

Why are Women Buying GOOP? Women's Health and the Wellness Movement

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The questions that have animated the women's health movement for the last half century – questions of autonomy, expertise, authority – appear to be bubbling up again on social media, as feminist health journalists, celebrity gynecologists, and wellness moguls once again debate the role of health and medicine in women's lives. The tensions inherent in these debates were nicely captured when journalist Jennifer Block published her commentary titled “Doctors Are Not Gods” in *Scientific America* at the end of November 2019 – and put Twitter's favorite gynecologist Dr. Jennifer Gunter in her crosshairs. Few anticipated the mayhem that ensued. To recap: feminist health journalist Jennifer Block argued that Dr. Jennifer Gunter – with her New York Times column on women's health, her best-selling book “The Vagina Bible”, and her robust online following – had crossed a line from friendly Twitter gyno to internet bully. Block accused Gunter (and, broadly, medical professionals) of “gaslighting” women who partake in the wellness movement. In the hasty arm-wrestling that ensued what was lost was more than just another squabble over Gweneth Paltrow's GOOP and whether or not those *jade eggs* belong in women's vaginas. Instead, the rancor that has accompanied debates about conventional medicine versus the wellness movement have foreclosed the opportunity to engage in a broader discussion about the role of women's experience in women's health, and what is at stake when women don't feel heard.

1. A Brief History of the Role of Women's Activism in Health

Birth readers will not be surprised that the history of women's health is a sordid one, filled with stories ranging from benign neglect to outright mistreatment. The last 50 years are ripe with examples of women calling into question medicine's pledge to “First, do no harm.” The women's health movement of the 1970s saw women change medical convention around breast cancer treatment through their critique of radical mastectomies (Leopold, 1999). The 1980s witnessed the development of a low-dose birth control pill after a decade of activism around side effects associated with the higher dose options (Gordon & Gordon, 2002). The 1990s ushered women of child-bearing-age into clinical trials for the first time since 1977 (Liu & Mager, 2016). At the turn of the 21st century, women called into question the wisdom of Hormone Replacement Therapy (HRT) in menopause, due to the increased cancer risks, side effects, and considerable cost associated with HRT (Collaborators, 2003). In the decade post 2010, women challenged the notion that ovarian cancer was a “silent killer” and, after decades of activism, were able to

convince medical researchers to acknowledge (and publicize) ovarian cancer's early symptoms (Jasen, 2009).

With regards to childbirth, the story has been similar. Women have challenged conventions around the perineal shave, the enema, the routine episiotomy; proving that these practices were never medically necessary (Young, 2000). Birthing women have^[A1] challenged the tether of the continuous fetal monitor (Flamm, Shearer, Macdonald, & Mahan, 1992). They petitioned for food when they were allowed only ice, they got to their feet when they were told to lie down, and fought to keep formula lobbies out of hospitals (Danner, 1991). Birthing people have demanded that their partners, their mothers, their friends, and their doulas be allowed to accompany them during labor. They have petitioned to be awake for their births, and have increasingly sought out midwives to attend them. Some have even left the hospital all together, choosing to labor and deliver at home and in free standing birth centers (Declercq & Declercq, 2012). Birthing women have found each other online to share stories of their unnecessary cesarean surgeries, and have formed birth advocacy groups to give voice to their dissatisfaction with their maternity care. In short, the history of childbirth has, for the last 50 years, partially been a story of advocacy in the face of a medical community that has not always provided respectful care. The person-centric, holistic care that we see today is largely the result of several generations of birthing people challenging medical practices through long decades of activism.

Many wins in women-friendly healthcare arose after journalists got hold of a compelling story. Barbara Seaman lost her journalist job for her criticism of the birth control pill, despite her book (*The Doctors' Case against the Pill*) serving as the basis for the Nelson Pill Hearings that ultimately resulted in the first informational insert for any prescription drug (Seaman, 1969). Nationwide "Ban the Bag" campaigns used letter-writing drives to compel hospitals to stop distributing free formula bags and brought attention to hospitals' formula endorsement (Walker, 2008). ProPublica shook more than just the medical world when breaking the story of Black women's dire maternal mortality in the United States. Despite black midwives and birth advocates serving the African American community long recognizing the effects of systemic racism and sounding the alarm for decades, few in the medical community ever mentioned this issue before 2017. Since ProPublica and other journalists publicized the issue of black maternal mortality, it has taken center stage in the U.S. (H.R.2902 The Maternal CARE Act was introduced to the U.S. House in 2020), and awareness about the epidemic has moved beyond hospital walls and ignited a fire across popular culture. This promises to be another watershed moment that changes the practice of medicine. And medicine missed out on leading the charge^[A2].

2. Who is listening to women?

The critique that conventional medicine has long dismissed women's symptoms, and particularly women's pain, is not new. Medicine has a history of not taking women's reports as credible. Women's symptoms have been seen as psychological rather than physiological, and they have been told that their ailments are "all in their head". Poor women, women of color, fat women, and gender non-binary people all face a magnified version of this, and their symptoms can go

for years without accurate diagnosis. To combat this, women are now told to “trust your body” or to “listen to your symptoms” but such advice can be difficult to follow in the face of a system that distrusts women as reliable sources of bodily knowledge.

As a result, women often question their own bodily expertise. Women come of age within a society that erodes body confidence in myriad ways. Body image issues couple with shame about menstruation, sex, and sexuality to create adversarial body relationships (Jolly, 2018) that can undermine body confidence and can destabilize a woman’s sense of authority over her body. Interwoven is a legacy of medicine seeing female-identified bodies as dirty, faulty, and/or merely as a mechanistic set of parts (E. Martin, 2001). Coupled with this lack of bodily autonomy is a lifetime of pressure to “be good” and “behave nicely”, which can further exacerbate a woman’s ability to question a caregiver’s (mis)diagnosis or challenge a dismissive doctor (K. Martin, 2003). Women cannot leave their socialized selves in the waiting room, and so bring that socialization with them into the doctor’s office. For many women and their medical caregivers, the patient/provider relationship can be fraught.

It should come as no surprise that women are increasingly attracted to a wellness industry that hears women and believes them when they say something is wrong. The wellness industry not only appears to take their symptoms seriously, but it does so in a way that *feels* respectful and empowering. Women are finding a responsive partner in the world of alternative health, and are allowed a sense of expertise about and control over their bodies – something that hasn’t always been possible within conventional medicine. Doctors are understandably worried that women are being duped by practices that are not evidence based and potentially harmful, but they have done little to address the broader issue facing women today – namely, that women’s healthcare providers can do more to see and affirm women as trustworthy reporters of their own bodily experiences. Rather than debating whether the wellness industrial complex is a “good” thing for women, perhaps the focus should be on how we more adequately address the social and historical context of medicine.

3. Creating feedback

All birthing persons deserve informed-consent and evidence-based medicine from their caregivers, and modern medicine has worked hard to achieve this. Nonetheless, women seeking healthcare have experiences that remain unrecognizable to or dismissed by their medical providers, but nonetheless are essential to our understanding of their experience of health and illness. As a result, women are increasingly attracted to a wellness industrial complex that grants them a credibility and bodily authority not mirrored in their medical context. And despite a rise in ‘narrative medicine’ and practices that tout ‘listening to patients’, the needle does not seem to have moved enough within medicine to address the problem at hand. A recent study of 30,000 birth stories found that new mothers continue to view themselves as the least powerful people in the room, after their babies (Antoniak, 2019). Women are going elsewhere to mitigate their dissatisfaction with their medical care; the success of the wellness movement is *Exhibit A* in support of women’s discontent.

Doctors should be alarmed that some birthing people^[A3] are increasingly attracted to what the wellness movement is selling. But not because some will be duped into buying overpriced GOOP in place of antibiotics and insulin. Instead, the appeal of the wellness industry should prompt healthcare professionals to consider how we might increasingly make women *participants* rather than *objects* in the practice of medicine. Women's current status as objects is a double injury because the marginalization in medicine exacerbates the already considerable objectification that women in so many countries commonly face. Medicine has something to learn from the wellness movement; we need better ways to hear women's experiences of their bodies. And when those stories can't be told within the conventional channels of medicine, we may end up – once again – hearing them from journalists, from activists, and from angry women who are seeking out alternative healthcare options. And that may be a bitter pill to swallow.

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