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## **A University Course on Women as Healers**

by Ann Hibner Koblitz

Every year since coming to the Arizona State University Women and Gender Studies Program in 1998, I have taught a course called “Women As Healers.” The course, which attracts about 45 students a year, examines the roles of women as informal caregivers, healers, physicians, midwives, and nurses across cultures and historical periods. We address such questions as: How does gender relate to healing? What kinds of cultural conditions are conducive to an acceptance of women as healers? Under what circumstances do women become formal, licensed physicians? How have women carved places for themselves in the healing professions in different cultures and time periods? How have women healers dealt with issues of sexuality and reproduction? How have women combined indigenous (“traditional”) medical knowledge and beliefs with Western (also known as “allopathic”) biomedicine?

When I began teaching *Women As Healers*, I assumed that my main task would be to broaden my students’ understanding of the diversity of effective healing systems across cultures both now and historically, and show them that women were involved in many aspects of the healing arts before they became licensed allopathic physicians. I assumed that students would be so steeped in propaganda about the superiority of Western biomedicine that they would be resistant to the notion that any other healing tradition had anything positive to contribute to medical knowledge. As it turned out, however, I have only occasionally encountered close-minded students of that type. As time passes, the main difficulty has increasingly become the opposite problem — an indiscriminating eclecticism on the part of the students. Their tendency is to uncritically embrace any and all alternatives to Western biomedicine, regardless of their origins, plausibility, consistency, or efficacy. Many students happily accept aroma therapy; Kirillian photography; the powers of crystals, magnets, and stones; aura manipulation; energy field divination; and so on. They put these therapies on an equal footing with more accepted healing systems such as Ayurvedic, Chinese, or allopathic biomedicine. I have even had students who insist on the veracity of those who claim to remove gall stones through the navel or fill cavities by energy transference.

In part, the students’ credulity and gullibility can be explained by the falling educational levels in most U.S. schools. Because American teachers have been under intense pressure to boost their students’ performance on standardized tests, they drill them incessantly on the test material and have little time for “luxuries” such as critical thinking skills. In addition, student reliance on the Internet as (in most cases) their only research tool leads to mindless acceptance of any website that touts a particular healing modality. Moreover, in the Western United States many young people (especially those of affluent background) are steeped in a sort of New Age eclectic spirituality purportedly based on Native American beliefs. New Agers routinely confuse various tribes and peoples, run together time periods, confound shamans (spiritual healers) with herbalists, massage therapists, or other healers, and minimize or ignore empirical approaches in favor of an emphasis on faith (“mind over matter”).

It is often difficult to impress upon my students the pitfalls of dealing with health and illness in such a haphazard, unanalytical fashion. For one thing, many of the New Age healers, “urban shamans,” faith healers, aura manipulators, and others on whom students often rely emphasize faith so much that the result is to “blame the victim.” There is a ready-made excuse at hand if a practitioner is unsuccessful: the patient did not have the right attitude, did not have enough faith, did not try hard enough.

Another problem is the tendency to assume that any herbal remedy adopted from any indigenous healing system is effective and completely harmless, even when combined with other herbs or chemical compounds from some other medical system. For example, St. John’s Wort has often been touted as a mood regulator. But it also has contraceptive properties, which most New Agers do not know about, and it can interfere with the action of allopathic contraceptive pills. A few years ago, one of my students interviewed a cross-section of New Age “health food” store owners in the Phoenix area and discovered to her horror that most of them appeared to know nothing of the traditional contraceptive uses of St. John’s Wort and other herbs (such as pennyroyal, rue, and tansy) that they were peddling as stomach or headache remedies.

For me, this corruption and degradation of knowledge, especially with relation to women’s health and fertility control, is fascinating. There have been numerous effective medicines in the arsenals of indigenous healers from all over the world. Today, however, most of those that are widely marketed are also widely misunderstood and misused. And the interactions of these herbal compounds with other drugs my students routinely take (such as contraceptive pills, allergy/asthma medications, and psychotropics like Prozac and Paxil) have hardly been studied at all.

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Among the course’s texts which readers of the *Newsletter* might find interesting::

1. Monica H. Green. ed., *The Trotula*. Contains the three medieval medical works often attributed to Trota of Salerno, concerning women’s health, cosmetics, childbirth, etc., along with an excellent introduction and commentary.

2. John Riddle, *Eve’s Herbs*. Traces the increasingly misogynist attitudes toward the use of contraceptive and abortifacient preparations on the part of Catholic authorities from classical times to the 19th century, and ties this to the degradation of knowledge of effective fertility control and to demographic changes.

3. Anna Bek, *The Life of a Russian Woman Doctor*. Memoir of a Siberian physician and social activist who lived through the Russian revolutionary period, World War II, and Stalinism.

4. Carol Shepherd McClain, ed., *Women As Healers*. Contains articles on women health care practitioners and gender aspects of medical systems in Mexico, Peru, South Korea, Botswana, Jamaica, Benin, South Africa, Puerto Rico, Sri Lanka, Serbia, and the U.S.

5. Lori Arviso Alvord and Elizabeth Cohen Van Pelt, *The Scalpel and the Silver Bear*. Dr. Alvord was the first Navajo woman surgeon; this is the memoir of her struggles to reconcile her traditional Navajo beliefs with her allopathic medical training.