"Mentally and morally" Nonhuman: Durkheim's Sexism in the Medical Sphere

The medical world operates as a complex locus of individualized care intersecting with social control. In *Durkheim on Women*, contemporary feminist author Jennifer Lehmann examines not only how Durkheim's general omission of women in his works underscores their social exclusion, but also how his few allusions to women justify their marginalization in portraying them as both "mentally and morally" subordinate (Lehmann, 35). The medical field's victimization of women brings them into the public sphere only within the severest of paternalistic management, incorporating language that has chillingly echoed Durkheim's principles throughout history.

Durkheim theorizes society as the ultimate "source" of both "the intellectual and ethical" women exist naturally apart from (Lehmann, 35). Proposing family and marriage as the sole social bonds women experience, he considers their social separation as the "very mark of their distance from humanity" with all its intellectual and ethical components (Lehmann, 37). This intrinsically asocial nature leaves women "uncivilized primitives at best," and "nonhuman animals at worst" and thus fully at the disposable of whichever male social institution controls them (Lehmann, 36).

This implicit exclusion of women from this public sphere rests in Durkheim's view of women's natural deficiency in mental activity. His work cohesively depicts the woman as "forever young, representing humanity in its infancy" and "natural state" legitimizing her subordination, Lehmann attests (Lehmann, 39), even citing his blatant assertion in *Le Suicide* that the "mental life" of the woman is "less developed" (Durkheim, 272). While the "tastes, aspirations and humor" of men hold a "collective origin," those of the woman—who he here connotes only in relation to the man as "his companion"—"are

more directly influenced by her organism" (Durkheim, 385). In contrast to men's sophisticated mental development fit for the intellectual division of labor, women seem to represent "the animal in man and the physical dimension of mankind" in Durkheim's work, Lehmann suggests (Lehmann, 39). He never considers how men's structural separation of women from this sphere might precede any allegedly natural yet evidently constructed "forever simple and asocial" state (Lehmann, 39)

Durkheim suggests women's close ties to nature have as much of a detrimental moral impact as mental. He believes that the menstruation and childbirth processes define women as "part of nature rather than part of society" and likens them to unruly, reckless behavior (Lehmann, 35). Within this framework, their low rates of criminal activity become merely a product of social isolation.[1] "When women are good, they are good for all the wrong reasons," Lehmann concludes, holding these social forces as "wrong" as a modern-day feminist; "when women are bad," she continues, "they are bad owing to natural causes" Durkheim has laid out (Lehmann, 38).

We see this dehumanizing ideology at work throughout medical history, from the highly gendered hysteria diagnoses of the early 20th century to our nation's compulsory sterilization programs and their subsequent resistance movements in the 1990s to the Trump administration's pro-life movements today. In one medical report on "Major Hysteria" from a 1935 edition of *The British Medical Journal*, author Ritchie Russell struggles to land on any consistent description of the phenomenon other than its frequency amongst women as a result of their implicitly mentally (and yes, morally) inferior states. Opening the article with an assertion that hysteria is found in all classes

[1] Durkheim also implies that if given the opportunity to commit a crime, women would absolutely take it, especially considering his unsubstantiated reports of high crime activity amongst widows untethered by men's control (Lehmann, 37).

yet more commonly among women, Russell denotes hysteria specifically as an issue of sex (Russell, 873). In seven cases (six of which are women) spanning a loose variety of symptoms including paralysis, spasms, and blindness, the author seems unclear on what hysteria actually entails.[2] Sex remains Russell's only constant, which he deliberately evokes in feminine pronouns throughout the article.

In line with Durkheim's theory of society as the source of all intellectual and ethical, Russell blames women's inability to manage "unpleasant situations" that "our social habits tend to protect her from" as the root of hysteria. This failure is not a product of these (highly socialized) "habits" confining her to domesticity, Russell claims, but rather her naturally "evasive attitude to the difficulties of life" which "puts the whole of her mental process into the corner which she forgets" during a hysterical attack (Russell 875). In his subsequent description "hysterical screaming" amidst crisis, Russell portrays women not physically but distinctly mentally "of little use in an emergency" (Russell, 873).[3] Russell keeps medical knowledge of the attack within himself and his male colleagues, maintaining their power: "we have a talk to the patient" and in "explaining how the symptoms have arisen," tell her that "prevention of future attacks rests with herself" and her morals (Russell, 875). Ironically, Russell later mandates a distinctly male doctor to save these female patients ("it was he who cured me," 876)

Again, this dependency derives not only from mental but also moral shortcoming. Russell sees an "irresponsible and lazy way of dealing with the hard facts of life" from a "common desire or tendency to fall back on others" manifest in all these physical

[2] Some of the diagnoses in these cases remain unsubstantiated: in one case, a woman diagnosed with a brain tumor dies during an operation intending to remove it, with a post-mortem exam showing a normal brain and finding no tumor whatsoever.

[3] This scream, furthermore, "carries the message 'come and help me!'" rather than a mere expression of shock or horror, Russell resolves in an absolutist manner (Russell, 873).

outbursts (Russell, 873). Like Durkheim, Russell fails to grasp how external socializing forces may impact this impression. "The hysterical manifestation gives subconscious satisfaction because it has enabled the patient to evade some difficulty or to achieve some selfish purpose," Russell claims, consistently describing hysteria to "always" serve this "selfish purpose" (Russell, 873-875).[4] When expanding upon the institutional control necessary to manage hysteria, Russell evokes "discipline" and even "bullying" to denote moral judgment on the patient reminiscent of Durkheim's beliefs (Russell, 876).[5] Maintaining gendered language, Russell mandates the doctor tell "his" patient that "her whole attitude is one of extreme selfishness," having ironically illustrated the condition as a state of absent-mindedness.[6] Russell furthers this contradictory logic in depicting a villainous patient "watching you out of ate corner of her eye," expecting "to be blamed for her incapacity" (Russell, 875). Russell even promotes this universal female villainy amongst the traditionally most moral women: nuns. "The decision to become a nun may be due to a desire to get away from the difficulties of life," he declares; here, the nun stands not as the classically honorable martyr, but merely "the type of personality liable to develop hysteria" (Russell, 874). Naturally, Russell reports nothing of monks.

At the same time as the alleged hysteria epidemic lasting well into the 20th century, the U.S. government also medically institutionalized women through means causing much more permanent damage: compulsory sterilization. The eugenics movement fueling these programs defined specific "unwanted" offspring, particularly

[4] Russell also describes one case during which a woman's husband became "excessively fussy about her" prompting "considerable subconscious satisfaction," placing the blame entirely on the woman rather than her husband (Russell, 876).

[5] He recommends "removing the patient from her environment" with immediate placement into a hospital, "[keeping] all visitors and letters away," forbidding even leisurely reading, prohibiting "sympathetic" relatives from visiting and denying the patient anything "she" asks for.

[6] Furthermore, Russell credits this selfishness for the universal patient's "peculiar state of unconcern at her disability" which he deliberately names the "*belle indifférence*" in the French feminine tense (Russell, 873).

those of poor women of color. The ensuing Reproductive Justice movement combatted common thought of women of color as mentally unfit to care for their offspring and reckless about their sexual health. As black activist Loretta Ross outlines in "Conceptualizing Reproductive Justice Theory: A Manifesto for Activism," the movement centered on three interconnected values: the right not to have children via safe birth control, abortion, or abstinence, the right to have children under the conditions they choose, and the right to parents the children they have in safe and healthy environments (Ross, 171). These principles maintain the autonomy Durkheim's discourse strips women of. Reproductive Justice theory also counters Durkheim's notions of women's ties to nature only through childbirth and the limitation of the female body to this function. Ross's manifesto and other Reproductive Justice literature redefine intercourse itself to include "sexual freedom" and "bodily self-determination" without "[privileging] the production of babies as the only goal of women's biology" (Ross, 174). These revolutionary ideals holistically challenge common stereotypes of black women as "inferior beings without agency" without "the power to think for [themselves] or make decisions about our lives and bodies" evident in Durkheim's theories (Ross, 183).

Suspicion of women's sexual irresponsibility and immorality during the time of the Reproductive Justice movement stems from this same misogyny undermining women's mental functioning. Reproductive Justice pushes against these accusations of black women's "sexual irresponsibility and hyperfertility" supposedly calling for extreme governmental control with individualized empowerment (Ross, 178). Our nation's healthcare system "generates endless recyclable myths of the undeserving mother" needing sterilization from her "reproductive recklessness," Ross explicates. Beyond just

reproduction, she adds, our government works so that "the sexuality of women must always be hidden or punished" (Ross, 190). In reality, the women the Reproductive Justice movement seeks to protect often lack affordable healthcare options and face severe social stigma in their pursuit of safe means of birth control.

Even contemporary debates surrounding abortion seem to rest in Durkheim's notions of women's mentally and morally weaker nature. The Trump administration has made numerous legislative moves wielding institutional control to disempower women's individual bodies, such as defunding Planned Parenthood, the Title X Program, and No Cost Sharing contraceptive coverages under the Affordable Care Act. Trump's nominations of pro-life cabinet members such as Jeff Sessions and Brett Kavanaugh also support the administration's long-term goal to overturn Roe v. Wade. Trump believes women receiving abortions should be punished without any penalty for their male partners, revealing sexist disdain comparable to that of Durkheim underlying all these actions (Joffe, 1). If we are to truly resist the systematic, medicalized isolation of women in the age of Trump, we must first question the problematic discourse at its root as long naturalized as Durkheim's own renown.

I have neither given nor received unauthorized aid on this assignment.

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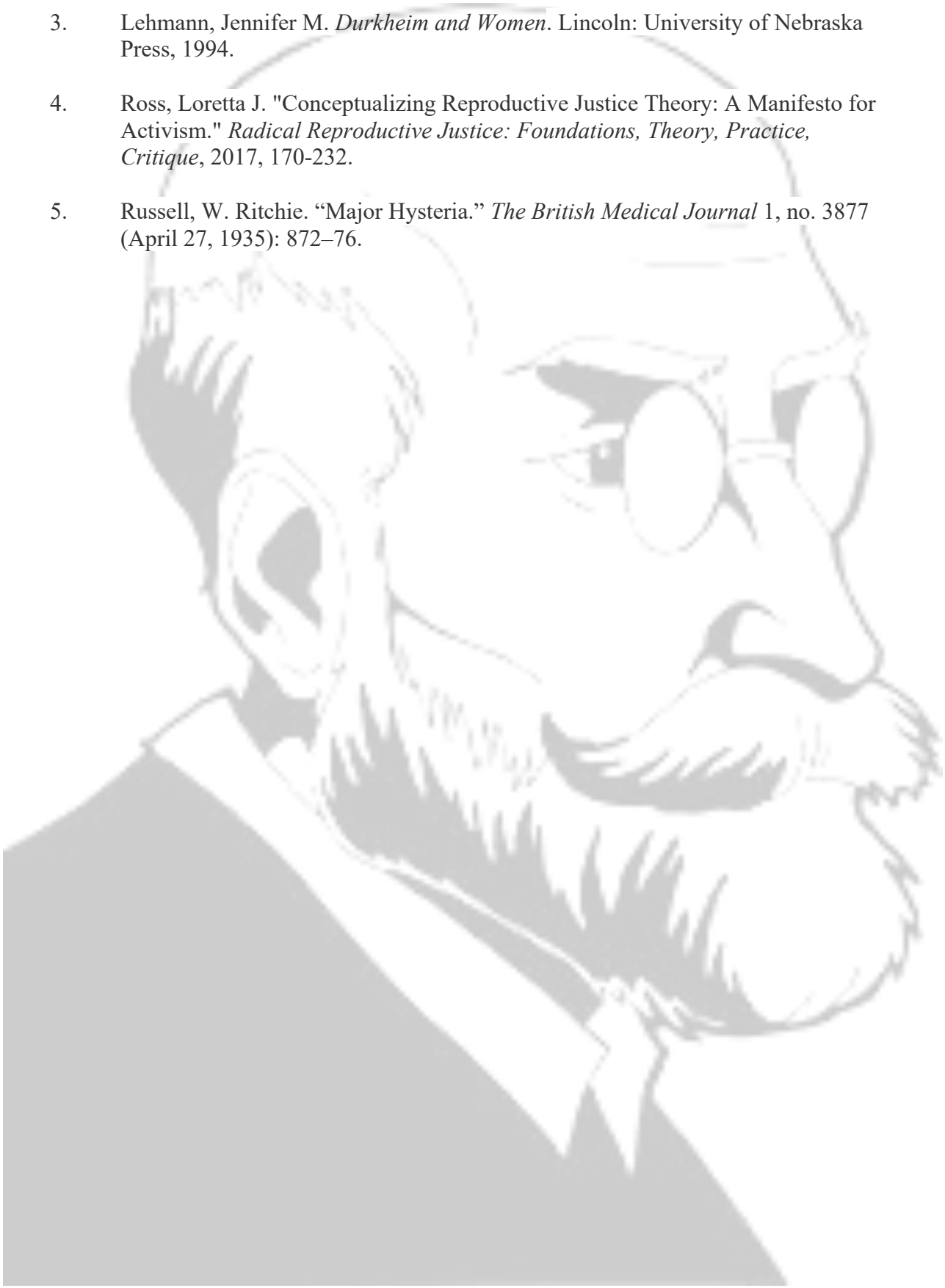

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