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Collective Transformations, Collective Theories: What Adult Educators Can Learn from the Boston Women's Health Book Collective

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Abstract: The Boston Women's Health Book Collective designed and participated in education that was similar in approach and effect to Paulo Freire's critical pedagogy. As with Freire's work in Brazil, the women's process of conscientization went beyond mere intellectual transformation, preparing them to work for dramatic changes in American healthcare.

The arena of women's health is considered to be one of the most effective parts of the women's movement. Within the women's movement, the Boston Women's Health Book Collective has been credited with producing the most influential health project in the last half of the twentieth century (Schneir, 1994). The high regard accorded the Collective has been well deserved, for this group's work changed the lives of millions of North American women. Yet, adult educators, even feminist educators, have failed to focus upon the education of the women themselves. This oversight is unfortunate, for, as I will argue in this paper, the education of these twelve women constitutes an example of conscientization and transformative learning that, like the more familiar Freirean examples, went beyond mere intellectualism. Their transformative education prepared them to successfully challenge a multi-billion dollar industry: institutionalized health care.

Contextualizing the Boston Women's Health Book Collective

Healthcare in the 1960s was a huge growth industry, profiting from high profile technical advances, rapid proliferation of health insurance, and the passage in 1965 of legislation establishing Medicaid and Medicare. Despite the billions of dollars streaming into healthcare, however, the U.S. compared poorly with many other Western nations in basic health statistics. The American Medical Association poured money into lobbies and advertising, jealously guarding the physician's role as the exclusive route for accessing healthcare services. Further, Harvard medical sociologist, Paul Starr, (1982) claims that wealth, autonomy and social privilege served as powerful motivators in the practice of American medicine. Seemingly lacking any moral indignation at this notion, Starr nevertheless asserted:

The medical profession has had an especially persuasive claim to authority . . .
The very circumstances of sickness promote acceptance of their judgment. . . . On
this basis, physicians exercise authority over patients, their fellow workers in
health care, and even the public at large in matters within, and sometimes outside,
their jurisdiction. . . . Moreover, the profession has been able to turn its authority
into social privilege, economic power, and political influence. (p.4-5)

Starr conceded that the physician's role in engendering patients' emotional dependency often created resentment, but argued that such dependency was an inevitable, if not altogether desirable, consequence of strengthening physicians' professional authority and converting the practice of medicine into high income, autonomy, and privilege.

This was the scenario into which the group of women that we now know as the Boston Women's Health Book Collective stepped in 1969. They met one another as participants in a small discussion group on "women and their bodies" at a conference in Boston (Boston Women's Health Book Collective [BWHBC], 1973). They were frustrated and angry at their doctors' paternalistic, condescending, and non-informative attitudes. Stories abounded of women who had been given prescription drugs with no warnings about dangerous side effects to them or their unborn children; women who were refused surgical procedures without the consent of their husbands or fathers; and women who had undergone unnecessary surgeries. Judgmental physicians often refused to prescribe contraceptives for women. Other women left physicians' offices with birth control methods they had played no part in choosing and that they were not altogether sure how to use. Frequently, the net effect was unwanted pregnancy.

Some of the women decided to set up regular meetings to continue their discussion ([BWHBC], 1973). Yet, the more they described to one another their negative experiences with physicians, the more they realized just how little they actually knew about their own bodies. They were unfamiliar with basic terminology, inadequately understood their own body functions, and were reticent about taking up more of a busy doctor's valuable time asking questions. The women began to see how their lack of knowledge and passive attitudes made them complicit in maintaining lopsided doctor-patient relationships.

The women decided to use the up-coming summer to learn a few medical terms and research topics about the functioning of the female body ([BWHBC], 1973). In preparation for their meetings, individuals engaged in library research, utilizing a wide variety of professional sources, including medical and nursing journals and textbooks. Back in the group, they shared the information gathered from their research.

From the beginning, however, they agreed not to ingest the medical information without thorough examination. They wanted to approach this "body education" far differently than what they referred to as the "rote learning" of their schooling ([BWHBC], 1973). In school, they had been passive recipients, learning little, retaining even less, and having no confidence in what they did learn. Therefore, the women made a conscious decision to relate the "facts" to their personal experiences and perceptions. Filtering medical information through feelings and experience, however, they discovered that some of the information that was presented as "factual" was not borne out in any of their experiences. They began to question the factual basis of some of the professional conclusions about women's "normal" behavior, responses, and feelings. Reading with a critical eye, they tried to distinguish between medical facts and male professional opinions presented as fact.

Having recognized male bias in supposedly objective scientific works, they began to reevaluate the medical establishment itself: its organization, processes, policies, and place in the American marketplace ([BWHBC], 1973). Many of the problems they were experiencing with physicians appeared to be institutionalized, even inherent, in a market-driven system in which healthcare was regarded as a commodity, instead of a right. They came to realize just how ill-advised they were to place unquestioning faith in doctors, who had a great deal to gain financially from maintaining the *status quo*.

This critical attitude led them to see the inequalities in the doctor-patient association mirrored in their relationships with other men ([BWHBC], 1973). The conflation of the sexual revolution, with its expectation of sex on demand, the media's romance with romance, and the numerous institutions eager to define the "ideal woman," had left them, like most of the women they knew, feeling alienated from their own bodies, vaguely bored and depressed about their

lives, with a deep sense of inferiority to men. Most of them had abandoned careers to become wives and mothers living within rigid role expectations without ever questioning whether this lifestyle was what they wanted for themselves. They were forced to confront the ways in which these roles cast them as pleasing, passive objects in relationships. Examining the influence exerted upon them by spouses and boyfriends, families, schools, churches, and the media, they realized that few of the so-called “choices” they made in their lives were of their own volition.

A summer that had begun with learning a few medical terms had ended with a radical change in perspective that reads like a conversion experience ([BWHBC], 1973). They said that this “body education” had been “liberating” and “life-changing.” Their new knowledge, which had exhilarated and energized them, overflowed into every area of their lives.

The women were convinced, however, that merely improving their individual situations with physicians would be a hollow victory if healthcare were not improved for all women ([BWHBC], 1973). So, they took action. They opened a women’s clinic in downtown Boston that is still in operation today. They decided to teach a “body course” for women in order to make what they had learned more widely available, meeting wherever they could find space: in church basements, school cafeterias, and living rooms. In the classes, they distributed mimeographed copies of their research papers as handouts. Finally, when they could no longer keep up with the demand for their handouts, they sought publication, entitling the book *Our Bodies, Ourselves*, and naming themselves the Boston Women's Health Book Collective. Working alongside a generation of women, the Boston Women’s Health Book Collective lobbied legislative bodies, protested hospital policies, confronted overt sexism in physician education, and worked for changes in attitudes, administration, education, access and delivery of healthcare that made many of the then-common practices in medicine obsolete (Schneir, 1994).

From our vantage point three decades later when medical information is available to women everywhere from the evening news to the Internet, it may be difficult to comprehend just how dramatic the publication of *Our Bodies, Ourselves* was for women in the U.S. and Canada. This book contained information for women about their bodies that simply was not available elsewhere. It also exposed examples of medical abuses of power and gave advice on negotiating the world of physicians and insurance companies. *Our Bodies, Ourselves* offered thousands of women the opportunity to become conversant enough about their own bodies to be able to interact with physicians in defining their own healthcare needs and demanding that those needs be met.

The Collective’s Process of Conscientization

The transformation of twelve women with a few college courses among them into a political force that kick-started sweeping reforms in women’s health in North America provides a rich scenario for adult education research. Both their educational approach and the effects of their conscientization parallel many of the insights drawn from Paulo Freire’s participation in the Brazilian literacy campaign during the 1960s. First, I will briefly examine the pedagogical approach that fueled the Boston Women’s Health Book Collective’s conscientization, followed by a summary of the effects of that transformation on their lives and wider society.

An Approach for Conscientization

Freire (1994) maintained that popular education must be contextualized and that superimposed solutions are doomed to failure because they are inauthentic. Therefore, when he and his compatriots conceptualized literacy education for Brazil they knew that the education

must be grounded in the learners' immediate worlds. This premise implied rejection of a purely mechanistic literacy program using passive rote learning. Instead, they wanted to design a project that taught people to read at the same time that they were awakening their consciousness. To accomplish this goal, Freire knew that this literacy project must practice radical democracy; it must encourage a culture where participants were Subjects rather than recipients. The program itself had to be an act of creation that would encourage students to both search and invent. Learning *content*, he said, must be intimately connected with the learning *process*.

To combat any identification of this popular education with the passive process of schooling, they arrived at the notion of "culture circles," in which coordinators were substituted for teachers, dialogues for lectures, and group participants for pupils (Freire, 1994). The culture circles initiated reading and writing with "generative words" that were heavy with emotional content and linked to the experience of the groups. Because the literacy education assumed an increasingly critical attitude toward the world by engaging an historical and philosophical view that portrayed all people as creators of their own culture, the learners began to understand that by changing their actions they could change their realities. For Freire *to know* meant *to intervene*.

As was the case with those culture circles, when the women of the Collective began meeting in the summer of 1969, they, too, were intent upon learning a new language. Certainly, they were already functionally literate: able to read, write, and decode language well enough to engage in research. Before their body education, however, they were not literate in basic physiological terminology. Therefore, these women were intent upon becoming body literate.

Unlike the culture circles, however, the Collective had no adult educator at the helm. Their research was directed entirely by the group itself; the curriculum was conceived collaboratively; the discussions were led entirely by the participants themselves. Yet, like those Brazilian educators, the women of the Collective eschewed the passive rote learning of their schooling in favor of learning through dialogue. Just as Freire (1994) argued against superimposing an education designed for a different context into the Brazilian literacy effort, the women of the Collective developed an approach that was unique to their situation, experimenting with not only their learning, but also their lives.

The culture circles began literacy education with generative words imbued with emotional significance for the lives of Brazilian workers (1994). The women of the Collective began with two of their own generative words: sexuality and pregnancy. Tied into a cycle of pregnancy, birth, lactation, and child rearing, these women poured their energies into these all-consuming tasks without ever having made a conscious decision to do so (1973). They knew that freedom of choice about pregnancy for attaining some control over their own lives.

In both the culture circles and the education of the Collective, learning *content* was completely interwoven with the learning *process*. Freire's (1994) decision to shun abstracted and intellectualized content in favor of concrete approaches was mirrored in the Collective's (1973) decision to privilege feeling equally with fact as they learned about their bodies. Since the factual information gathered in their research was merely the vehicle for dialogue, their experiences actually became part of the curriculum. This approach created learning that was grounded, specific, and concrete. It further predisposed them to constant reevaluation of their experiences in light of the new information they were learning. Facts were questioned, critiqued, and concretized through the distillation of embodied experience. In both the Collective's education and the culture circles the learners adopted an increasingly critical view toward their cultures while creating a radically democratic climate for learning that was at once communicative, humble, and loving.

The Effects of Conscientization

Freire (1994) distinguished between the concepts of “integration” and “adaptation”:

Integration results from the capacity to adapt oneself to reality *plus* the critical capacity to make choices and to transform that reality. To the extent that man loses this ability to make choices and is subjected to the choices of others, to the extent that his decisions are no longer his own because they result from external prescriptions, he is no longer integrated. Rather he has adapted. He has ‘adjusted.’ . . . The integrated person is person as *Subject*. In contrast, the adaptive person is person as *object* . . . [italics in original] (Freire, 1994, p. 4)

Conscientization, then, is the process of moving out of adaptation into integration.

Freire (1994) maintained that adaptive persons are unable to perceive critically the themes of their time or to intervene actively in reality. Having adapted to their reality, they are carried along by change that is initiated by more powerful others. They are dominated by the forces of myths and traditions and manipulated by organized advertising and ideology. Adaptive persons are converted into domesticated spectators, relinquishing the capacity for choice, following recipes developed by others, and drowning in anonymity without faith or hope.

Once persons become integrated, however, Freire (1994) argued that people not only evidence decision-making, but an increased commitment to the position they have chosen. Integrated persons, according to Freire, cannot passively accept a situation in which the excessive power of a few leads to the dehumanization of all. Conscious of their status as Subjects instead of objects, they know that they both can and ought to participate creatively with other Subjects in the process of transformation. Freire asserted:

Thus, nascent hope coincides with an increasingly critical perception of the concrete conditions of reality. Society now reveals itself as something unfinished, not inexorably given; it has become a challenge rather than a hopeless limitation. This new critical optimism requires a strong sense of social responsibility and of engagement in the task of transforming society; it cannot mean simply letting things run on. (p.13)

With Freire’s definitions in mind, it is clear that the Collective’s conscientization transformed them from adaptive to integrated persons. Before their body education, they were completely dependent upon their physicians in matters of their own health and, to a great extent, had never developed the capacity for decision making in other areas of their lives ([BWHBC, 1973]. Their accounts describe the extent to which they were controlled by media-constructions of the “ideal woman” and how they were constantly searching for a man to make their lives interesting, exciting, and meaningful. They were alienated from their own bodies, felt inferior to men, acted, and were treated, as passive, pleasing objects as they fulfilled unexamined roles as wives and mothers.

Learning a new language using a critically discursive approach, the women of the Collective developed confidence in their abilities to think, learn, and enter into dialogue with one another and society at large. There was a psychic transformation as the vague depression that clouded their lives gave way to exhilaration and energy when they became decision makers in their own lives. Their collective learning experience built a strong intellectual and emotional foundation that instilled them with confidence for assessing individual situations and filled them with hope for being able to effect change in society.

As long as the women were riveted on individual frustrations and problems, they were essentially victims. When those individual experiences were situated in the group, however, they

were able to see emerging patterns. Seeing themselves not just as so many limited beings, but as part of a group systematically controlled by forces outside itself, they could distinguish the ways in which the medical establishment acted as a constraining force on their health and bodies. It was then a short step to acknowledging the complex power structures, the multiple systems, pressing them on all sides. They had effectively made the leap from a microscopic view into a macroscopic view (Frye, 1983).

Freire (1995) argued that recognizing one's membership in an oppressed group must precede liberation. When the women recognized their oppression *as* oppression, they comprehended the need for liberation of women as a whole. They realized that even if they were able to ascend to greater equality with the men in their lives or gain improved reproductive freedom, the social setting that had caused the oppression would still remain intact.

A truly emancipatory pedagogy, according to Freire (1995), must always stress the transformation of existing power relations within a specific context. The women's education helped them understand the power relations inherent in a market-driven healthcare system. Fueled by collective conscience, they began to take political action to work for change in the healthcare establishment. Just as Freire had argued that moving into integration meant understanding current situations not as hopeless limitations, but as unfinished challenges, so were the women of the Collective unwilling to remain in the role of spectator. Understanding that the conditions that existed were not givens, but changeable, they uncrossed their arms, renounced expectancy, and demanded intervention. No longer satisfied to watch, they wanted to participate.

Concluding Thoughts on the Collective

The many similarities between the educations of the Boston Women's Health Book Collective and the Brazilian culture circles may tempt one to couch this transformative process as a well-executed North American application of Freirean critical pedagogy and conscientization. However, when the women of the Boston Women's Health Book Collective began to experiment with their educations and lives in the summer of 1969, Freire had never been published for an English speaking audience. The adventurous and experimental educational approach that transformed the lives of these twelve women of the Collective was unique because it was crafted specifically for their context. This transformational learning experience was no intellectual abstraction, but a personal transformation that spilled over into three decades of work toward social justice, affecting thousands of women and their families for the better. Their story serves as a testimony of the transformative potential of popular education and continuing power of radical democracy for reviving and emboldening the human spirit.

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