strength, childbearing capabilities, and aging.[107] Polivy's analysis, however, is somewhat simplistic. For instance, women's sexual desirability is directly linked to reproduction and "femininity" is composed of physical attractiveness and the ability to procreate. She compares the removal of uteri and ovaries in animals to hysterectomy and oophorectomy in women. She reports that loss of sexual functioning is not organic in women as it is in animals. Instead, adverse psychologic reactions stem from "fears and concerns [which] center around the expected loss of childbearing ability, especially among the lower class, loss of menstruation, effects on sexual activity, loss of strength, and aging and appearance changes. Although some women report loss of sexual desire, this is not a functional problem, as in the lower mammals."[108]

## SEXUALITY

The topic most frequently discussed in these sources was sexuality after hysterectomy. Most conclude that hysterectomy does not adversely affect sexuality. Nevertheless, many studies have tried to correlate sexual changes with hysterectomy. Not surprisingly, none of these studies agree. In 1986, Linda Bernhard analyzed 18 similar studies in order to determine why resulting data were so divergent. She found differences in methodology and measurement, definition of terms, data collection instruments,

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[107]Janet Polivy, "Psychological reactions to hysterectomy: a critical review," *Am J Obstet Gynecol* 118 (February 1974): 417-426.

[108]Polivy, ibid., 424.

procedures and sampling approaches.[109] Even though the studies are not consistent in their findings, it is still useful to analyze the results in order to see the diversity of physician representations of hysterectomy, as well as the range of post-operative experiences.

Two authors, A. G. Amias and Jambur Ananth, are adamant that hysterectomy does not result in sexual dysfunction. Writing in the *British Medical Journal* in 1975, Amias denies virtually every negative aftereffect purported to be caused by hysterectomy. He admits that during hysterectomy and oophorectomy there is an alteration to the genital tract and in ovarian function and that these may cause some minor, temporary difficulties. He is convinced, however, that "removal of the uterus *should* result in an increase in sexual activity and enjoyment" (emphasis added).[110] This language encourages readers to expect that their patients will have a better sex life after hysterectomy. Hence, doctors are predisposed toward negating and neutralizing complaints or questions that arise during post-operative checkups. Amias goes on to say that if a sexual "maladjustment" continues to persist then "the cause should be sought elsewhere than in the operation itself."[111] This totally ignores the previously admitted alteration of the genital structures as the cause for sexual difficulties.

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[109]Linda Bernhard, "Methodology issues in studies of sexuality and hysterectomy," *J Sex Res* 22 (February 1986): 108-128. See also Linda Bernhard, "Sexuality expectations and outcomes in women having hysterectomies," *Chart* 83 (November/December 1986): 11.

[110]A. G. Amias, "Sexual life after gynaecological operations— 1," *Br Med J* (June 1975): 608-609.

[111]Amias, ibid., 608.

Furthermore, Amias suggests that a patient who complains of sexual problems may really be looking for an excuse to avoid her "matrimonial obligations." For this, he prescribes psychiatric treatment. Amias denies both the lubrication function of the cervix and its capacity for pleasurable sensations, claiming that women should still experience total physical satisfaction.

Ananth's article also supports traditional beliefs.[112] Ananth, however, seeks to determine who is prone to sexual dysfunction and why sexual dysfunction occurs. He maintains that women under 30, women without children, and women who do not have frequent intercourse are more likely to suffer such symptoms as reduced libido. The reasons, he states, are attributable to a loss of identity:

> A woman with secure identity may make a good adjustment to the loss of her womb whereas an insecure woman may consider it a tragedy. After hysterectomy a woman may feel that she has experienced a loss or a humiliation. Many patients may equate hysterectomy with menopause, inhibit their sexual feelings and come out with sexual difficulties. Some actually believe that hysterectomy will decrease their sexual desire and diminish their sexual life. (They need to be assured at times that the hysterectomy is very unlikely to have either effect).[113]

Such problems are accentuated in the woman who has no child: "The operation [hysterectomy] prevents expression of maternal instincts and child bearing ability. Such a trauma is severe in childless women."[114]

A 1977 coauthored by Lorraine Dennerstein, Carl Wood, and Graham Burrows

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[112]Jambur Ananth, "Hysterectomy and sexual counselling," *Psychiatr J Univ Ott* 8 (1983): 213-217.

[113]Ananth, ibid., 214.

[114]Ananth, ibid., 213-214.

also confounds the issue of sexual dysfunction.[115] They claim that while sexual functioning does indeed decrease after hysterectomy, the primary reason for this is psychological rather than physiological. The only organic factor that Dennerstein will acknowledge as a cause of sexual dysfunction is the removal of the cervix. This may be the 'last straw' for women with "tenuous sexual adjustment who has difficulty in becoming sexually aroused" because of the minuscule role the cervix might play in producing lubricating mucus.[116] A 1975 article published in the *International Journal of Gynaecology and Obstetrics* presents data that correlates hysterectomy and oophorectomy to libido. In this study, Wulf Utian confirmed that hysterectomy, "irrespective of whether the ovaries are removed or not, is associated with a deleterious effect on libido."[117] Utian theorizes like the previous authors that the effect may be psychologic in nature, but such a conclusion is beyond the scope of his work.

Some physicians are beginning to acknowledge, if not understand, the physiologic role the uterus plays in sexual response. One such physician writes,

> Perhaps one of the more subtle and effective myths of sexuality has been that there is "better sex" without the uterus. ... How convincing can we be

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[115]Lorraine Dennerstein, Carl Wood, and Graham Burrows, "Sexual response following hysterectomy and oophorectomy," *Obstet Gynecol* 49 (January 1977): 92-96. These authors also co-authored a book on hysterectomy published in 1982 titled *Hysterectomy: How to Deal with the Physical and Emotional Aspects* (Melbourne: Oxford University Press, 1982). In 1995 Dennerstein and Wood revised the book with Ann Westmore, *Hysterectomy: New Options and Advances* (Melbourne: Oxford University Press, 1995).

[116]Dennerstein, et al., ibid., 96.

[117]Wulf Utian, "Effect of hysterectomy, oophorectomy and estrogen therapy on libido," *Int J Gynaecol Obstet* 13 (1975): 97-100.

> in assuring our patients that their sexual responses will not be affected after hysterectomy? Indeed, now that we are becoming increasing[ly] knowledgeable in sexual anatomy and physiology, how sure are we that the uterine secretory function and mobility and the physiologic reactions during coitus with a partner or masturbation do not play a role in determining some degree of sexual pleasure.[118]

In 1981, Leon Zussman et al. examined the psychogenesis claim using relatively new information about the physiological basis of female sexuality.[119] Referring to a variety of studies, they explain the importance of both hormonal and physical response. For example, both pre- and post-menopausal ovaries produce androgen, the hormone responsible for sex drive. Additionally, pressure on the cervix can cause uterine movement which in turn stimulates its supporting ligaments. The authors conclude that this knowledge "[frees] the woman from the expectation that through her emotional attitudes she can determine sexual outcome."[120]

## MYTHS AND OLD WIVES' TALES

Another pervasive theme in these sources is the perpetuation of myths and old wives' tales about hysterectomy. Many articles allude to the fear that such tales can create in women about to undergo a hysterectomy. This fear can often create a self-fulfilling prophecy. Susanne Morgan argues against the widely held belief that if women

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[118]Don Sloan, "The emotional and psychosexual aspects of hysterectomy," *Am J Obstet Gynecol* 131 (July 1978): 598-605.

[119]Leon Zussman, et al., "Sexual response after hysterectomy-oophorectomy: recent studies and reconsideration of psychogenesis," *Am J Obstet Gynecol* 140 (August 1981): 725-729.

[120]Zussman, et al., ibid., 729.

are informed of possible consequences, those consequences will inevitably occur. Such an argument "suggests information should be kept from women for their own good, and that they should not be allowed to make a truly informed decision" regarding hysterectomy.[121] Indeed, the majority of articles suggest that myths cause more harm than good.

Christine Webb and Jenifer Wilson-Barnett have written extensively on perceived damage to women's self-concepts of femininity as a result of hysterectomy. They suggest old wives' tales may contribute to the possibility of depression and sexual problems. In 1983, they published a two-part article in *Nursing Times* titled "Hysterectomy: dispelling the myths."[122] They argue that the tales women hear today reflect the problems of the past, a time when hospital stays were longer and anaesthesia was less efficient. Webb and Wilson-Barrnet suggest that it is the nurse's job to inform women in a friendly manner about the hysterectomy procedure and what they may expect at home during recovery. They should also allow time for women to express their feelings about the operation. They provide a list of topics to cover which includes weight control, constipation, urinary symptoms, tiredness, abdominal pain, vaginal bleeding, hot flushes,

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[121]Susanne Morgan, "Sexuality of hysterectomy and castration," *Women Health* 3 (1978), 8.

[122]Christine Webb and Jenifer Wilson-Barnett, "Hysterectomy: dispelling the myths — 1," *Nurs Times* 79 (23 November 1983): 52-54, and "Hysterectomy: dispelling the myths— 2," *Nurs Times* 79 (30 November 1983): 44-46. See also Marvel L. Williamson, "Myths and facts about hysterectomies," *Nursing* 23 (April 1993): 94. Williamson writes a short Q and A format article which addresses the common myths surrounding hysterectomy. She writes that hysterectomy and oophorectomy can affect sexuality because of physiological changes, not "body image disturbances" as the myth suggests.

difficulties with sexual intercourse, and tearfulness and depression. In discussing sexual intercourse, the authors only suggest informing women about when sexual activity can resume and that vaginal dryness may occur.

They do not suggest educating women about the possibilities of reduced libido or an alteration in the experience of orgasm due to lack of a uterus. Nurses are advised that depression is not necessarily more or less likely after hysterectomy and that patients should be told to seek a physician's help if the problem persists.[123] A 1983 study published in the *International Journal of Nursing Studies* by the same authors found that many of the women interviewed said that old wives' tales did not necessarily come true for them.[124] In her 1992 article, Linda Bernhard points out that:

> conflicting but powerful sources of information led the women to say, and believe, for their own peace of mind, that "everyone is different," and that either positive or negative consequences might be true for any given woman. This finding is very positive because it suggests that women make up their own minds and do not simply accept the negative information that is prevalent.[125]

This view is supported by the claims posted on the Sans Uteri digest where women frequently qualify their remarks with "this was the way it was for me but might not be for you."

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[123]Webb and Wilson-Barnett, "Hysterectomy: dispelling the myths — 1," 54.

[124]Christine Webb and Jenifer Wilson-Barnett, "Self-concept, social support and hysterectomy," *Int J Nurs Stud* 20 (1983): 97-107. See also Christine Webb, "Professional and lay social support for hysterectomy patients," *J Adv Nurs* 11 (1986): 167-177.

[125]Linda Bernhard, "Consequences of hysterectomy in the lives of women," *Health Care Women Int* 13 (1992): 281-291.

As a result of the feminist focus on the negative impact of hysterectomy on sexuality, this issue, as well as other consequences, is garnering much more attention in both popular and professional articles. Unfortunately, there is no evidence to suggest that the majority of gynecologists actually present a more realistic and unbiased approach when they explain possible sequelae to women.

# CONCLUSION

Professional, popular, and feminist authors present many different representations of hysterectomy. Some describe the negative impacts of hysterectomy, claiming that the procedure impairs women's sense of health and sexuality. Some insist that women can survive hysterectomy and lead lives free from the horrible aftereffects described by others. A small but growing segment of authors, including myself, tread the dividing line supporting the validity of both representations. The texts I have analyzed show a variety of perspectives on the effects of hysterectomy. All of them are valid for the women that experience them, regardless of the time period or what is written in the press.

Hysterectomy can greatly improve the lives of some women; it offers freedom to women who cannot leave their houses due to unbearable pain, severe anemia, or the inability to staunch menstrual flooding. Without their uteri many women can lead normal, fully functional lives without debilitating pain or the constant worry of irreversibly staining their clothes. For other women, the problems solved by hysterectomy seem minimal to the ones that ensue. Some women cannot decide which set of complications they prefer, a mildly prolapsed uterus or the struggle to find the right replacement hormones. Still others believe that the severe depression and sexual dysfunction that resulted from hysterectomy forever ruined their lives. All of these effects are possible for any woman.

The social history of hysterectomy from the 1940's to the 1990's can be traced by examining the contexts in which information about hysterectomy was disseminated. In the 1940's, most press readily recommended hysterectomy to all women. In the 1970's, hysterectomy was discredited as a horrifying and mutilating plague on women. By the 1990's, the professional, popular, and feminist press present mixed information about the benefits and detriments of the procedure.

The self-help movement made one of the most crucial contributions to the change in perceptions about hysterectomy. Women were encouraged to find their own information and draw their own conclusions about their health and well-being. While the self-help movement may be seen by some as depoliticizing, I argue that this is not the case with hysterectomy. Rather than nullifying the issues surrounding hysterectomy, the controversies encouraged women to take control of their health care decisions and force their health care providers to respond to their demands. Consequently, many more women are aware of the variety of post-hysterectomy experiences and physicians are more likely to at least listen to their concerns.

Some of the more fervent and negatively-focused authors, such as the aggrieved consumers, can be read as reinscribing stereotypical gender roles, particularly when they rhapsodize about "uniquely feminine" body parts. At the same time, these authors have brought the topic into the public domain, teaching women more about hysterectomy and creating a new space for women to discuss their triumphs, concerns, and complications with language previously reserved only for the medically educated. This open discourse challenges the authority of physicians and other health care providers, forcing them to

educate themselves on possible alternatives to hysterectomy and methods of coping with this and other gynecological problems.

Luckily, the medical profession's resistance to the self-help movement has not been monolithic; both HERS and Sans Uteri circulate informal lists of sympathetic physicians who are trained in various alternative therapies and are knowledgeable about the widest range of complications. While the medical profession has begun to consider the validity of adverse consequences to hysterectomy, they do not fully admit the severity of possible aftereffects and they rarely acknowledge these anxieties as scholarly controversies. The medical profession is, however, becoming more aware that women want to be well informed patients and physicians are more likely to exchange mutual and useful dialogue.

Hysterectomy has been alternately portrayed as a blessing and as a curse. In reality, it can be both. It is misleading to classify different opinions about hysterectomy as isolated within a certain population, just as it is inappropriate to support individual experiences as universal. Informing women of the possibility of wonderful post-hysterectomy experiences is just as much a feminist message as the insistence that physicians take potentially damaging consequences seriously. The one thread that remains consistent throughout the evolution of discourse about hysterectomy is the medical professions' ongoing resistance to acknowledging the many complications that clearly do ensue for a significant minority of women. This reluctance remains shocking and offensive.

# APPENDICES

## APPENDIX I— METHODOLOGY

Popular Magazines

When I began my search for sources I turned first to the *Reader's Guide to Periodical Literature*. The majority of my articles were gathered here. Some were also obtained from bibliographic references in other articles and books. The magazines represented demonstrate various demographic groups. Glamour magazines such as *Vogue* and *Mademoiselle* are less well represented. By far, most articles were published in magazines such as *Ladies' Home Journal, Redbook* and *Good Housekeeping*. Articles written for specifically black audiences were searched for rather unsuccessfully; I found only three in *Jet* and *Essence* magazines.

Feminist Sources

Articles and books which were feminist in nature were gathered in a much more haphazard way. Some articles were found with the assistance Anne Tracy of the special collections at Michigan State University library. Others were located via Sociofile (1/74-12/97) and Social Work Abstracts (1977-9/97) indices. Hysterectomy Educational Resources and Services is listed in most works as a source for more information. The Sans Uteri internet digest may be found at http://www.findings.net/sans-uteri.html. All Sans Uteri quotations are listed under pseudonyms and are used with permission.

Professional Journals

Medline (1966-March, 1998), Sociofile (1/74-12/97), and Social Work Abstracts (77-9/97) were the primary indexing sources used. From here bibliographic references were compiled according to relevancy to topic. I screened for articles specifically dealing with hysterectomy's consequences, excluding articles which were procedural in nature. Nursing journals were used as well as physician-oriented journals.

Books

There are many books written about hysterectomy, aimed at the woman who is contemplating or has recently undergone hysterectomy. There are even more general women's health books. I tried to locate and evaluate as many of these books as possible. I located these by title and subject searches and from bibliographic references.

## APPENDIX II— JOURNAL ABBREVIATIONS

| | |
|---|---|
| Am J Obstet Gynecol | American Journal of Obstetrics and Gynecology |
| Am J Pub Health | American Journal of Public Health |
| Br J Obstet Gynaecol | British Journal Obstetrics and Gynaecology |
| Br J Psychiatry | British Journal of Psychiatry |
| Br Med J | British Medical Journal |
| Health Care Women Intl | Health Care of Women International |
| Holist Nurs | Holistic Nursing |
| Int J Gynaecol Obstet | International Journal of Gynaecology and Obstetrics |
| Int J Nurs Stud | International Journal of Nursing Studies |
| JAMA | Journal of the American Medical Association |
| JAMWA | Journal of the American Medical Women's Association |
| J Adv Nurs | Journal of Advanced Nursing |
| J Nerv Ment Dis | Journal of Nervous and Mental Disease |
| J Reprod Med | Journal of Reproductive Medicine |
| J Sex Res | Journal of Sex Research |
| J Women Aging | Journal of Women and Aging |
| NEJM | New England Journal of Medicine |
| Nurs Times | Nursing Times |
| Obstet Gynecol | Obstetrics and Gynecology |
| Obstet Gynecol Clin North Am | Obstetrics and Gynecological Clinics of North America |
| Prim Care | Primary Care |
| Psychiatr J Univ Ott | Psychiatric Journal of the University of Ottawa |
| Psychosom Med | Psychosomatic Medicine |
| Q J Soc Affairs | Quarterly Journal of Social Affairs |
| Soc Sci Med | Social Science Medicine |
| Theor Med | Theoretical Medicine |
| Women Health | Women and Health |

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