

For centuries, the female body has been misinterpreted, if not plainly ignored, by the two fields meant to be most concerned with interpreting human experience. While both medicine and literature claim a commitment (with varying degrees, naturally) to objectivity and natural truth, the female body has been represented through a masculinist lens in both areas of study. Frequently pathologized, symbolized, or simplified, these distortions are actually not peripheral to either discourse but still shape our contemporary medical systems and imaginations in ways that remain deeply consequential. But how did this happen? And since when?

Much of Western biomedical research (as Londa Schiebinger notes in *Has Feminism Changed Science?*) has long treated male bodies as the normative baseline, with the female body regarded as unpredictable or secondary.

We are The Other Thing. The Thing Nobody Can Understand.

Even into the late 20th century, women were routinely excluded from clinical drug trials due to the perception that their hormonal cycles would introduce confounding variables. The U.S. National Institutes of Health did not mandate the inclusion of women in federally funded clinical trials until 1993. Prior to this, even studies on diseases or illnesses more prevalent in women (certain types of depression, for example, or autoimmune disorders) were conducted almost entirely on male subjects or on male animal models. The consequence is obvious here. We have been overlooked. Obviously. But what else does this *mean*?

It is no secret that the pathologization of the female body has a long lineage in Western medicine. This is most clearly illustrated by the historical diagnosis of hysteria – rooted in the ancient Greek term “hystera” or, in English, “uterus”, the diagnosis encoded an assumption that femininity is biologically unstable. An assumption which still stands to this day. Hysteria functioned for centuries as a repository for any number of symptoms deemed excessive, irrational, or inexplicable in women; this ranged from chronic pain and anxiety to sexual desire or spiritual visions.

How very fascinating.

It could of course be further argued that premodern medical theory did not simply recognize biological differences between the sexes but structured those differences hierarchically. We have already touched on this, but it boils down to the same idea: the female body is considered a lesser version of the male. It is colder, wetter, and more porous. This “one-sex model” gradually gave way to a “two-sex model” in the Enlightenment, which ostensibly acknowledged these differences but

did so in manners that continually defined female physiology in terms of lack, disorder, or reproductive function. It was progress – minimal progress, but progress nonetheless.

Even contemporary medical textbooks often describe female reproductive processes using metaphors of dysfunction (menopause as decline), while male physiology is framed in terms of productivity and efficiency. These linguistic biases do matter, as trivial as they may seem. They affect the perceived legitimacy of women's health concerns. As we tilt into an ever-evolving world which seems to be both shameless and mindful, it would be prudent to note that.

And while medical discourse has tended to ignore or instrumentalize the female body, literary representations have often aestheticized or symbolized it. Female characters are frequently portrayed not as agents with interiority but as allegories, albeit quite amusing ones. We are representations of madness, sensuality, domesticity, danger. We must switch our roles periodically to appease to the fantasy of the reader. This is our condition. I think of the classic 19th century literary trope of the madwoman, who usually functioned as a narrative container for nonconforming femininity. Bertha Mason in Charlotte Brontë's *Jane Eyre* and the nameless narrator of Charlotte Perkins Gilman's *The Yellow Wallpaper* are perfect examples of this. They are not, as the text stands, explorations of the female experience. Of course nothing can be completely and of course this is expected. It is just a note.

Even when a text attempts to center the female perspective, it often does so through fragmentation. Think of how the body is broken into parts: lips, thighs, hair, womb. These are catalogued with an obsessive tenderness that obscures the subjectivity of the woman herself. She is seen, but not heard. Or, more precisely, she is made to speak only in ways that serve the structure of the narrative, which is so often patriarchal in logic even when authored by women. This is not to say that these authors lacked awareness. In fact, many of them wrote precisely against these structures. But it is to say that literature, as a cultural form, has historically struggled to conceive of the female body outside of its symbolic function. This is not merely a historical problem: contemporary literature still contends with the legacy of these tropes. The hysterical woman, the tragic beauty, the girl who is dead before the story begins. We have changed the costume, perhaps, but the performance remains. We will still remain a cautionary tale. The literary apparatus is endlessly adaptable in this way.

The female body is not an aberration of the male form. It is a subject of rights and a site of equal knowledge and narrative as any other might be.

Both our medically hysterical women and our invitingly mad women tell us the same thing. They establish the limits of social acceptability. They justify disciplinary interventions, whether this is

institutionalization or narrative death. The feminist turn in literary criticism has foregrounded the importance of reclaiming these experiences. Audre Lorde, Maggie Nelson, Carmen Maria Machado ... here is more progress. We cannot yet definitely tell whether this progress is minimal. But we can say it is progress.